

w - 53.2 kg
H - 154 cm
BP - 100/70

43 years

12/3/2024

7904374360



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
व/ श्रीपाल सिंह, गहलौ, अलीगढ़,
उत्तर प्रदेश - 202124

Address:
W/O SHRIPAL SINGH, Gahlau, Aligarh,
Uttar Pradesh - 202124

9108 0537 7135
VID : 9107 2531 0028 6874

1947 | help@uidai.gov.in | www.uidai.gov.in

भारत सरकार
Government of India

कुसुम लता
Kusum Lata
जन्म तिथि/DOB: 07/09/1981
महिला/ FEMALE

9108 0537 7135
VID : 9107 2531 0028 6874

मेरा आधार, मेरी पहचान

Kusum lata
ID: 0000
Visit: opd
43 Years

12.03.2024 1:07:32 PM
sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

78 bpm
-- / -- mmHg

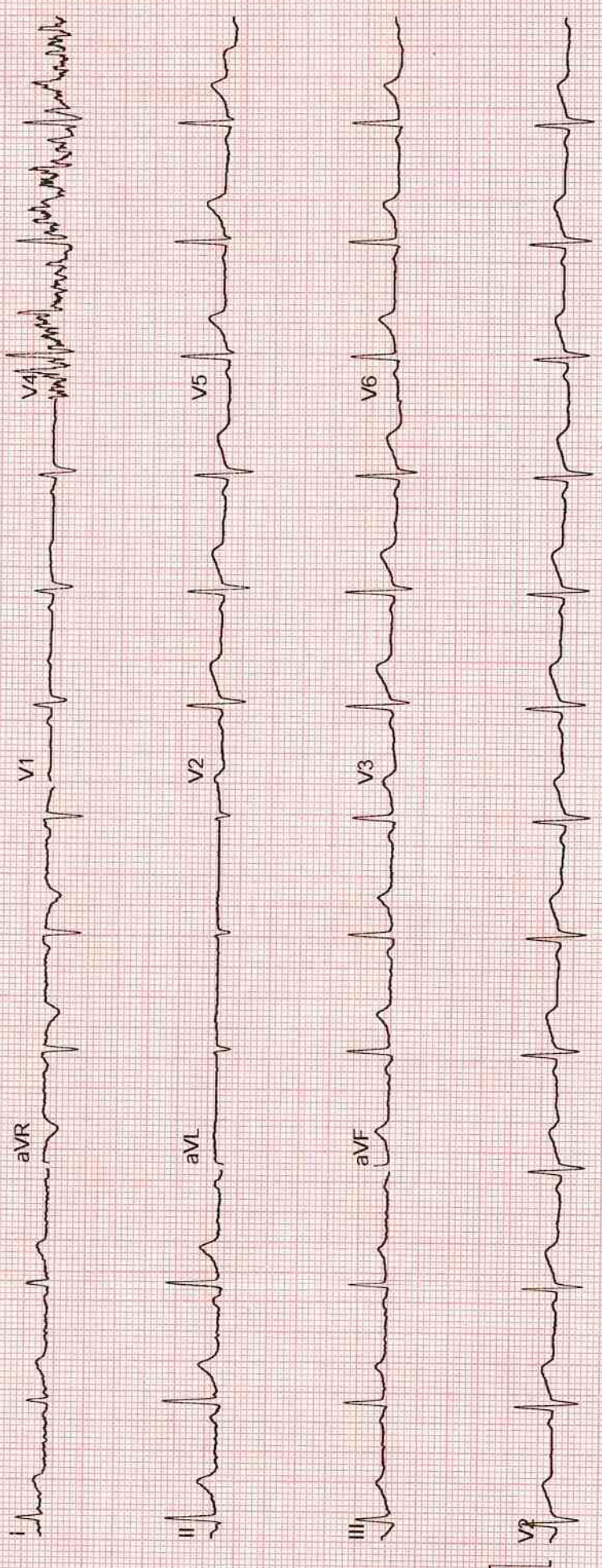
Female

QRS : 68 ms
QT / QTcBaz : 370 / 421 ms
PR : 116 ms
P : 74 ms
RR / PP : 764 / 769 ms
P / QRS / T : 65 / 65 / 55 degrees

Normal sinus rhythm
Normal ECG

NMBh

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:





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)



12/3/24

- (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. Raj Ganjoo MD (Psychiatric)
 Dr. Akash Mishra (Neuro Surgeon)
 Dr. Sanjay Sharma (Cardiologist)
 Dr. S.K. Pandita, MS (Surgeon)
 Dr. B.P. Gupta, MS (Surgeon)
 Dr. Jaisika Rajpal
 (MDS), (Periodontist & Implantologist)
 Dr. Akash Arora
 (MDS), Maxillofacial 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
 Laproscopic & 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

Mrs. Kusumlata (43y/H)

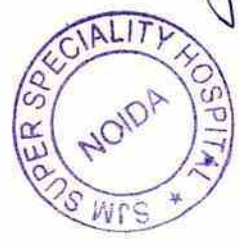
NOH/ODM EHT

Vn 6/6
 Vn 6/12P
 Vn 6/6
 Vn 6/12P
 N6 cgl

Planio - 6/6
 Acc -
 +1.50 DS / +1.50 DC X 90 - 6/6P
 Add: + 0.25 DS N6

Progressive

(BE)
 Lubrex Eye Drops - 2TID x 3months



CGHS & AYUSHMAN BHARAT

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

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Medclaim, Genins 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 Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh 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 Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC 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)

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Kusum Lata

Age /sex:43Yrs/F

Date:12/03/2024

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.3		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.2	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(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	

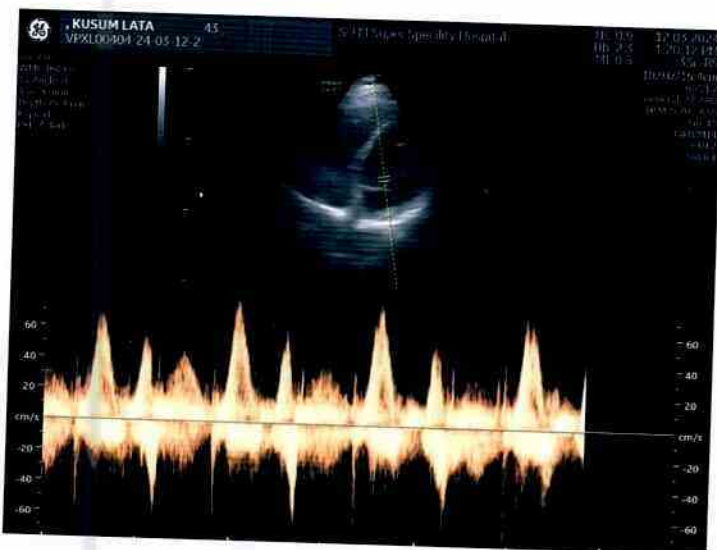
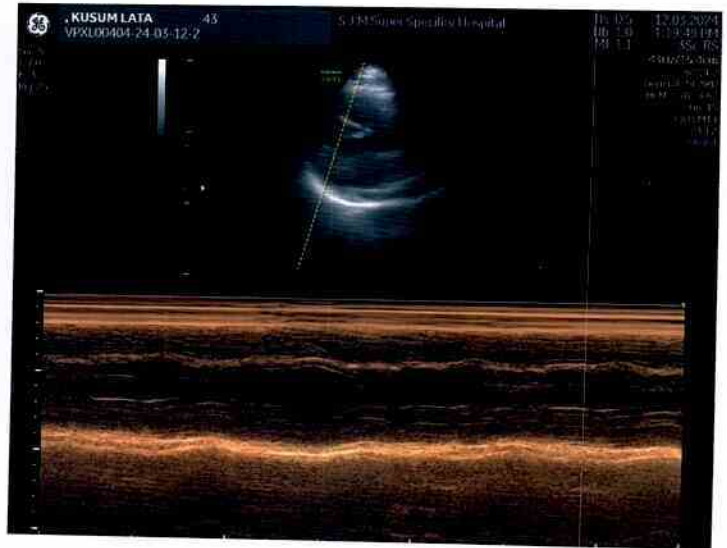
Final Interpretation: -

- 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: Mrs. Kusum lata

AGE: 43yrs/f

DATE: 12/03/2024

Real time USG of abdomen and pelvis reveals –

LIVER --Liver appears normal in size and shape, contour and echo pattern. 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 physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen. **Sludge seen in gb lumen.**

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

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

KIDNEY -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both side.

RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

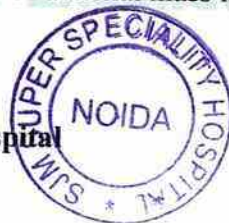
URINARY BLADDER- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

UTERUS-Uterus is normal and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial is normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

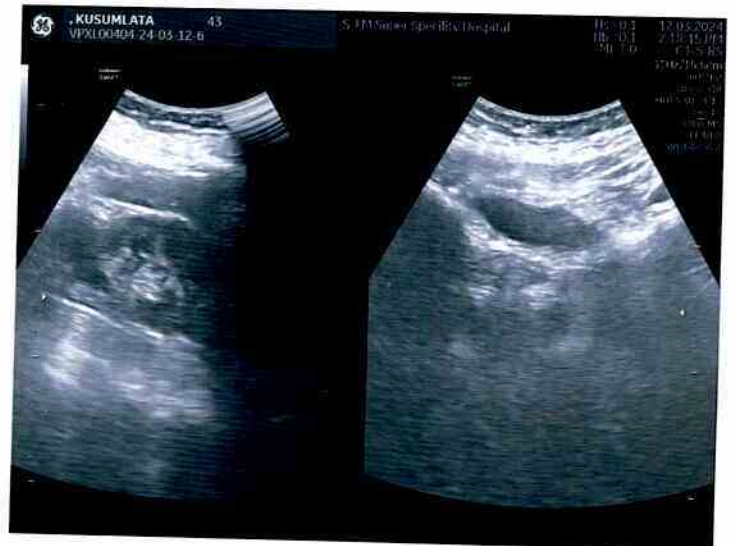
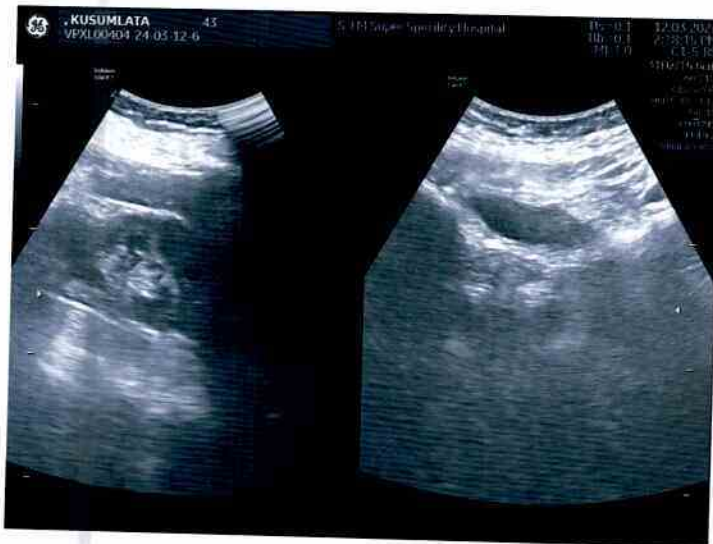
IMPRESSION: GB Sludge.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR



S.M. SUPER SPECIALTY HOSPITAL
NOIDA

Laboratory Report

Lab Serial no. : LSHHI277438	Mr. No : 112857
Patient Name : Mrs. KUSUM LATA	Reg. Date & Time : 12-Mar-2024 01:09 AM
Age / Sex : 43 Yrs / F	Sample Receive Date : 12-Mar-2024 01:23 PM
Referred by : Dr. SELF	Result Entry Date : 12-Mar-2024 04:20PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 12-Mar-2024 04:30 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.3	gm/dL	12.0 - 16.0
TLC	5.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	59	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	3.90	Thousand / UI	3.8 - 5.10
P.C.V	35.8	million/UI	0 - 40
M.C.V.	91.8	fL	78 - 100
M.C.H.	29.0	pg	27 - 32
M.C.H.C.	31.6	g/dl	32 - 36
Platelet Count	2.34	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

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. : LSHHI277438	Mr. No : 112857
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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	16.0	mm/1hr	00 - 20
--------------------------------------	------	--------	---------

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
---------	------	-----------

BLOOD SUGAR (PP), Serum

SUGAR PP	101.5	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



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no. : LSHHI277438	Mr. No : 112857
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 12-Mar-2024 04:30 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
HbA1C / GLYCATED HEMOGLOBIN / GHb			
Hb A1C	5.2	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	102.54	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

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

RJ

SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge
 Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
 E-mail.: email@sjmhospital.com
 Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHHI277438	Reg. No. : 112857
Patient Name : MRS. KUSUM LATA	Reg. Date & Time : 12-Mar-2024 01:09 AM
Age/Sex : 43 Yrs /F	Sample Collection Date : 12-Mar-2024 01:23 PM
Referred By : SELF	Sample Receiving Date : 12-Mar-2024 01:23 PM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 12-Mar-2024 04:30 PM
OPD/IPD : OPD	

URINE EXAMINATION TEST**PHYSICAL EXAMINATION**

Quantity: 20 ml
 Color: Yellow
 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://rgcpac3/SJM/Design/Finanace/LabTextReport.aspx>

3/15/2024

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

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

Laboratory Report

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Doctor Name : Dr. Vinod Bhat	Reporting Time : 12-Mar-2024 04:30 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	33.7	mg/dL	13 - 40
Serum Creatinine	0.78	mg/dl	0.6 - 1.1
Uric Acid	5.9	mg/dl	2.6 - 6.0
Calcium	9.7	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	138.3	mEq/L	135 - 150
Potassium (K ⁺)	3.92	mEq/L	3.5 - 5.0
Chloride (Cl)	106.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	15.75	mg/dL	7 - 18
PHOSPHORUS-Serum	3.92	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 :
Typed By : Mr. BIRJESH



Laboratory Report

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OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST,Serum</u>			
Bilirubin- Total	0.67	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.23	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.44	mg/dL	0.2 - 1.2
SGOT/AST	18.6	IU/L	00 - 31
SGPT/ALT	16.4	IU/L	00 - 34
Alkaline Phosphate	92.0	U/L	42.0 - 98.0
Total Protein	7.67	g/dL	6.4 - 8.3
Serum Albumin	4.44	gm%	3.50 - 5.20
Globulin	3.23	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.37	%	

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


Page 1



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

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

Visit ID : IQD88482	Registration	: 13/Mar/2024 12:51PM
UHID/MR No : IQD.0000086408	Collected	: 13/Mar/2024 12:52PM
Patient Name : Mrs.KUSUM LATA	Received	: 13/Mar/2024 12:55PM
Age/Gender : 43 Y 0 M 0 D /F	Reported	: 13/Mar/2024 03:09PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240303331



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (FT3,FT4,TSH)				
Sample Type : SERUM				
FT3	2.41	pg/ml	2.30-4.20	CLIA
FT4	16.5	pmol/L	10.0-22.0	CLIA
TSH	4.89	uIU/mL	0.35-5.50	CLIA

INTERPRETATION:

-Measurement of Free T3 is often employed to help confirm a diagnosis of hypothyroidism where an elevated free or total T4 has been encountered.
 -Free thyroxine (FT4) is a better indicator of thyroid hormone action as it is not affected by changes in thyroxine binding globulin. In mild to moderate systemic illness, FT4 is generally normal or slightly raised and TSH is normal in patients without thyroid disease.
 -Low levels of thyroid hormones (FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in nonthyroidal illness also.
 -Increased levels are found in Graves's disease, hyperthyroidism and thyroid hormone resistance.
 -TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

In Pregnancy, reference range for FT3 in pg/mL:
 First trimester- 2.11-3.83
 Second and Third trimester- 1.96-3.38

In Pregnancy, reference range for FT4 in ng/dL:
 First trimester- 0.7-2.0
 Second and Third trimester- 0.5-1.6
(Pregnancy reference values as per American Thyroid Association)

NOTE:
 -TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and is at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

Note
 Ultra-TSH-Reference range is 0.550 to 4.780 uIU/ml
 TSH (total) - Reference range is 0.35 to 5.50 uIU/ml
 These values may be compared accordingly

*** End Of Report ***



Dr. Ankita Singhal
 MBBS, MD(Microbiology)

Dr. Anil Rathore
 MBBS, MD(Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

Page 1 of 1



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

A

R



PATIENT ID	: 26637 OPD	X-Ray Report	PATIENT NAME	: MRS KUSUM LATA
AGE	: 043Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 12-Mar-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:

None.

TECHNIQUE:

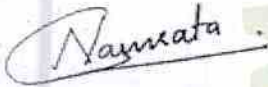
Frontal projections of the chest were obtained.

FINDINGS:

Both lung fields are clear.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION:

1. The study is within normal limits.



Dr Namrata Maske
Consultant Radiologist
MBBS, DMRE
Regn No: 2018/06/2919

Dr Namrata Maske
12th Mar 2024

Centre for Excellent Patient Care

