

W - 86Kt  
H - 165cm  
B.P - 120/99  
Pulse - 82

Age - 43 Yr

9506093477  
Samendra Nagar

8319 0121 3467

220012  
D A Colony, Uttar Pradesh,  
Road, L D A Colony, Lucknow, L  
Sector-E, L D A Colony, Kanpur  
S/O: Nand Chand Nagar, E-214  
Address:

राज्य  
महाराष्ट्र, पत्र सं. २१४  
महाराष्ट्र, पत्र सं. २१४, अहमदनगर  
पत्र सं. २१४, अहमदनगर, महाराष्ट्र,  
पत्र सं. २१४, अहमदनगर, महाराष्ट्र,  
२२००१२

Unique Identification Authority of India  
Government of India

समेंद्र कुमार नगर  
Samendra Kumar Nagar  
जन्म तिथि / DOB : 27/08/1980  
पुरुष / Male

8319 0121 3467

आधार - आम आदमी का अधिकार

Mr s k nagar  
ID: 000

43 Years  
Male

03.01.2012 3:04:11 AM  
ajm hospital  
sector 83  
Gautam Buddha Nagar, UP-201307

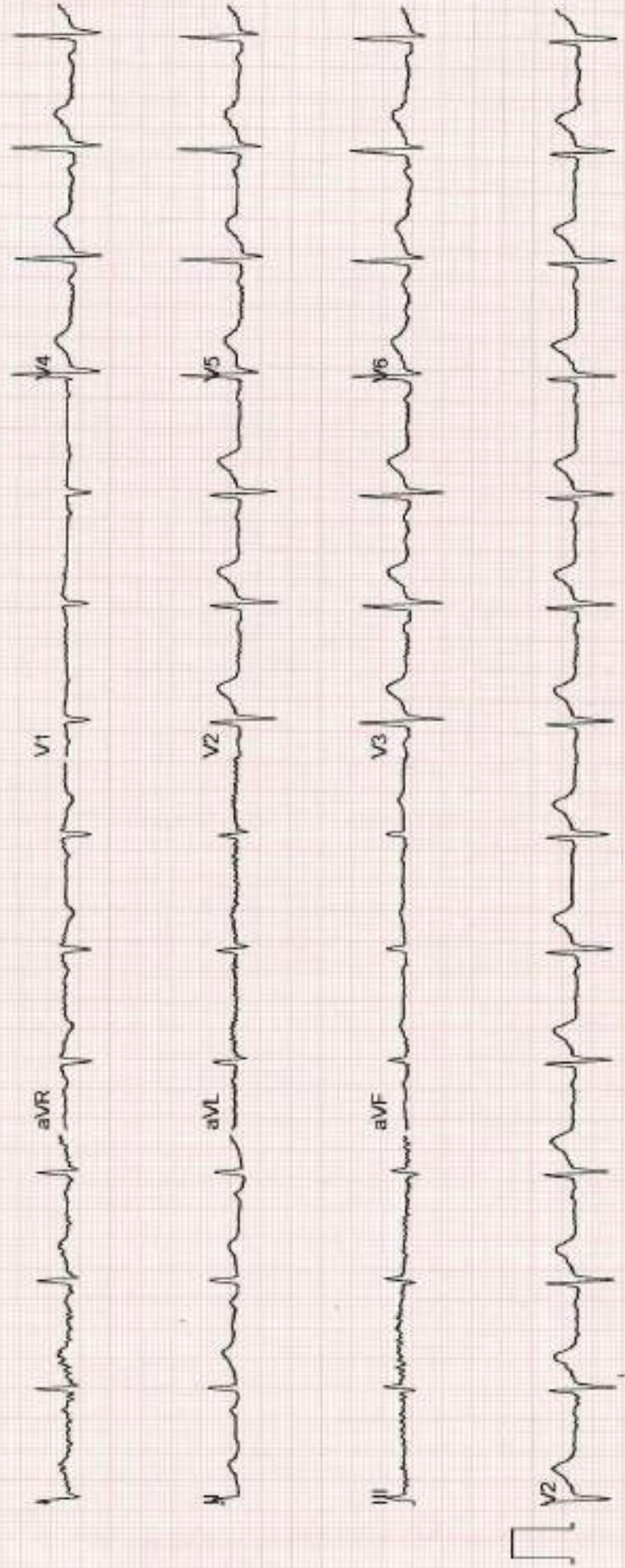
Normal sinus rhythm  
Normal ECG

QRS : 76 ms  
QT / QTcBaz : 364 / 419 ms  
PR : 150 ms  
P : 90 ms  
RR / PP : 750 / 750 ms  
P / QRS / T : 65 / 45 / 40 degrees

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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

80 bpm  
- / - mmHg





# SJM SUPER SPECIALITY HOSPITAL

100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)



### (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S., MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

### OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S., MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S., MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr. Jaideep Gambhir, M.D(Psychiatrist)  
Consultant Psychiatry, Mob.: 8006888664  
Dr. Monica Gambhir, MBBS  
Family Therapist & Relationship Counsellor  
Mob.: 8006888663  
Dr. B.P. Gupta, MS (Surgeon)  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

### Facilities:

- 100 Beds. Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
- 24-Hour ambulance and emergency
- 3 Operation theatres
- Laprosopic & Conventional Surgery
- In vitro fertilization centre (IVF)
- Intensive Care Unit. (ICU)
- Neonatal ICUs (NICU)
- Dental Clinic
- Computerized pathology lab
- Digital X-ray and ultrasound
- Physiotherapy facilities
- 24-Hour Pharmacy
- Cafeteria & Kitchen

Mr. Sarwendra Kumar

23/8/24

(43y/m)

— NO complaints

Vn ← b1b  
b1b,  
No cjt

Using progressives already

l. Lubrex Eye Drops - 2TID x  
3month.  
Hylasoft

## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Private: Sahara TPA Pvt Ltd., Vignit Med Corp TPA Pvt Ltd., E-Medinet (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genies India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Services (I) Pvt. Ltd., East West Assis TPA Pvt Ltd., United Healthcare Parikh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videcon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDPC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co.Ltd.(Corporate)

## Laboratory Report

Lab Serial no. : LSHHI297706	Mr. No : 119881
Patient Name : Mr. SARMENDR KUMAR NAGAR	Reg. Date & Time : 23-Aug-2024 11:09 AM
Age / Sex : 43 Yrs / M	Sample Receive Date : 23-Aug-2024 11:36 AM
Referred by : Dr. SELF	Result Entry Date : 25-Aug-2024 04:31PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 25-Aug-2024 04:33 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>BLOOD SUGAR (PP), Serum</b>			
SUGAR PP	250.4	mg/dl	80 - 140

**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.

**METHOD:- GOD-POD METHOD, END POINT**

### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	130.0	mg/dl	70 - 110
-----------------	-------	-------	----------

**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

## Laboratory Report

Lab Serial no. : LSHHI297706	Mr. No : 119881
Patient Name : Mr. SARMENDR KUMAR NAGAR	Reg. Date & Time : 23-Aug-2024 11:09 AM
Age / Sex : 43 Yrs / M	Sample Receive Date : 23-Aug-2024 11:36 AM
Referred by : Dr. SELF	Result Entry Date : 23-Aug-2024 03:09PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Aug-2024 03:09 PM
OPD : OPD	

### HAEMATOLOGY

#### CBC / COMPLETE BLOOD COUNT

	results	unit	reference
HB (Haemoglobin)	13.1	gm/dL	12.0 - 17.0
TLC	6.12	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	43	%	40 - 70
Lymphocyte	47	%	20 - 40
Eosinophil	06	%	01 - 06
Monocyte	04	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.79	Thousand / UI	3.8 - 5.10
P.C.V	38.2	million/UI	00 - 40
M.C.V.	79.7	fL	78 - 100
M.C.H.	27.3	pg	27 - 31
M.C.H.C.	34.2	g/dl	32 - 36
Platelet Count	2.62	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

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## Laboratory Report

Lab Serial no.	: LSHH1297706	Mr. No	: 119881
Patient Name	: Mr. SARMENDR KUMAR NAGAR	Reg. Date & Time	: 23-Aug-2024 11:09 AM
Age / Sex	: 43 Yrs / M	Sample Receive Date	: 23-Aug-2024 11:36 AM
Referred by	: Dr. SELF	Result Entry Date	: 23-Aug-2024 03:09PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Aug-2024 03:09 PM
OPD	: OPD		

### HAEMATOLOGY

results	unit	reference
---------	------	-----------

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	16	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.

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

Page 1

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

## Laboratory Report

Lab Serial no. : LSHHI297706	Mr. No : 119881
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Aug-2024 03:09 PM
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### BIOCHEMISTRY

	results	unit	reference
--	---------	------	-----------

#### HbA1C / GLYCATED HEMOGLOBIN / GHb

HbA1C	<b>6.7</b>	%	4.0 - 5.6
-------	------------	---	-----------

ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	145.59	mg/dl	
--	--------	-------	--

#### INTERPRETATION-

	HbA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	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

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Page 1

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Pathologist & Microbiologist

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### BIOCHEMISTRY

#### KFT, Serum

	results	unit	reference
Blood Urea	24.2	mg/dL	18 - 55
Serum Creatinine	0.76	mg/dl	0.7 - 1.3
Uric Acid	4.3	mg/dl	3.5 - 7.2
Calcium	10.0	mg/dL	8.8 - 10.2
Sodium (Na <sup>+</sup> )	140.0	mEq/L	135 - 150
Potassium (K <sup>+</sup> )	4.49	mEq/L	3.5 - 5.0
Chloride (Cl)	106.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.30	mg/dL	7 - 18
PHOSPHORUS-Serum	2.88	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.

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Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Aug-2024 03:09 PM
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### BIOCHEMISTRY

#### LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	0.58	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.2	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.38	mg/dL	0.2 - 1.2
SGOT/AST	33.4	IU/L	00 - 35
SGPT/ALT	<b>63.7</b>	IU/L	00 - 45
Alkaline Phosphate	93.0	U/L	53 - 128
Total Protein	6.93	g/dL	6.4 - 8.3
Serum Albumin	4.68	gm%	3.50 - 5.20
Globulin	2.25	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	2.08	%	

#### 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.

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## Laboratory Report

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OPD : OPD	

### BIOCHEMISTRY

#### LIPID PROFILE, Serum

	results	unit	reference
S. Cholesterol	241.0	mg/dl	< - 200
HDL Cholesterol	33.4	mg/dl	35.3 - 79.5
LDL Cholesterol	162.7	mg/dl	50 - 150
VLDL Cholesterol	44.9	mg/dl	00 - 40
Triglyceride	224.7	mg/dl	00 - 170
Cholesterol/HDL RATIO	7.2	%	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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Doctor Name : Dr. Vinod Bhat	ReportingTime :	23-Aug-2024 03:09 PM
OPD/IPD : OPD		

### TEST NAME

### VALUE

ABO

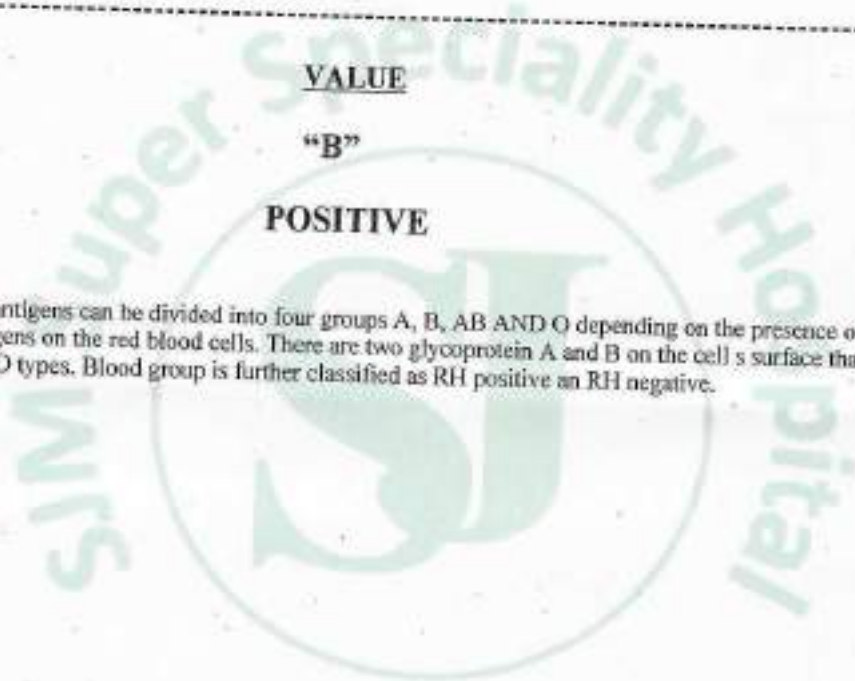
"B"

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.



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

8/23/2024

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Doctor Name : Dr. Vinod Bhat	ReportingTime :	23-Aug-2024 03:09 PM
OPD/IPD : OPD		

### 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. BRIJESH

  
<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>  
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### URINE SUGAR (FBS)

### CHEMICAL EXAMINATION

Glucose : Nil




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

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8/23/2024  
**Dr. Bupinder Zutshi**  
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Pathologist & Microbiologist

<b>Visit ID</b>	: IQD135494	<b>Registration</b>	: 23/Aug/2024 01:44PM
<b>UHID/MR No</b>	: IQD.0000133184	<b>Collected</b>	: 23/Aug/2024 01:49PM
<b>Patient Name</b>	: Mr. SARMENDRA NAGAR	<b>Received</b>	: 23/Aug/2024 02:06PM
<b>Age/Gender</b>	: 43 Y O M O D /M	<b>Reported</b>	: 23/Aug/2024 05:38PM
<b>Ref Doctor</b>	: Dr.SELF	<b>Status</b>	: Final Report
<b>Client Name</b>	: SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b>	: Iqd2151
<b>Employee Code</b>	:	<b>Barcode No</b>	: 240807188



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>DEPARTMENT OF HORMONE ASSAYS</b>				
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	1.25	ng/ml	0.61-1.81	CLIA
T4	10.3	ug/dl	5.01-12.45	CLIA
TSH	3.49	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 T3 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



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*Dr. Arden*  
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*Dr. Prakash Singh*  
DR. PRAKASH SINGH  
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Authenticity of report can be checked by Scanning QR Code  
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

<b>Visit ID</b> : IQD135494	<b>Registration</b> : 23/Aug/2024 01:44PM
<b>UHID/MR No</b> : IQD.0000133184	<b>Collected</b> : 23/Aug/2024 01:49PM
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<b>Ref Doctor</b> : Dr.SELF	<b>Status</b> : Final Report
<b>Client Name</b> : SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> : iqd2151
<b>Employee Code</b> :	<b>Barcode No</b> : 240807188



DEPARTMENT OF HORMONE ASSAYS					Bio. Ref. Range	Method
Test Name	Result	Unit				
3	Normal/Low	Low	Low	Low		other physiological reasons.
4	Low	High	High	High		(1) Secondary and Tertiary Hypothyroidism (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.

### PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL

Sample Type : SERUM

PROSTATE SPECIFIC ANTIGEN 0.46 ng/mL 0-4

#### INTERPRETATION:

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertention (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during treatment of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.




Dr. Anika Singh  
MBBS, MCh (Microbiology)

*Dr. Arden*  
DR. ARDEN  
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

<b>Visit ID</b>	: IQD135494	<b>Registration</b>	: 23/Aug/2024 01:44PM
<b>UHID/MR No</b>	: IQD.0000133184	<b>Collected</b>	: 23/Aug/2024 01:49PM
<b>Patient Name</b>	: Mr.SARMENDRA NAGAR	<b>Received</b>	: 23/Aug/2024 02:06PM
<b>Age/Gender</b>	: 43 Y O M O D /M	<b>Reported</b>	: 23/Aug/2024 05:38PM
<b>Ref Doctor</b>	: Dr.SELF	<b>Status</b>	: Final Report
<b>Client Name</b>	: SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b>	: iqd2151
<b>Employee Code</b>	:	<b>Barcode No</b>	: 240807188



Test Name

DEPARTMENT OF HORMONE ASSAYS

Result	Unit	Bio. Ref. Range	Method
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\*\*\* End Of Report \*\*\*



Dr. Ankita Singhal  
MBBS, MD (Microbiology)

*Dr. Aden*  
DR. ADEN  
MBBS, MD (Pathology)

*Dr. Praxant Singh*  
Dr. Praxant Singh  
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Page 3 of 3

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



## Ultrasound Report

Name: Mr.Sarmendra kumar nagar

Age: 43yrs/M

Date:23/08/2024

### Ultrasound - Male Abdomen

**Liver:** Fatty liver grade 1 . 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 mucocele. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

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

**SPLEEN:** -Spleen is normal in size. No focal mass lesion is seen in parenchyma.

**KIDNEYS:**- Right kidney is normal in size, shape, position and axis. Parenchymal echopattern is normal. No focal solid or cystic lesion is seen. **Both 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:** - Fatty liver grade 1.  
B/L renal concretions.

DR. PUSHPA KAUL



## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mr.Sarmendra nagar      Age /sex:43Yrs/M      Date- 23/08/2024

ECHO WINDOW: POOR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.5		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.8		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	20-25%		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: -

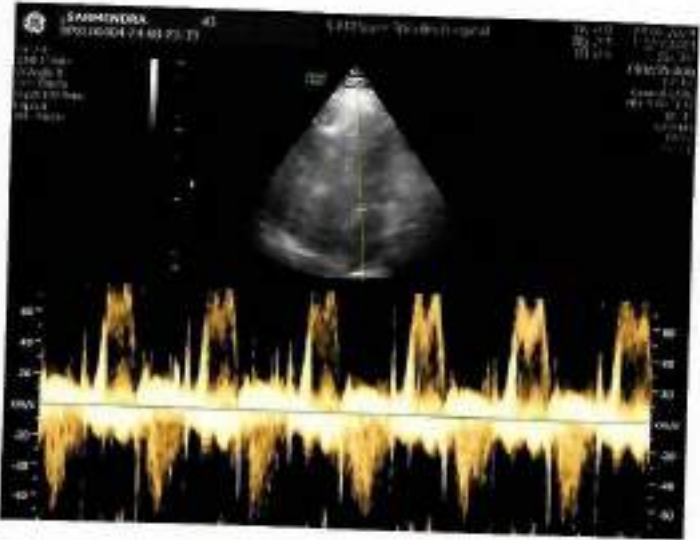
MR =NIL		TR = Mild	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

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

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.



## X-Ray Report

PATIENT ID :	29704 OPD	PATIENT NAME :	MR SARMENDRA KUMAR NAG
AGE :	043Y	SEX :	Male
REF. PHY. :		STUDY DATE :	23-Aug-2024

### RADIOLOGY REPORT EXAM: X RAY CHEST

#### TECHNIQUE:

Frontal projections of the chest were obtained.

#### FINDINGS:

Mildly prominent bronchovascular markings in both lung fields.  
Diaphragmatic hump seen on the left side.  
Both costophrenic angles appear normal.  
The tracheal lucency is centrally placed.  
The mediastinal outlines appear normal.  
The heart shadow is normal.  
The bony thoracic cage and soft tissues are normal.

#### IMPRESSION:

- Mildly prominent bronchovascular markings in both lung fields.
- Diaphragmatic hump seen on the left side.

Suggested clinical correlation.

*V.S. Sai Naren*

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

Dr Sai Naren  
23rd Aug 2024