


यूनियन बँक
Union Bank
OF INDIA

आंध्र प्रदेश
Andhra Pradesh



नाम : मनोज कुमार शर्मा
Name : **Manoj Kumar Sharma**
पदनाम / Designation : **Chief Manager**
कर्मचारी क्र. / Employee No. : **382484**
जन्म तिथि / Date of Birth : **13.04.1966**
रक्त ग्रुप / Blood Group : **B⁺**

जायी करने की तारीख
Date of Issue : **01/07/2020**

हस्ताक्षर / Signature
[Signature]

जायीकर्ता प्राधिकारी / Issuing Authority



[Signature]
(8506937526)

Mirmanoj kumar sharma
ID: 13041966

Visit: self
57 Years

Male Unknown

09.03.2024 9:21:56 AM

sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

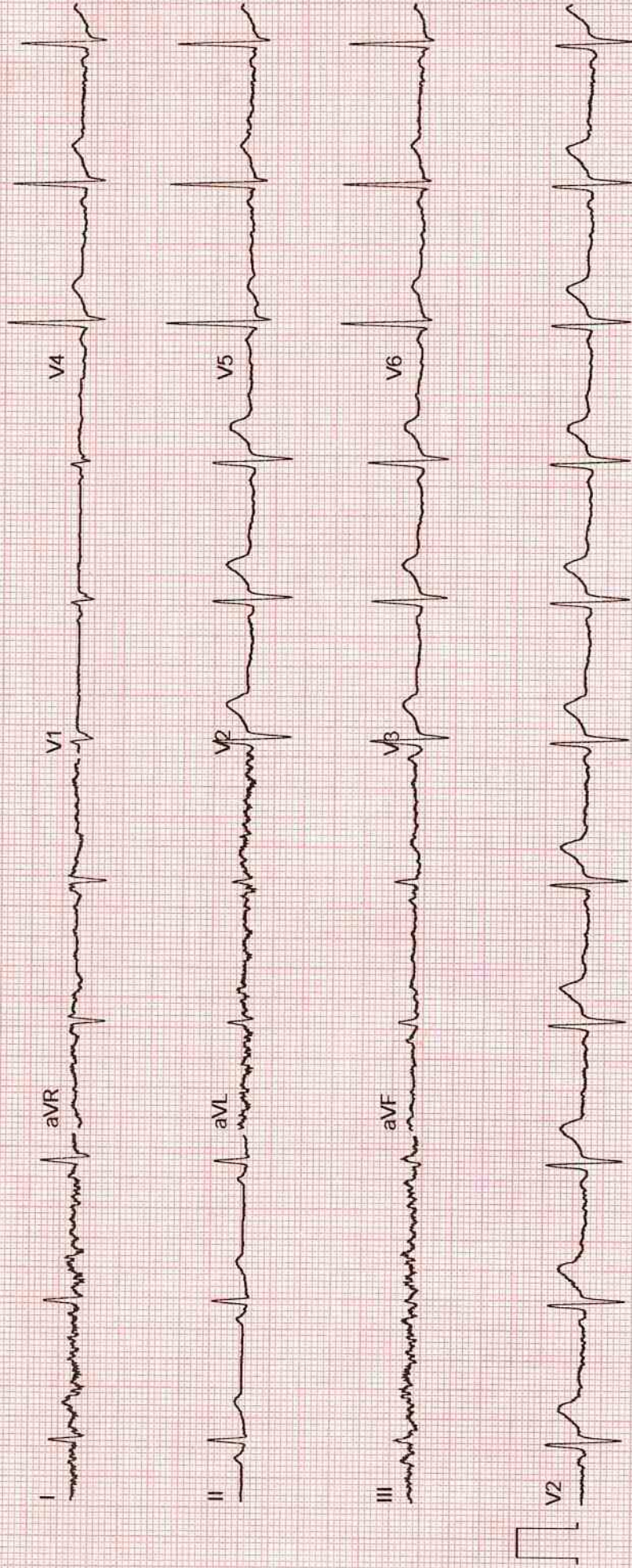
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

64 bpm
- / - mmHg

Sinus rhythm with short PR
Possible inferior infarct, age undetermined
Abnormal ECG

QRS : 80 ms
QT / QTcBaz : 374 / 385 ms
PR : 108 ms
P : 58 ms
RR / PP : 932 / 937 ms
P / QRS / T : 17 / 19 / -13 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Laboratory Report

Lab Serial no. : LSHHI277043	Mr. No : 112731
Patient Name : Mr. MANOJ KUMAR SHARMA	Reg. Date & Time : 09-Mar-2024 04:03 AM
Age / Sex : 57 Yrs / M	Sample Receive Date : 09-Mar-2024 04:04 PM
Referred by : Dr. SELF	Result Entry Date : 09-Mar-2024 07:07PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 07:07 PM
OPD : OPD	

HAEMATOLOGY

results unit reference

CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	14.4	gm/dL	12.0 - 17.0
TLC	7.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	68	%	40 - 70
Lymphocyte	19	%	20 - 40
Eosinophil	10	%	01 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.26	Thousand / UI	3.8 - 5.10
P.C.V	44.7	million/UI	00 - 40
M.C.V.	85.0	fL	78 - 100
M.C.H.	27.4	pg	27 - 31
M.C.H.C.	32.2	g/dl	32 - 36
Platelet Count	1.93	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH



Dr. Rajeev Goel
 M.D. (Pathologist)
 36548 (MCI)

Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist

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BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	24.6	mg/dL	18 - 55
Serum Creatinine	0.77	mg/dl	0.7 - 1.3
Uric Acid	6.3	mg/dl	3.5 - 7.2
Calcium	9.3	mg/dL	8.8 - 10.2
Sodium (Na+)	140.6	mEq/L	135 - 150
Potassium (K+)	4.16	mEq/L	3.5 - 5.0
Chloride (Cl)	103.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.50	mg/dL	7 - 18
PHOSPHORUS-Serum	2.83	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

Centre for Excellent Patient Care



technician

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BIOCHEMISTRY

results unit reference

LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	1.28	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.53	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.75	mg/dL	0.2 - 1.2
SGOT/AST	18.9	IU/L	00 - 35
SGPT/ALT	22.7	IU/L	00 - 45
Alkaline Phosphate	76.0	U/L	53 - 128
Total Protein	7.90	g/dL	6.4 - 8.3
Serum Albumin	4.71	gm%	3.50 - 5.20
Globulin	3.19	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.48	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.



technician :

Typed By : Mr. BIRJESH



Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Page 1

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	127.0	mg/dl	< - 200
HDL Cholesterol	32.0	mg/dl	35.3 - 79.5
LDL Cholesterol	75.6	mg/dl	50 - 150
VLDL Cholesterol	19.4	mg/dl	00 - 40
Triglyceride	97.1	mg/dl	00 - 170
Chloestrol/HDL RATIO	4.0	%	3.30 - 4.40

INTERPRETATION:

Lipid profile OF lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

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HAEMATOTOLOGY

results	unit	reference
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ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	08	mm/1hr	00 - 22
--------------------------------------	----	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results	unit	reference
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BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	94.8	mg/dl	70 - 110
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Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

technician :

Typed By : Mr. BIRJESH



RJG



SJM SUPER SPECIALITY HOSPITAL

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E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



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TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.



Mr. BIRJESH

<http://rcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/9/2024

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M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
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Pathologist & Micrbiologist

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URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 0-1 /HPF

Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



Mr. BIRJESH

<http://fgrpac3/SJM/Design/Finanace/LabTextReport.aspx>

3/9/2024

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

Dr. Bupinder Zutshi
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 09-Mar-2024 07:07 PM
OPD : OPD	

BIOCHEMISTRY

results unit reference

HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C	5.6	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	114.02	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose ,and quarterly if treatment changes or blood glucose is abnormal

BLOOD SUGAR (PP),Serum

SUGAR PP	96.9	mg/dl	80 - 140
----------	------	-------	----------

Comments:

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.


METHOD:- GOD-POD METHOD, END POINT



technician :

Typed By : Mr. DIRJESH

Visit ID : IQD87415	Registration : 09/Mar/2024 07:38PM
UHID/MR No : IQD.0000085349	Collected : 09/Mar/2024 07:54PM
Patient Name : Mr.MANOJ KUMAR	Received : 09/Mar/2024 08:16PM
Age/Gender : 57 Y 0 M 0 D /M	Reported : 09/Mar/2024 09:46PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240302269



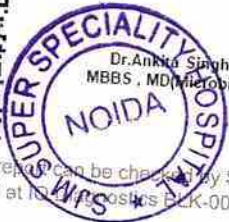
Test Name	Result	Unit	Bio. Ref. Range	Method
DEPARTMENT OF HORMONE ASSAYS				
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	10.3	ug/dl	5.01-12.45	CLIA
TSH	4.28	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:
Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Anita Singhal
MBBS, MD (Microbiology)

Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics, PK-003/004, Sector 121, Noida - 201307



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Patient Name : Mr.MANOJ KUMAR	Received : 09/Mar/2024 08:16PM
Age/Gender : 57 Y O M O D /M	Reported : 09/Mar/2024 09:46PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240302269



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons. (1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2.Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

*** End Of Report ***



Dr. Ankit Singh
MBBS, MD (Microbiology)

Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr. Manoj	Age /sex:57Yrs/M	Date:09/03/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.1		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.3	2.6	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion


DR. AMIT KOTHARI

Non-Interventional Cardiologist.





Ultrasound Report

Name: Mr. Manoj kumar

Age: 57y/M

Date: 09/03/2024

Ultrasound - Male Abdomen

Liver: Liver appears normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER:-Gall bladder is not (Surgically removed).

PANCREAS: -Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: -Spleen show normal in size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEYS:-Both the kidneys are normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on left side. **Right kidney shows renal concretions.**

PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

URINARY BLADDER:- Adequately distended . Wall were regular and thin. Contents are Normal. No stone formation seen.

PROSTATE: - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

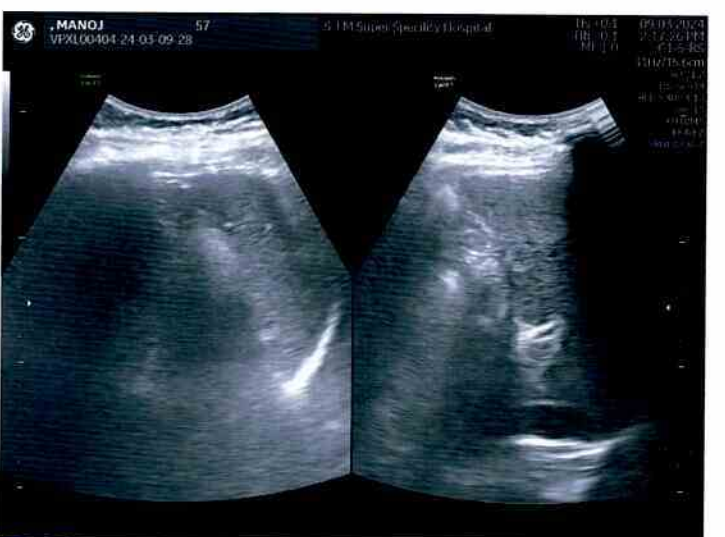
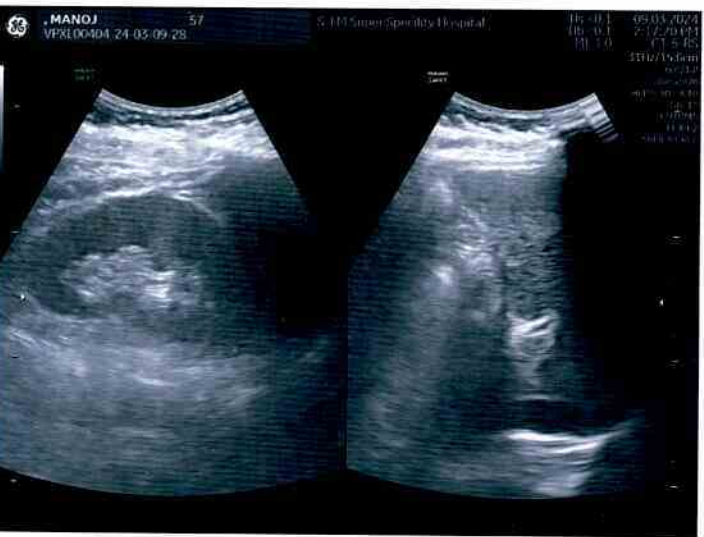
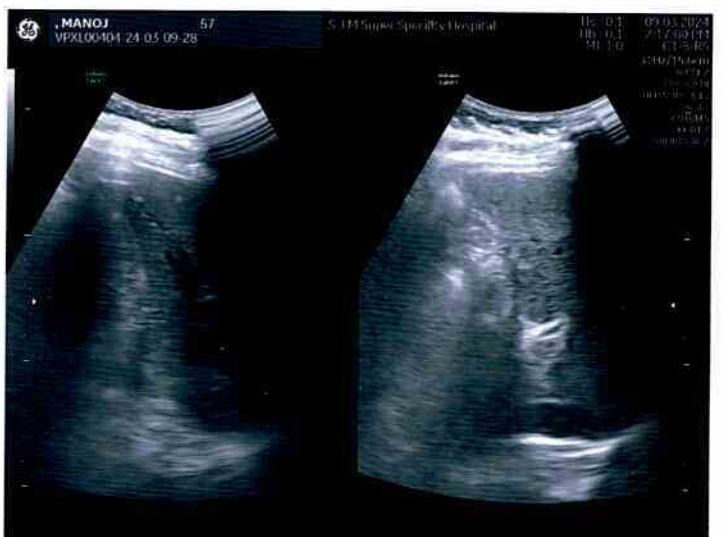
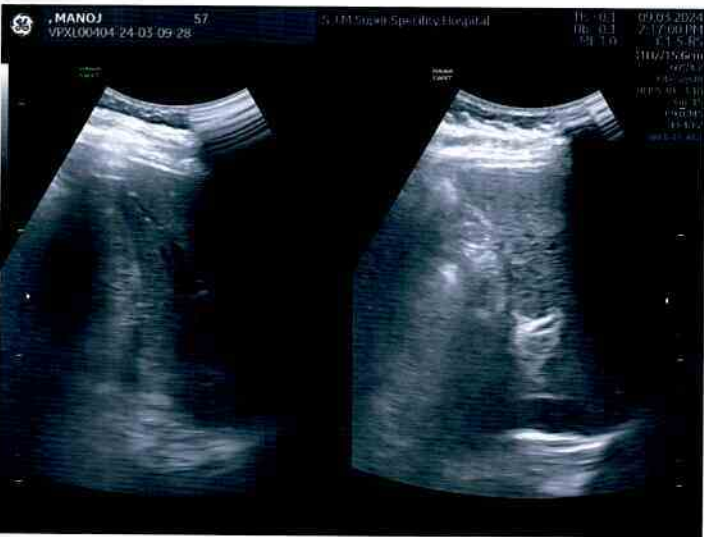
IMPRESSION: - Right renal concretions.

DR. PUSHPA KAUL



For SJM Super Speciality Hospital

DR. RAKESH GUJJAR



Centre for Excellent Patient Care



Dr Sai Naren
09th Mar 2024

Dr Sai Naren
Consultant Radiologist
MBBS, MD
Regn No: 2017/08/3835

V.S. Sai Naren

• Mildly prominent bronchovascular markings in both lung fields.
Suggested clinical correlation.

IMPRESSION:

FINDINGS:
Mildly prominent bronchovascular markings in both lung fields.
Both costophrenic angles appear normal.
The tracheal lumen is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

TECHNIQUE:

Frontal projections of the chest were obtained.

**RADIOLOGY REPORT
EXAM: X RAY CHEST**

PATIENT ID	: 26581 OPD	PATIENT NAME	: MR. MANOJ KUMAR SHARMA
AGE	: 057Y	SEX	: Male
REF. PHY.	:	STUDY DATE	: 09-Mar-2024

X-Ray Report

Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

(125 Bedded Fully Equipped with Modern Facilities)

SJM SUPER SPECIALITY HOSPITAL





R
PA

MR. MANOJ KUMAR SHARMA 57Y M

26581 OPD

2024 03 09 08:52

CHEST PA
S.J.MI SUPER SPECIALITY HOSPITAL NOIDA