

manoj.bhanu@gmail.com

2/10

26/9/24

9971962401

Download Date: 06/09/2018

पता: W/O मनीष कुमार सिंह, 43बी डी-4, राजाईली कॉलोनी, उत्तम विहार, सेक्टर-82, नोडा, उत्तर प्रदेश - 201304

Address: W/O Manoj Kumar Singh, 43B D-4, LIG Colony Udyog Vihar, sector-82, Noida, Uttar Pradesh - 201304

3485 1671 6481  
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भारतीय विज्ञान प्रमाण प्रधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

06/09/2018

GOVERNMENT OF INDIA

संगीता सिंह  
Sangeeta Singh  
जन्म तिथि/DOB: 15/08/1984  
महिला/ FEMALE  
Mobile No: 9971962401

3485 1671 6481  
VID : 9117 3841 7440 6458

मेरा आधर, मेरी पहचान  
MERA AADHAAR, MERI PEHCHAN



Mrs. sangeeta  
ID: cororate

26.09.2024 2:29:35 PM  
sjm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

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

83 bpm  
--/-- mmHg

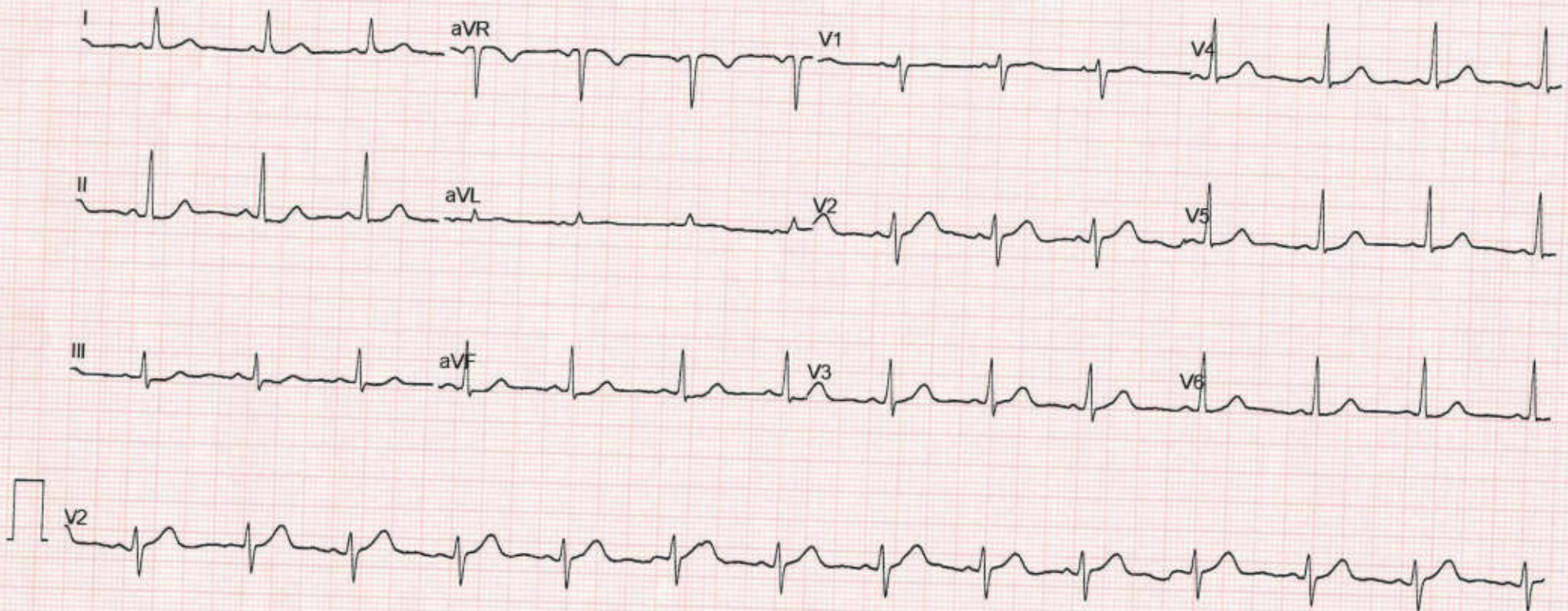
40 Years

Female

QRS : 76 ms  
QT / QTcBaz : 352 / 413 ms  
PR : 120 ms  
P : 96 ms  
RR / PP : 720 / 722 ms  
P / QRS / T : 53 / 51 / 36 degrees

Normal sinus rhythm  
Normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



## Laboratory Report

Lab Serial no.	: LSHHI302725	Mr. No	: 121710
Patient Name	: Mrs. SANGEETA SINGH	Reg. Date & Time	: 26-Sep-2024 12:32 PM
Age / Sex	: 40 Yrs / F	Sample Receive Date	: 26-Sep-2024 12:52 PM
Referred by	: Dr. SELF	Result Entry Date	: 26-Sep-2024 05:46PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 26-Sep-2024 05:47 PM
OPD	: OPD		

### HAEMATOLOGY

results                      unit                      reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	12.80	gm/dL	12.0 - 16.0
TLC	5.15	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	52	%	40 - 70
Lymphocyte	37	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	06	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.23	Thousand / UI	3.8 - 5.10
P.C.V	38.10	million/UI	0 - 40
M.C.V.	89.90	fL	78 - 100
M.C.H.	30.30	pg	27 - 32
M.C.H.C.	33.70	g/dl	32 - 36
Platelet Count	2.69	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. Anurag Sharma

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### HAEMATOLOGY

	results	unit	reference
<b>ESR / ERYTHROCYTE SEDIMENTATION RATE</b>			
ESR (Erythrocyte Sedimentation Rate)	<b>30.0</b>	mm/1hr	00 - 20

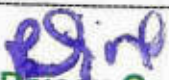
#### Comments

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.



technician :

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**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

#### GGT / GAMMA GT

	results	unit	reference
GAMMA G.G.T.P	29.00	U/l	< - 38

**Comment:-**

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.



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### BIOCHEMISTRY

	results	unit	reference
<b>HbA1C / GLYCATED HEMOGLOBIN / GHB</b>			
Hb A1C	5.50	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	111.15	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



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### BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	13.70	mg/dL	13 - 40
Serum Creatinine	0.69	mg/dl	0.6 - 1.1
Uric Acid	3.40	mg/dl	2.6 - 6.0
Calcium	<b>8.60</b>	mg/dL	8.8 - 10.2
Sodium (Na <sup>+</sup> )	139.40	mEq/L	135 - 150
Potassium (K <sup>+</sup> )	3.83	mEq/L	3.5 - 5.0
Chloride (Cl)	106.80	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	<b>6.40</b>	mg/dL	7 - 18
PHOSPHORUS-Serum	2.66	mg/dl	2.5 - 4.5

**Comment:-**

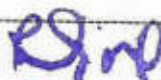
Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. **Kidney Function Test (KFT)** includes a group of blood tests to determine how well the kidneys are working.

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

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### BIOCHEMISTRY

#### LIVER FUNCTION TEST,Serum

	results	unit	reference
Bilirubin- Total	0.56	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.18	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.38	mg/dL	0.2 - 1.2
SGOT/AST	18.50	IU/L	00 - 31
SGPT/ALT	31.90	IU/L	00 - 34
Alkaline Phosphate	57.00	U/L	42.0 - 98.0
Total Protein	6.49	g/dL	6.4 - 8.3
Serum Albumin	4.25	gm%	3.50 - 5.20
Globulin	2.24	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.90	%	


#### 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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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	170.00	mg/dl	< - 200
HDL Cholesterol	<b>41.90</b>	mg/dl	42.0 - 88.0
LDL Cholesterol	104.60	mg/dl	50 - 150
VLDL Cholesterol	23.50	mg/dl	00 - 40
Triglyceride	117.50	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.10	%	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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### BIOCHEMISTRY

	results	unit	reference
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#### BLOOD SUGAR (PP), Serum

SUGAR PP	136.40	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)	83.20	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 :

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Page 1

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(M.B.B.S., MD)  
Pathologist & Microbiologist

## Laboratory Report

Lab Serial No. :		Reg. No. :	121710
Patient Name :	MRS. SANGEETA SINGH	Reg. Date & Time :	26-Sep-2024 12:32 PM
Age/Sex :	40 Yrs /F	Sample Collection Date :	26-Sep-2024 12:52 PM
Referred By :	SELF	Sample Receiving Date :	26-Sep-2024 12:52 PM
Doctor Name :	Dr. AMIT KOTHARI	ReportingTime :	26-Sep-2024 05:47 PM
OPD/IPD :	OPD		

### TEST NAME

### VALUE

ABO

"A"

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. Anurag Sharma

## Laboratory Report

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Patient Name : MRS. SANGEETA SINGH  
Age/Sex : 40 Yrs /F  
Referred By : SELF  
Doctor Name : Dr. AMIT KOTHARI  
OPD/IPD : OPD

Reg. No. : 121710  
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Sample Collection Date : 26-Sep-2024 12:52 PM  
Sample Receiving Date : 26-Sep-2024 12:52 PM  
ReportingTime : 26-Sep-2024 05:47 PM

### URINE SUGAR (FBS)

### CHEMICAL EXAMINATION

Glucose : Nil



Mr. Anurag Sharma



# SJM SUPER SPECIALITY HOSPITAL

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Tel.: 0120-6530900 / 10 Mob.: +91 9599259072  
E-mail.: email@sjmhospital.com  
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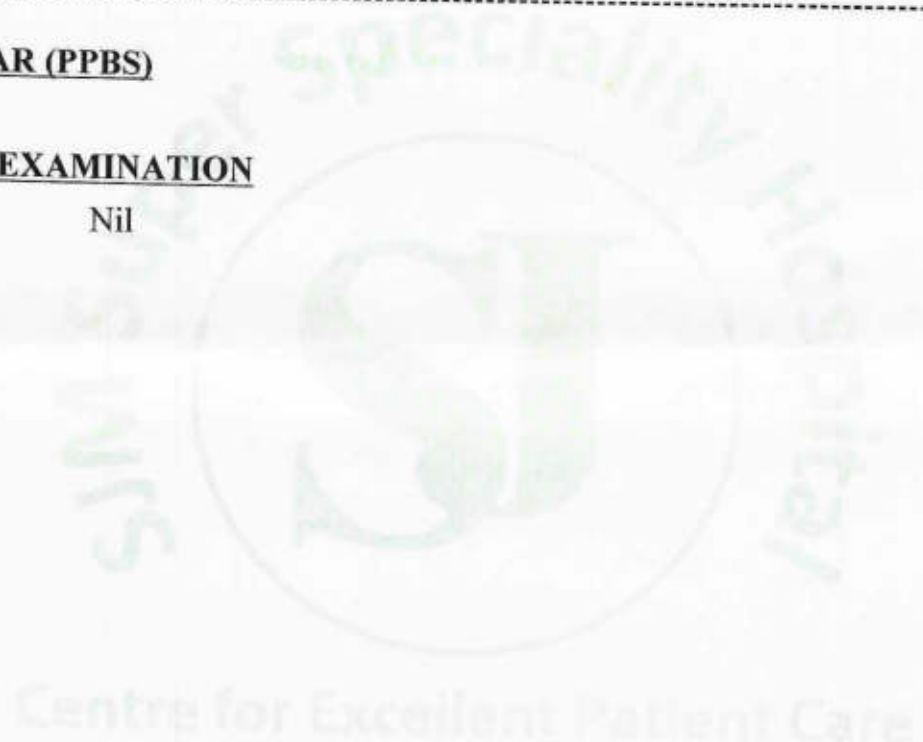
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Doctor Name :	Dr. AMIT KOTHARI	ReportingTime :	26-Sep-2024 05:47 PM
OPD/IPD :	OPD		


### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Nil



Mr. Anurag Sharma

  
<http://ngemac3/SJM/Design/Finanace/LabTextReport.aspx>  
**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

9/26/2024  
**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist



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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: 0-1 /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. Anurag Sharma




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M.D. (Pathologist)  
36548 (MCI)

<http://gcipac3/SJM/Design/Finanace/LabTextReport.aspx>

9/26/2024  
Dr. Bupinder Zutshi  
(M.B.B.S., MD)  
Pathologist & Microbiologist

<b>Visit ID</b> : IQD146444	Registration	: 26/Sep/2024 04:56PM
UHID/MR No : IQD.0000144105	Collected	: 26/Sep/2024 04:56PM
<b>Patient Name</b> : Mrs.SANGEETA	Received	: 26/Sep/2024 05:19PM
Age/Gender : 40 Y O M O D /F	Reported	: 26/Sep/2024 05:51PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240908051



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
Sample Type : SERUM				
T3	1.25	ng/ml	0.61-1.81	CLIA
T4	10.3	ug/dl	5.01-12.45	CLIA
TSH	2.11	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. Ankur Singh  
MBBS, MD (Microbiology)

*Aden*  
DR. ADEN  
MBBS, MD (Pathologist)





<b>Visit ID</b>	: IQD146444	Registration	: 26/Sep/2024 04:56PM
UHID/MR No	: IQD.0000144105	Collected	: 26/Sep/2024 04:56PM
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Age/Gender	: 40 Y 0 M 0 D /F	Reported	: 26/Sep/2024 05:51PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240908051



### 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,FreeT4 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.Ankita Singhal  
MBBS , MD(Microbiology)



DR.ADEN  
MBBS,MD (Pathologist)







Case ID : 24040001360  
Patient Name : Mrs. SANGEETA  
Age/DOB/Sex : 40 Years / / Female  
Hospital Name : SJM Hospital and IVF Centre  
Physician Name : DR PUSHPA KAUL  
Regn Date : 26-Sep-2024 16:03  
Collection On : 26-Sep-2024 11:11  
Reported On : 27-Sep-2024 12:38  
Process AT : CORE-Green Park Delhi  
Ref no :  
Sample Type : Liquid Based Cytology  
Report Status : Final

UNIQUE PATIENT ID: 213182

### TEST NAME

PAP LBC

### SPECIMEN INFORMATION

LBC. C/5201/24

### CLINICAL HISTORY

NA

### METHODOLOGY

Cytology

### CYTOLOGY REPORT



RESULT	Refer Below
Specimen Adequacy	Satisfactory for evaluation
Transformation Zone	Absent
Squamous cellularity	Adequate
Inflammatory change	Mild
Impression	Negative for intraepithelial lesion or malignancy (NILM)

### COMMENTS

The reporting was done as per Bethesda System of Reporting of Cervical Cytology, 2014.





Scan to Connect

If you have any questions about this report or would like to have a conversation about the test results, please feel free to reach out to us at

**+91 88828 99999** or **info@corediagnostics.in**

### CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
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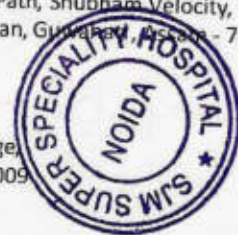
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**CORE DIAGNOSTICS**

## Ultrasound Report

NAME: Mrs. Sangeeta

AGE:40yrs/F

DATE: 26/09/2024

### 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.

**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 evidence of renal concretions on both sides.**

**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.

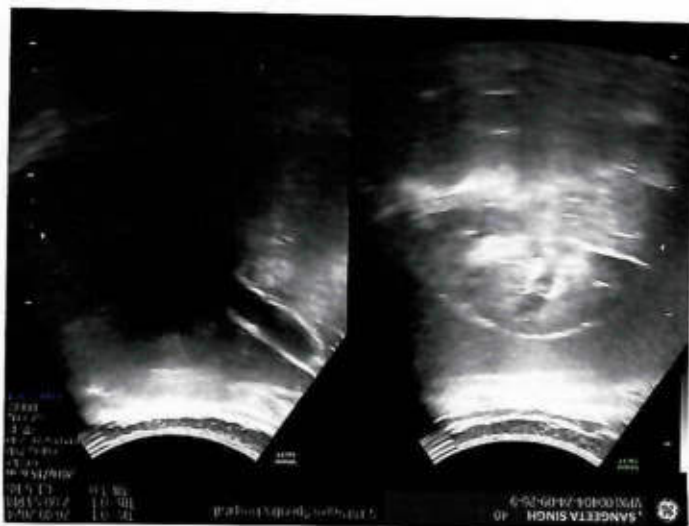
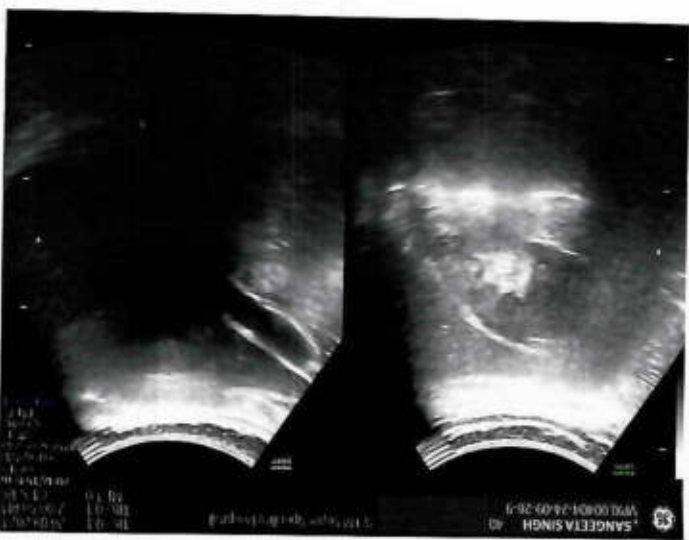
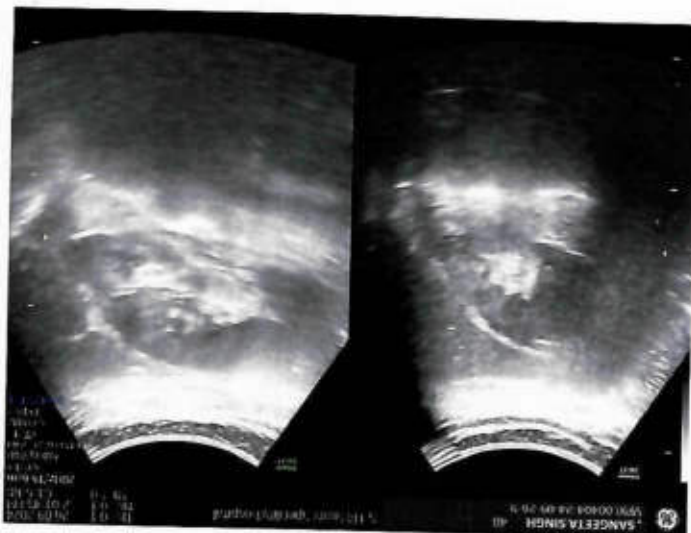
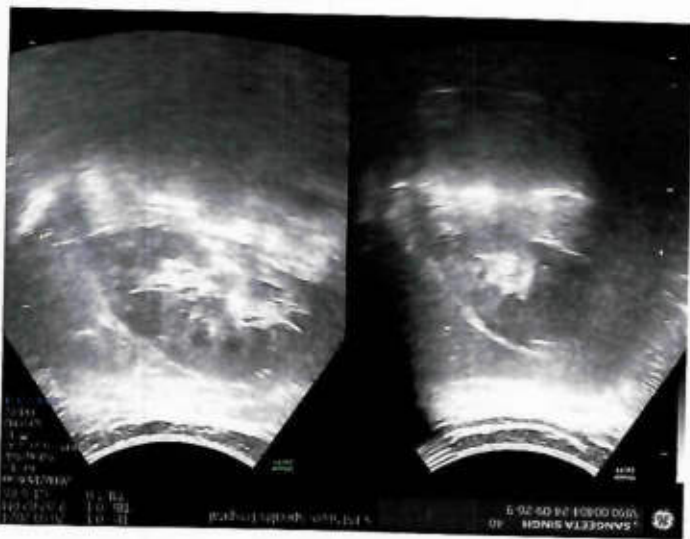
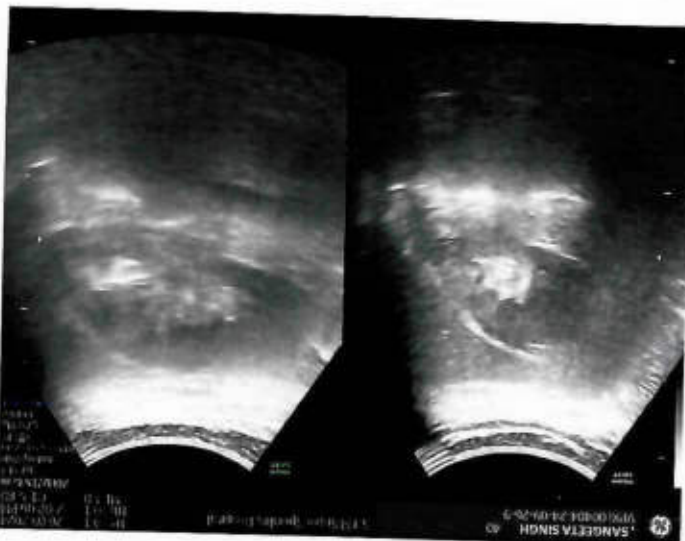
**UTERUS-** Uterus and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial appears normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen

**IMPRESSION: B/L renal concretions**



Super Speciality Hospital

DR. PUSHPA KAUL



## Ultrasound Report

Name	Mrs. Sangeeta	Date	26/09/2024
Age	40Yrs	Sex	Female

### ULTRASOUND OF BOTH BREASTS

#### RIGHT BREAST:-

Right breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 2.3mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

#### LEFT BREAST:-

Left breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 1.9mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY NOTED**

*Please correlated clinically.*



DR. PUSHPA KAUL





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Centre for Excellent Patient Care

PATIENT ID	: 30492 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MRS SANGEETA
AGE	: 040Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 26-Sep-2024

## RADIOLOGY REPORT EXAM: X RAY CHEST

### TECHNIQUE:

Frontal projections of the chest were obtained.

### FINDINGS:

**Mildly prominent bronchovascular markings in both lung fields.**

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:

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

*V.S. Sai Naren*

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



Dr Sai Naren  
26th Sep 2024

Centre for Excellent Patient Care

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