

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

ALKA KIRAN

RAM KRISHNA PODDAR

10/07/1984

Permanent Account Number

AWXPP9447P

Signature

Alka



Alka
7680037310
for heart checkup



MRS. ALKA
Female 37Years

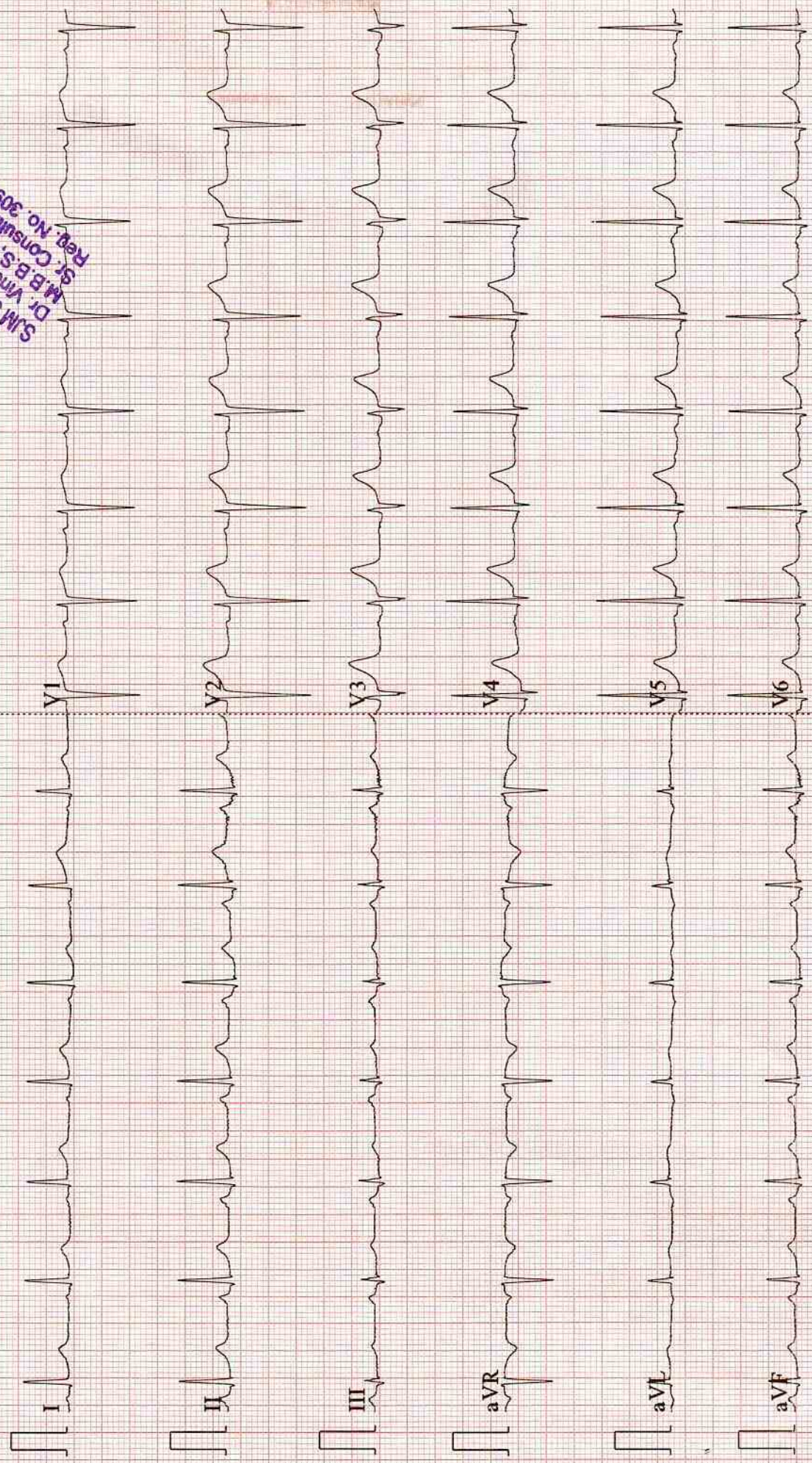
Diagnosis Information:
Sinus Rhythm
Normal ECG

HR : 87 bpm
P : 91 ms
PR : 145 ms
QRS : 80 ms
QT/QTc : 347/418 ms
P/QRS/T : 72/39/53 °
RV5/SV1 : 1.473/1.189 mV

Dr. V.K. Bhat

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S, M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMCA)

Report Confirmed by:





SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



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 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
Laparoscopic & 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

Name Allu Lakshmi Age/Sex 31/50 Date 11-6-22
B.P.: Temp Pulse
Height Weight UHID No.....
C/O bleeding

10/15 6/9 -
6/9 ←

Colocum → Normal

Coar. B - 0.150

Q - 0.75

shutley

slay



Monifed - ④

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 Mediclaim, 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 Videcon 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)



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11-06-2022

40 B03

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24-Hour Pharmacy

Cafeteria & Kitchen

Ms. Alka Kram

Physically and mentally fit

WBSKot

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X-Ray Report

Patient ID.	19090(OPD)	Name	ALKA KIRAN	Sex/Age	F/37 YR.Y
Date	11-06-2022 11:52 AM	Ref. Physician	BANK OF BARODA	Chest, CHEST	

X-RAY CHEST PA VIEW

OBSERVATION:

The lung fields are clear.

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

- No significant abnormality seen.

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Dr. SANTOSH BHARAT RATHOD
MBBS, DNB
CONSULTANT RADIOLOGIST



Laboratory Report

Lab Serial no. : LSHHI221529	Mr. No : 92156
Patient Name : Mrs. ALKA KIRAN	Reg. Date & Time : 11-Jun-2022 04:34 AM
Age / Sex : 37 Yrs / F	Sample Receive Date : 11-Jun-2022 04:51 PM
Referred by : Dr. SELF	Result Entry Date : 11-Jun-2022 07:27PM
Doctor Name : Dr. RMO	Reporting Time : 11-Jun-2022 07:27 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	9.1	gm/dl	12.0 - 16.0
TLC	8.3	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	59	%	40 - 70
Lymphocyte	24	%	20 - 40
Eosinophil	15	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	3.82	Thousand / UI	3.8 - 5.10
P.C.V	30.8	million/UI	0 - 40
M.C.V.	80.6	fL	78 - 100
M.C.H.	23.8	pg	27 - 32
M.C.H.C.	29.5	g/dl	32 - 36
Platelet Count	1.70	Lacs/cumm	1.5 - 4.5

Comments:

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



Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

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

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HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) **104** mm/1hr 00 - 20

NOTE:-

An erythrocyte sedimentation rate test (ESR) detects inflammation that may be caused by infection and some autoimmune diseases.

BIOCHEMISTRY

results unit reference

BLOOD SUGAR (PP), Serum

SUGAR PP 121.0 mg/dl 80 - 140

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) 107.3 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



Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
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(M.B.B.S., MD)
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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	20.8	mg/dL	13 - 40
Serum Creatinine	0.63	mg/dl	0.6 - 1.1
Uric Acid	4.6	mg/dl	2.6 - 6.0
Calcium	9.8	mg/dL	8.8 - 10.2
Sodium (Na+)	142.7	mEq/L	135 - 150
Potassium (K+)	4.22	mEq/L	3.5 - 5.0
Chloride (Cl)	105.6	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	9.72	mg/dL	7 - 18
PHOSPHORUS-Serum	2.50	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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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	131.0	mg/dl	< - 200
HDL Cholesterol	54.1	mg/dl	42.0 - 88.0
LDL Cholesterol	62.7	mg/dl	50 - 150
VLDL Cholesterol	14.2	mg/dl	00 - 40
Triglyceride	71.1	mg/dl	00 - 170
Cholestrol/HDL RATIO	2.4	%	

Comment:

Lipid profile or 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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Laboratory Report

Lab Serial No. : LSHHI221529 Reg. No. : 92156
Patient Name : MRS. ALKA KIRAN Reg. Date & Time : 11-Jun-2022 04:34 AM
Age/Sex : 37 Yrs /F Sample Collection Date : 11-Jun-2022 04:51 PM
Referred By : SELF Sample Receiving Date : 11-Jun-2022 04:51 PM
Doctor Name : Dr. RMO ReportingTime : 11-Jun-2022 07:27 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 and RH negative.

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil


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OPD/IPD : OPD	

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

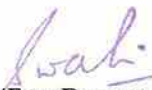
CHEMICAL EXAMINATION

Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 2-3 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 4-5 /HPF
Others: nil

Mr. BIRJESH



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

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11-06-2022

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DIAGNOSTICS

Patient Name : Mrs. ALKA	Registration No
Age/Sex : 37 Y/Female	Registered : 11/Jun/2022
Patient ID : 012206110060	Collection : 11/Jun/2022 02:36PM
Barcode : 10092105	Received : 11/Jun/2022 03:14PM
Ref. By : Self	Reported : 11/Jun/2022 04:11PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM			
T3 ,Serum	112.00	ng/dl	69-215
T4 ,Serum ECLIA	8.70	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	2.4	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis"
			Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

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 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka Rana
Dr. Priyanka Rana
 MD Pathology



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360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P.) Tel.: 0120-4224797, 7042922881

E-mail: admin@360healthservices.com | Website : www.360healthservice.com





Patient Name : Mrs. ALKA
Age/Sex : 37 Y/Female
Patient ID : 012206110060
Barcode : 10092105
Ref. By : Self
SRF No. :
Aadhar No :

Registration No : 89093
Registered : 11/Jun/2022
Collection : 11/Jun/2022 02:36PM
Received : 11/Jun/2022 03:14PM
Reported : 11/Jun/2022 04:11PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			Non-Thyroidal illness

TSH(μ IU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

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Barcode : 10092105	Received : 11/Jun/2022 03:14PM
Ref. By : Self	Reported : 11/Jun/2022 05:03PM
SRF No. :	Panel : SJM Hospital
Aadhar No :	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	5.90	%	
Average Glucose Calculated	122.63	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC ADULTS >=18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

- 1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 3.Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In

J. Bhatia
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MD Pathology
Director

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 Barcode : 10092105
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Registration No : 89093
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Test Name**Value****Unit****Bio Ref.Interval**

patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0% may not be appropriate.

4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased

red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.

7.Specimens from patients with polycythemia pr post-splenctomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***

Jhatia

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Ultrasound Report

NAME: Mrs. Alka Kiran

AGE: 37yrs

DATE: 11/06/2022

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal in size and shape, contour and echopattern. 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 not seen (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 size, shape and homogeneous echopattern. No focal mass lesion is seen in parenchyma.

KIDNEY -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 either side

RETROPERITONIUM- -There is non 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 echopattern. 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.

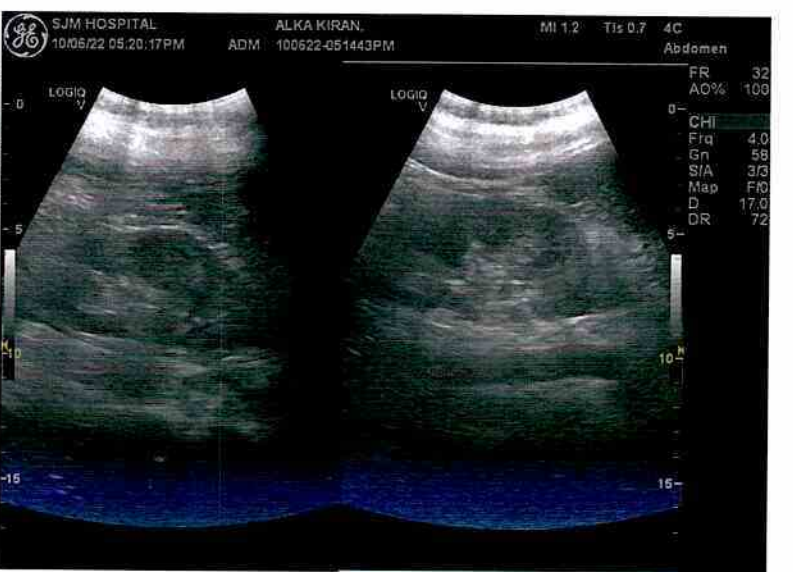
IMPRESSION: NORMAL SCAN

DR.PUSHPA KAUL



For SJM Super Speciality Hospital

DR. P.K GUPTA



ID : 113
NAME : ALKA KIRAN
AGE / SEX : 37 / FEMALE

HEIGHT (cm) : 163
WEIGHT (kg) : 65
PROTOCOL : BRUCE

REF. BY : DR VIJOND BHAT
DONE BY :
TECHNICIAN :

CASE HISTORY : THYROID

MEDICATION : THYROXIN 75MG

OBJECT OF TEST : Routine Check Up.

RISK FACTOR : High Stress Job.

ACTIVITY : Sedentary. Moderate Active.

OTHER INVESTIGATION : X - Ray.

REASON FOR TERMINATION : Max HR.

EXERCISE TOLERANCE : Moderate (< 10 METS).

EXERCISE INDUCED ARRHYTHMIAS : Yes.

HAEMO RESPONSE : Normal.

CHRONO RESPONSE : Normal.

FINAL IMPRESSION : Stress Test is Negative for Inducible Ischemia.

EXTRA COMMENTS :

Dr. Vinod Kumar Bhat
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

Confirmed By : _____

Signature

PATIENT ID : 113
 PATIENT NAME : ALKA KIRAN
 PROTOCOL : BRUCE

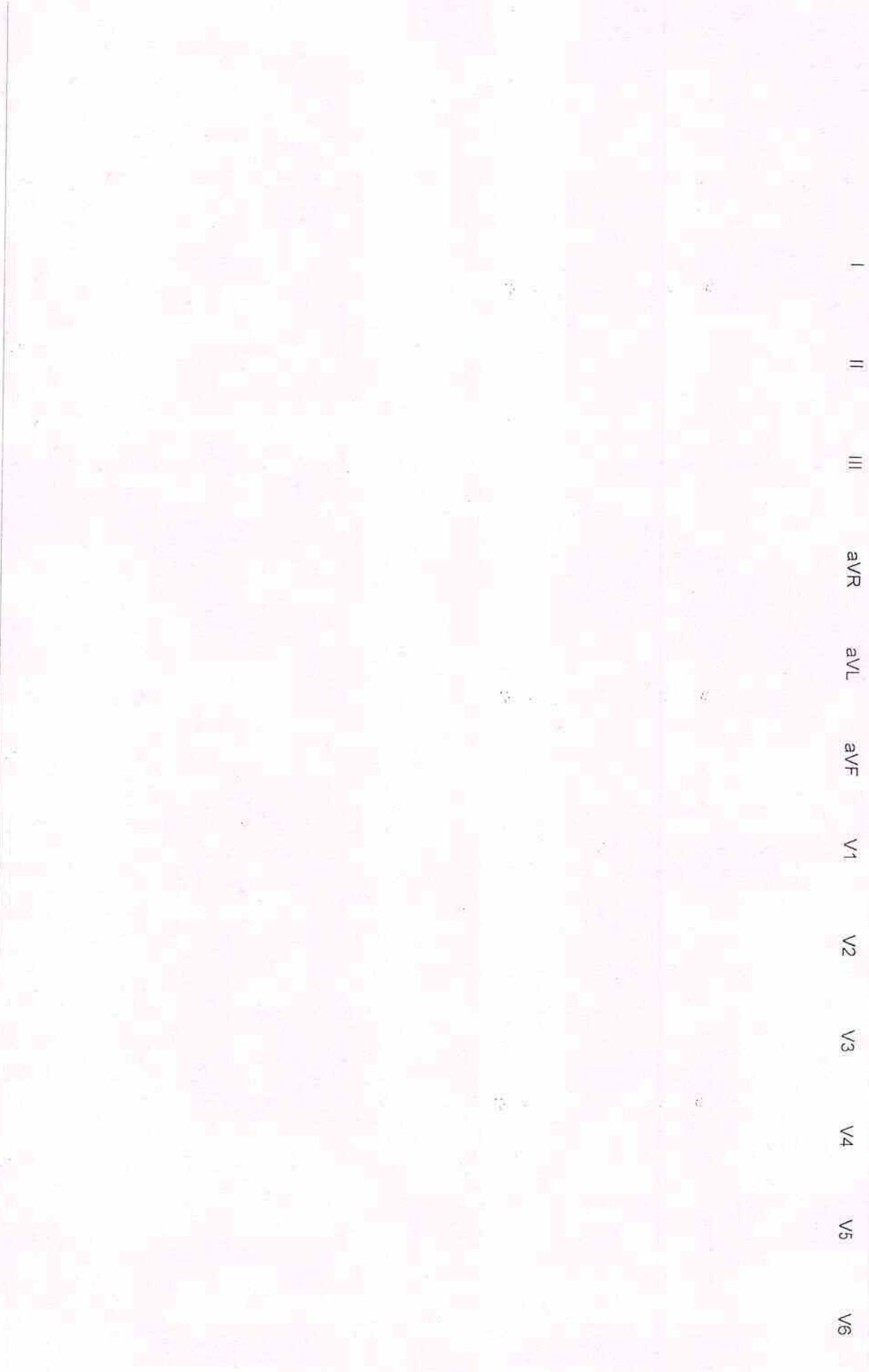
DR. VIJOND BHAT
 Tested On 11-06-2022, 11:06:53
 BPL DYNATRAC

	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Recovery 1 0.00 kmph - 0.00 % 166 bpm - 130/80 mmhg	(-0.75)	(-1.01)	(0.34)	(1.01)	(-0.67)	(-0.67)	(0.08)	(1.26)	(2.26)	(1.51)	(0.08)	(-0.50)
Recovery 2 0.00 kmph - 0.00 % 133 bpm - 130/80 mmhg	(0.17)	(-0.42)	(-0.50)	(0.00)	(0.25)	(-0.17)	(0.17)	(2.10)	(2.77)	(1.76)	(0.34)	(0.25)
Recovery 3 0.00 kmph - 0.00 % 118 bpm - 120/80 mmhg	(-0.13)	(-0.13)	(-0.06)	(0.06)	(0.00)	(-0.06)	(0.06)	(1.57)	(2.45)	(1.32)	(0.06)	(0.19)
Recovery 4 0.00 kmph - 0.00 % 116 bpm - 120/80 mmhg	(-0.06)	(0.13)	(0.81)	(-0.13)	(-0.25)	(0.31)	(0.31)	(1.26)	(1.45)	(0.38)	(-0.25)	(-0.13)

PATIENT ID : 113
PATIENT NAME : ALKA KIRAN
PROTOCOL : BRUCE

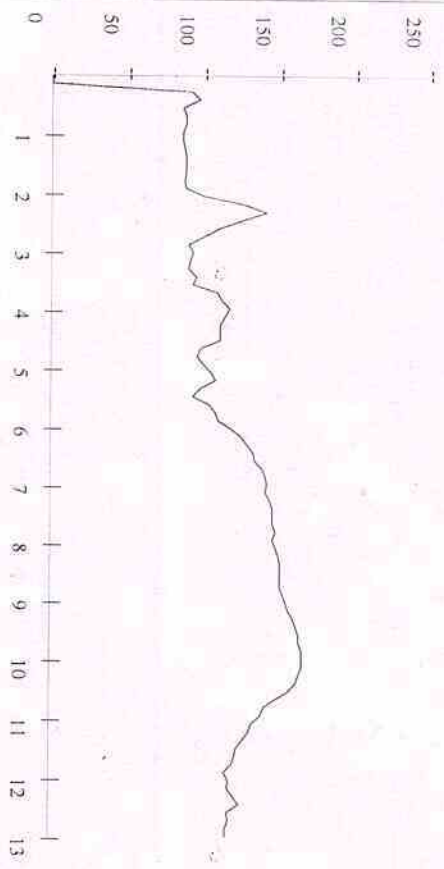
DR. VIOND BHAT
Tested On 11-06-2022, 11:06:53
BPL DYNATRAC

I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

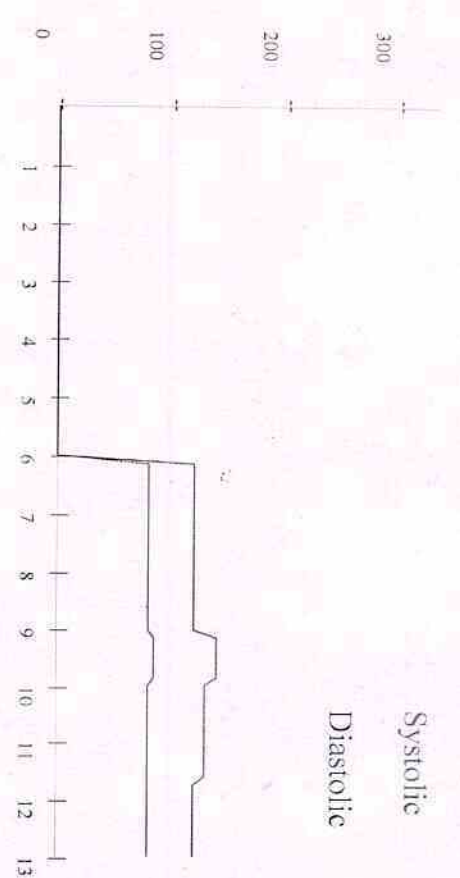


PATIENT ID : 113
PATIENT NAME : ALKA KIRAN
PROTOCOL : BRUCE

DR. VIJOND BHAT
Tested On 11-06-2022, 11:06:53
BPL DYNATRAC

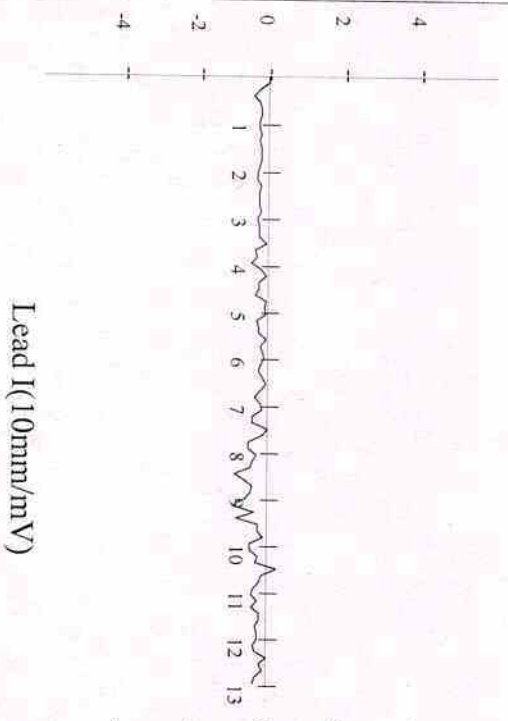


Heart Rate (bpm) Time(min)

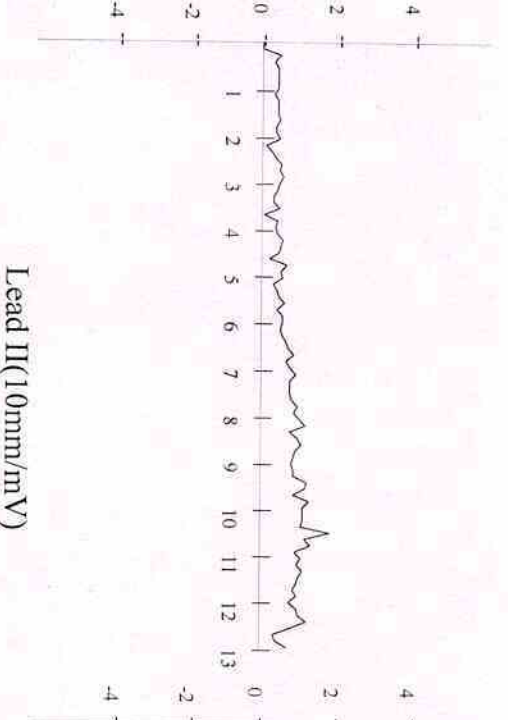


Blood Pressure (mmHg) Time(min)

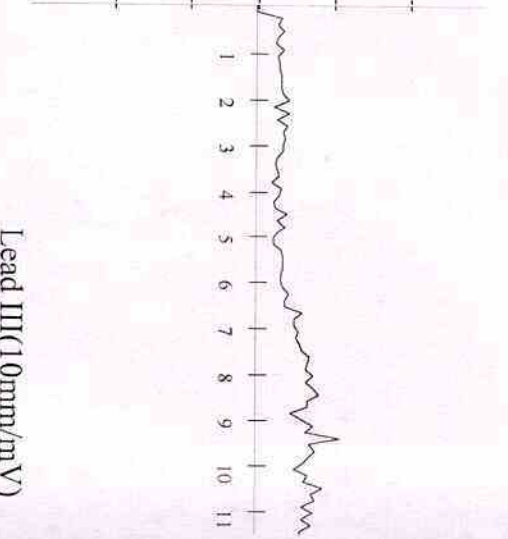
J-Amplitude (mm)



Lead I(10mm/mV)



Lead II(10mm/mV)

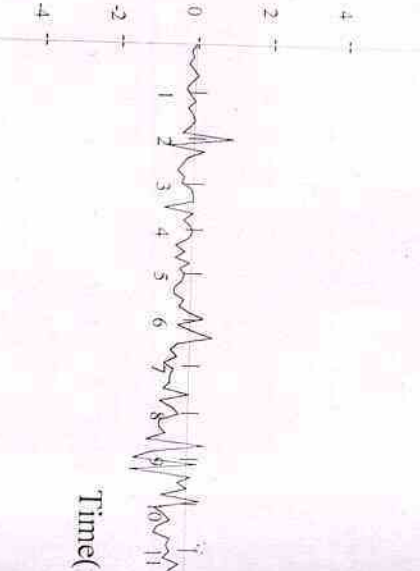
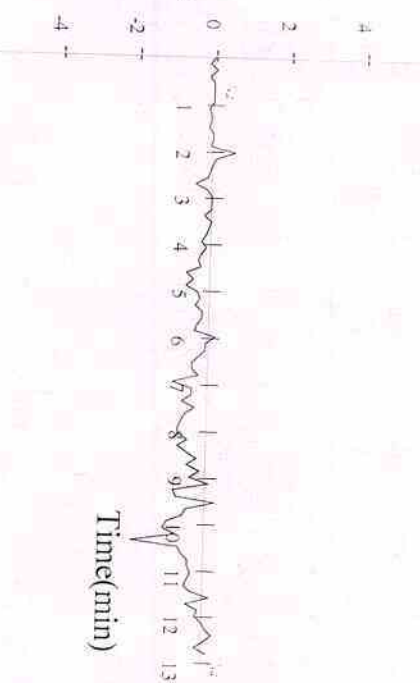
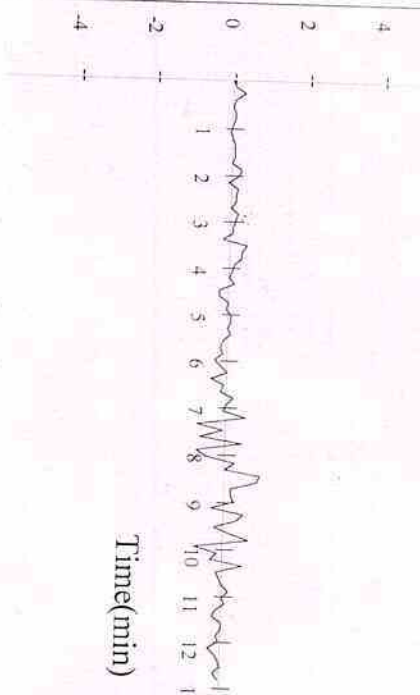


Lead III(10mm/mV)

PATIENT ID : 113
PATIENT NAME : ALKA KIRAN
PROTOCOL : BRUCE

DR. VIJOND BHAT
Tested On 11-06-2022, 11:06:53
BPL DYNATRAC

ST - Slope (mV/Sec)

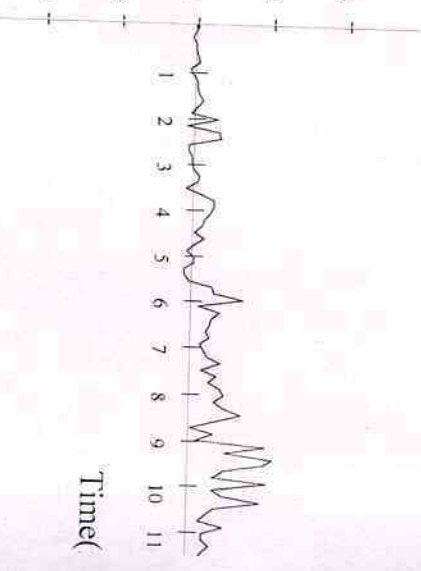
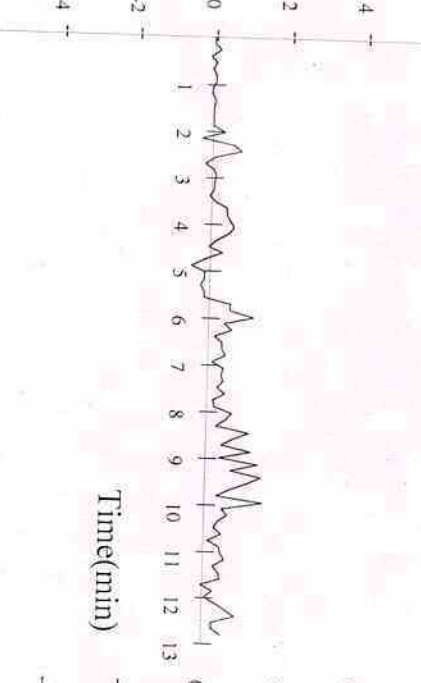
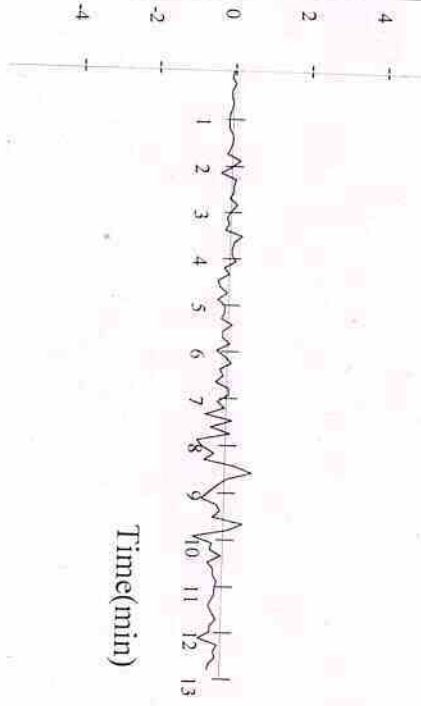


Lead I (10mm/mV)

Lead II (10mm/mV)

Lead III (10mm/mV)

ST - Level (mm)



Lead I (10mm/mV)

Lead II (10mm/mV)

Lead III (10mm/mV)

PATIENT ID : 113
 PATIENT NAME : ALKA KIRAN
 PROTOCOL : BRUCE

DR. VIJOND BHAT
 Tested On 11-06-2022, 11:06:53
 BPL DYNATRAC

ST LEVEL
 (mm)

Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	-0.1	0.1	-0.2	0.1	0.0	0.2	0.7	2.6	2.2	0.9	0.5	0.2
Supine	0.0	0.1	0.1	0.0	-0.1	0.1	0.7	2.6	2.3	0.9	0.4	0.3
Hyper Ventilation	-0.2	0.0	0.1	0.0	-0.2	0.0	0.8	2.6	2.3	1.1	0.4	0.3
Wait For Exercise	-0.3	-0.5	-0.2	0.4	0.0	-0.3	0.5	2.2	1.9	1.3	0.6	0.4
Exercise 1	0.1	0.2	0.5	-0.5	0.1	0.6	0.7	1.6	1.5	0.7	0.2	0.3
Peak Exercise	-0.4	0.4	0.2	-0.3	-0.6	0.4	0.5	1.5	1.2	0.6	-0.1	-0.3
Recovery 1	-0.8	1.5	2.1	-0.2	-1.5	1.7	1.2	1.0	0.5	-0.4	-1.0	-0.9
Recovery 2	-0.2	0.4	1.0	-0.3	-0.3	0.6	1.1	2.3	2.5	0.8	-0.5	-0.5
Recovery 3	-0.3	0.3	0.5	0.1	-0.3	0.3	1.0	2.1	2.8	0.9	-0.2	-0.5
Recovery 4	-0.4	0.5	0.8	-0.2	-0.7	0.7	1.0	1.9	2.0	0.5	-0.6	-0.6

ST SLOPE REPORT

SJM HOSPITAL AND IVF CENTRE

PATIENT ID : 113
 PATIENT NAME : ALKA KIRAN
 PROTOCOL : BRUCE

DR VIOND BHAT
 Tested On 11-06-2022, 11:06:53
 BPL DYNATRAC

ST SLOPE
 (mV/Sec)

Stage	I	II	III	aVR	aVL	aVF	V1	V2	V3	V4	V5	V6
Pre-Test	0.0	0.0	-0.3	0.0	0.1	-0.1	0.0	1.4	1.3	0.6	0.5	0.3
Supine	0.1	-0.1	-0.2	0.0	0.1	-0.1	0.1	1.4	1.4	0.7	0.6	0.4
Hyper Ventilation	0.0	0.0	-0.1	0.1	0.1	-0.1	0.1	1.4	1.4	0.9	0.4	0.4
Wait For Exercise	-0.1	-0.6	-0.3	0.3	0.3	-0.4	-0.2	1.5	1.4	0.8	0.5	0.1
Exercise 1	0.4	-0.7	-0.8	0.1	0.6	-0.2	0.0	1.7	2.4	1.6	0.9	1.4
Peak Exercise	0.3	-0.4	-1.4	0.8	0.2	-1.0	0.1	1.9	2.5	1.6	1.3	0.6
Recovery 1	-0.8	-1.0	0.3	1.0	-0.7	-0.7	0.1	1.3	2.3	1.5	0.1	-0.5
Recovery 2	0.2	-0.4	-0.5	0.0	0.3	-0.2	0.2	2.1	2.8	1.8	0.3	0.3
Recovery 3	-0.1	-0.1	-0.1	0.1	0.0	-0.1	0.1	1.6	2.5	1.3	0.1	0.2
Recovery 4	-0.1	0.1	0.3	-0.1	-0.3	0.3	0.3	1.3	1.4	0.4	-0.3	-0.1

BRIEF SUMMARY REPORT

SJM HOSPITAL AND IVE CENTRE

PATIENT ID : 113
 PATIENT NAME : ALKA KIRAN
 PROTOCOL : BRUCE

DR. VIOND BHAT
 Tested On 11-06-2022, 11:06:53
 BPL DYNATRAC

Total METS achieved 6.60
 Maximum HR achieved 166 bpm, 90 % of 183 bpm

Maximum ST depression (II) -0.50 mm
 Total Exercise time 04:20 (min:sec)

Stage Name	Time (min:sec)	Speed (kmph)	Grade (%)	HR (bpm)	BP (mmHg)	R.P.P	METS	STLevel (II)	Stage Comments
Pre-Test	01:10	0.00	0.00	86	0/0	0	0.00	0.05	
Supine	00:24	0.00	0.00	88	0/0	0	0.00	0.05	
Hyper Ventilation	00:22	0.00	0.00	88	0/0	0	0.00	0.00	
Wait For Exercise	03:10	0.00	0.00	105	0/0	0	0.00	-0.50	
Exercise 1	02:56	2.70	10.00	146	120/80	17520	5.10	0.15	
Peak Exercise	01:13	4.00	12.00	157	140/85	21980	6.60	0.35	
Recovery 1	00:52	0.00	0.00	166	130/80	21580	0.00	1.51	
Recovery 2	01:51	0.00	0.00	133	130/80	17290	0.00	0.40	
Recovery 3	02:51	0.00	0.00	118	120/80	14160	0.00	0.25	
Recovery 4	03:51	0.00	0.00	116	120/80	13920	0.00	0.50	

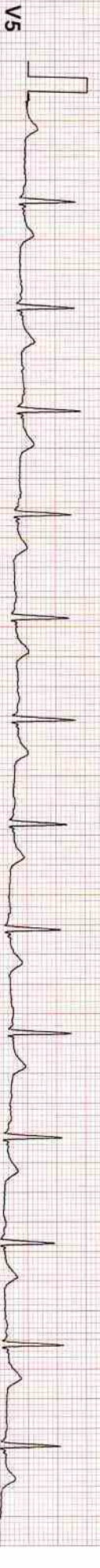
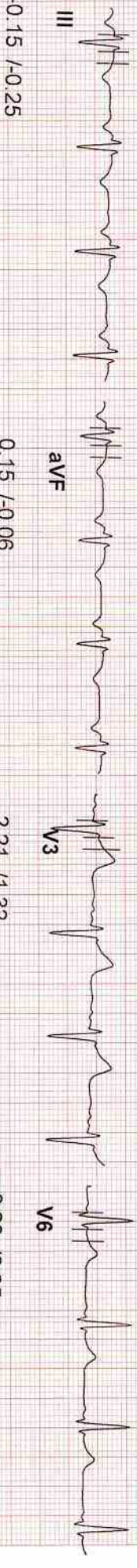
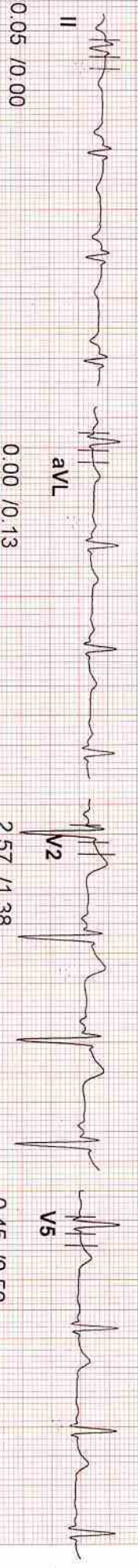
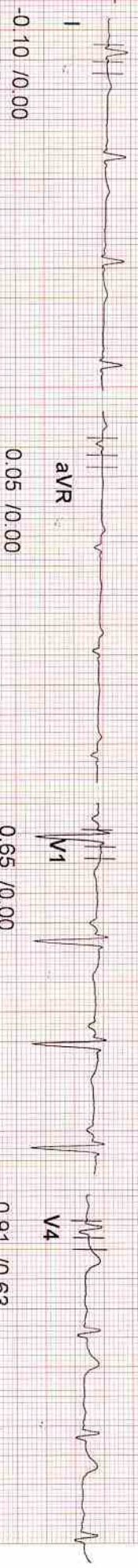
ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 0/0 mmHg

STAGE : Pre-Test
 RECORDED TIME : 01:12 (min:sec)
 STAGE DURATION : 01:12 (min:sec)
 HR : 86 bpm (46%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJND BHAT
 Tested On : 11-06-2022, 11
 BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



113

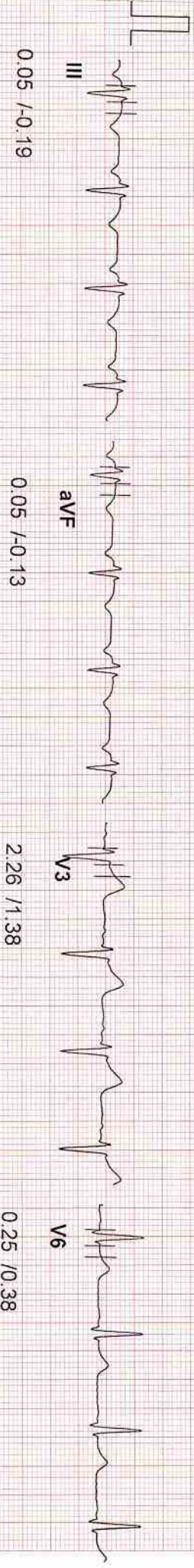
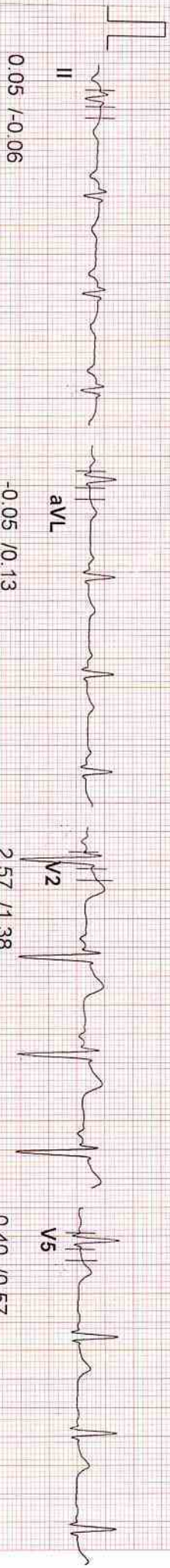
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Supine
 RECORDED TIME : 01:39 (min:sec)
 STAGE DURATION : 00:27 (min:sec)
 HR : 88 bpm (48%)
 METS : 0.00

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 DR. VIOND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



113

20 Hz Filter

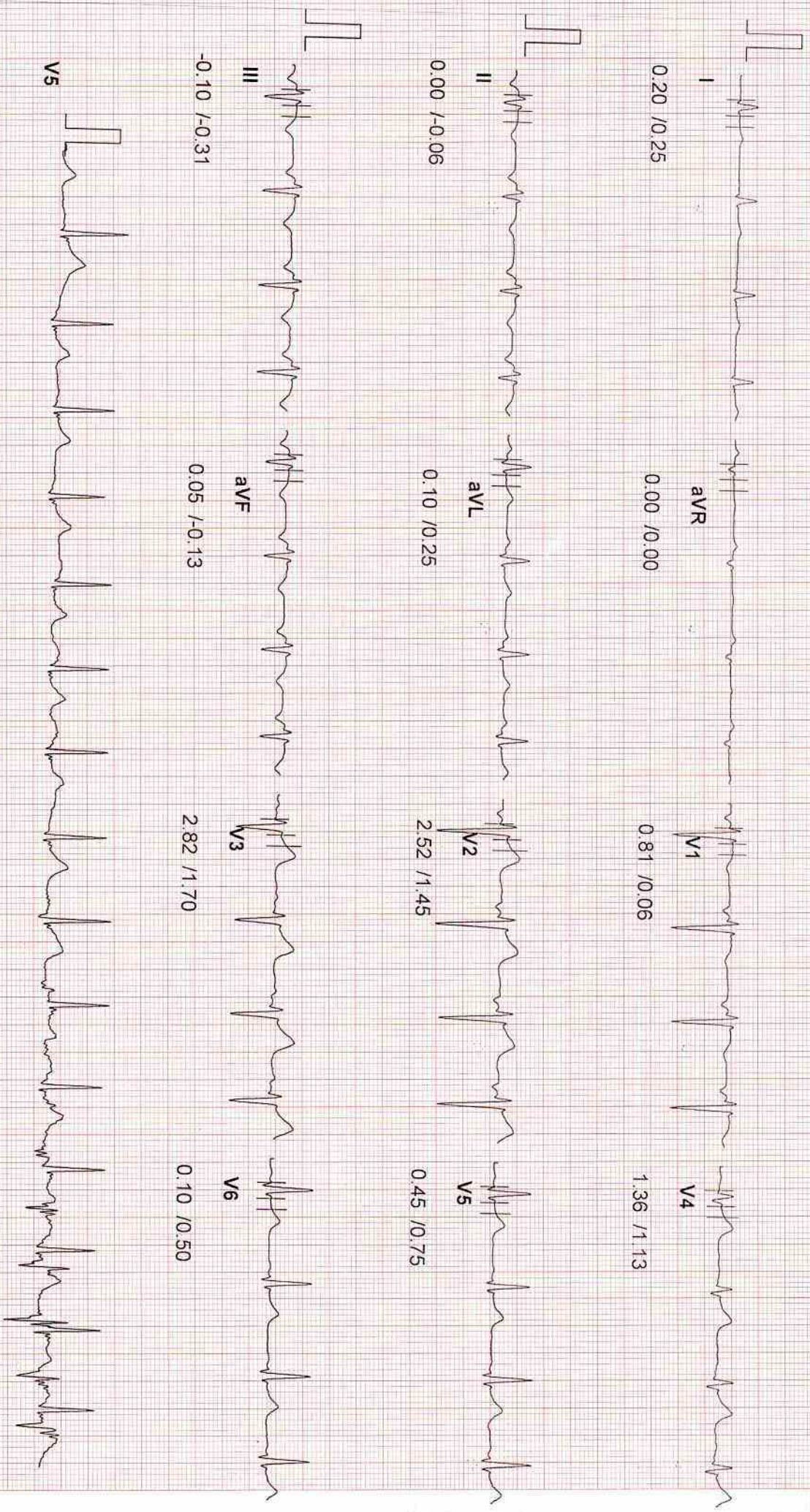
10mm/mV, 25mm/Sec

ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 0/0 mmHg

STAGE : Hyper Ventilation
 RECORDED TIME : 02:07 (min:sec)
 STAGE DURATION : 00:28 (min:sec)
 HR : 97 bpm (53%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METs : 0.00

DR. VIJND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



113

20 Hz Filter

10mm/mV, 25mm/Sec

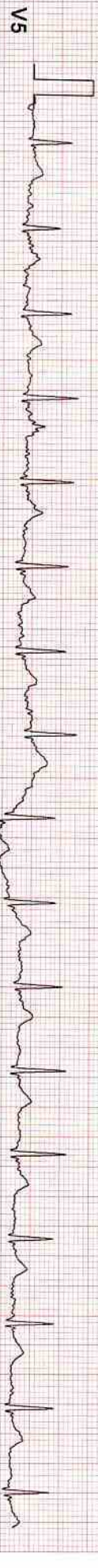
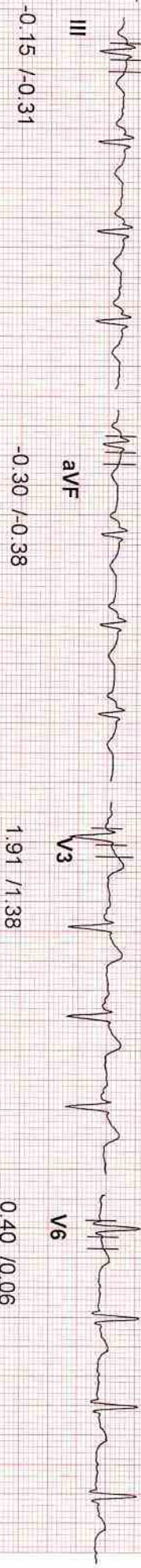
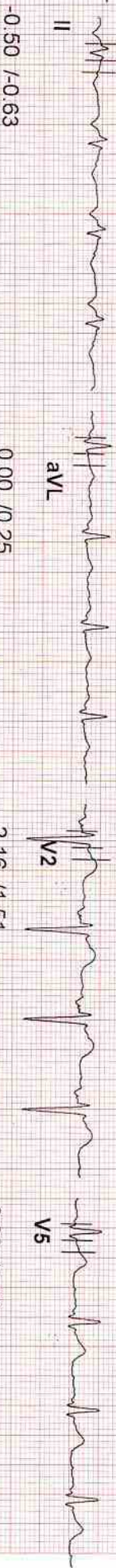
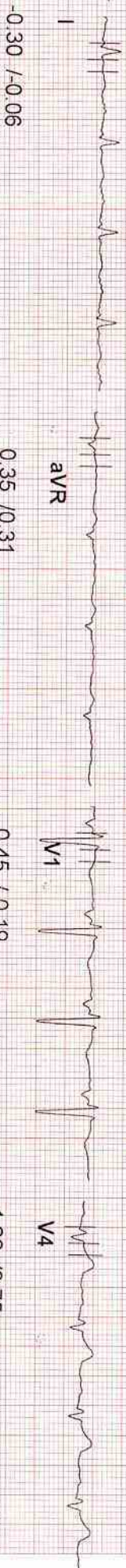
ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 0/0 mmHg

STAGE :
 RECORDED TIME :
 STAGE DURATION :
 HR :

Wait For Exercise :
 05:19 (min:sec)
 03:12 (min:sec)
 108 bpm (59 %)
 PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METs : 0.00

DR. VIJND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC

ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J



113

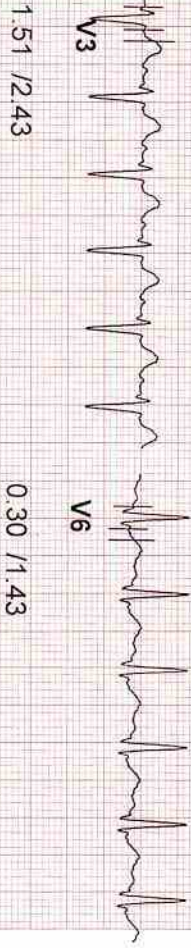
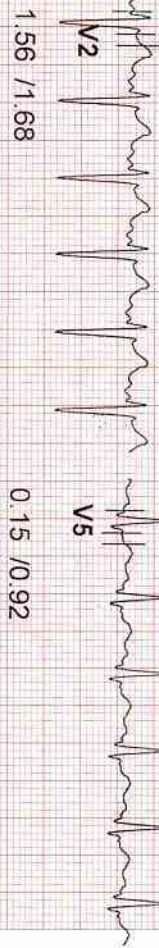
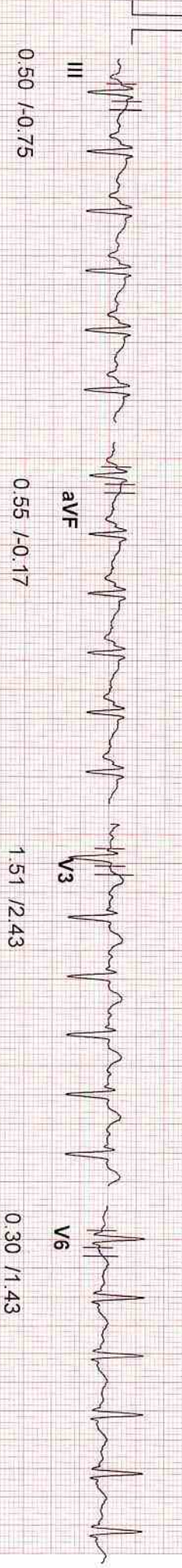
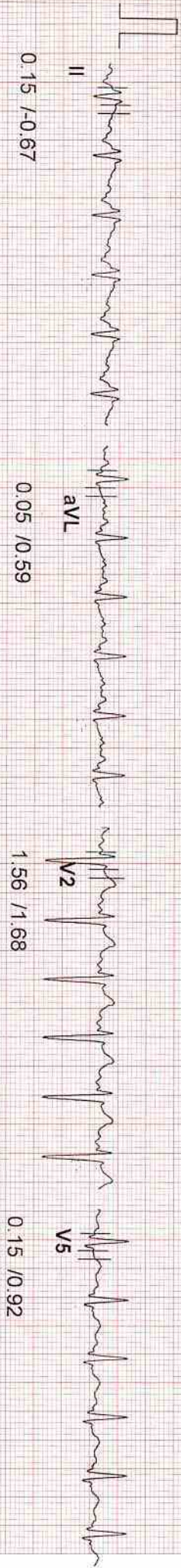
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 113
NAME : ALKA KIRAN
AGE : 37
BP : 120/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise 1
RECORDED TIME : 03:00 (min:sec)
STAGE DURATION : 03:00 (min:sec)
HR : 148 bpm (80%)
PROTOCOL : BRUCE
SPEED : 2.7 kmph
GRADE : 10.00 %
METS : 5.10

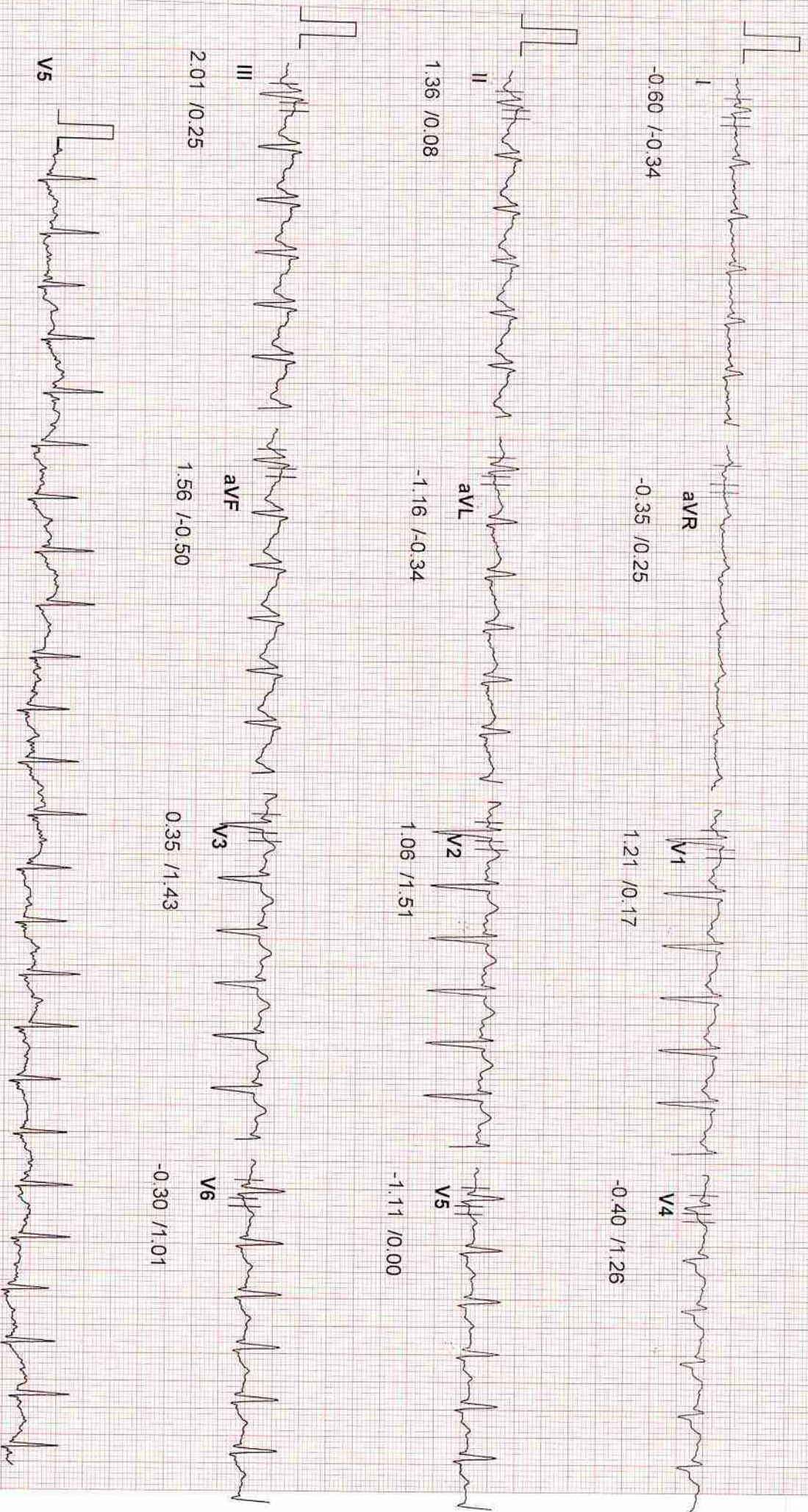
DR. VIJND BHAT
Tested On : 11-06-2022, 11
BPL DYNATRAC



ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 140/85 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise2(Peak Ex) PROTOCOL : BRUCE
 RECORDED TIME : 01:20 (min:sec) SPEED : 4.0 kmph
 STAGE DURATION : 01:20 (min:sec) GRADE : 12.00 %
 HR : 160 bpm (87 %) METs : 6.60

DR. VIJOND BHAT
 Tested On : 11-06-2022, 11
 BPL DYNATRAC



113

20 Hz Filter

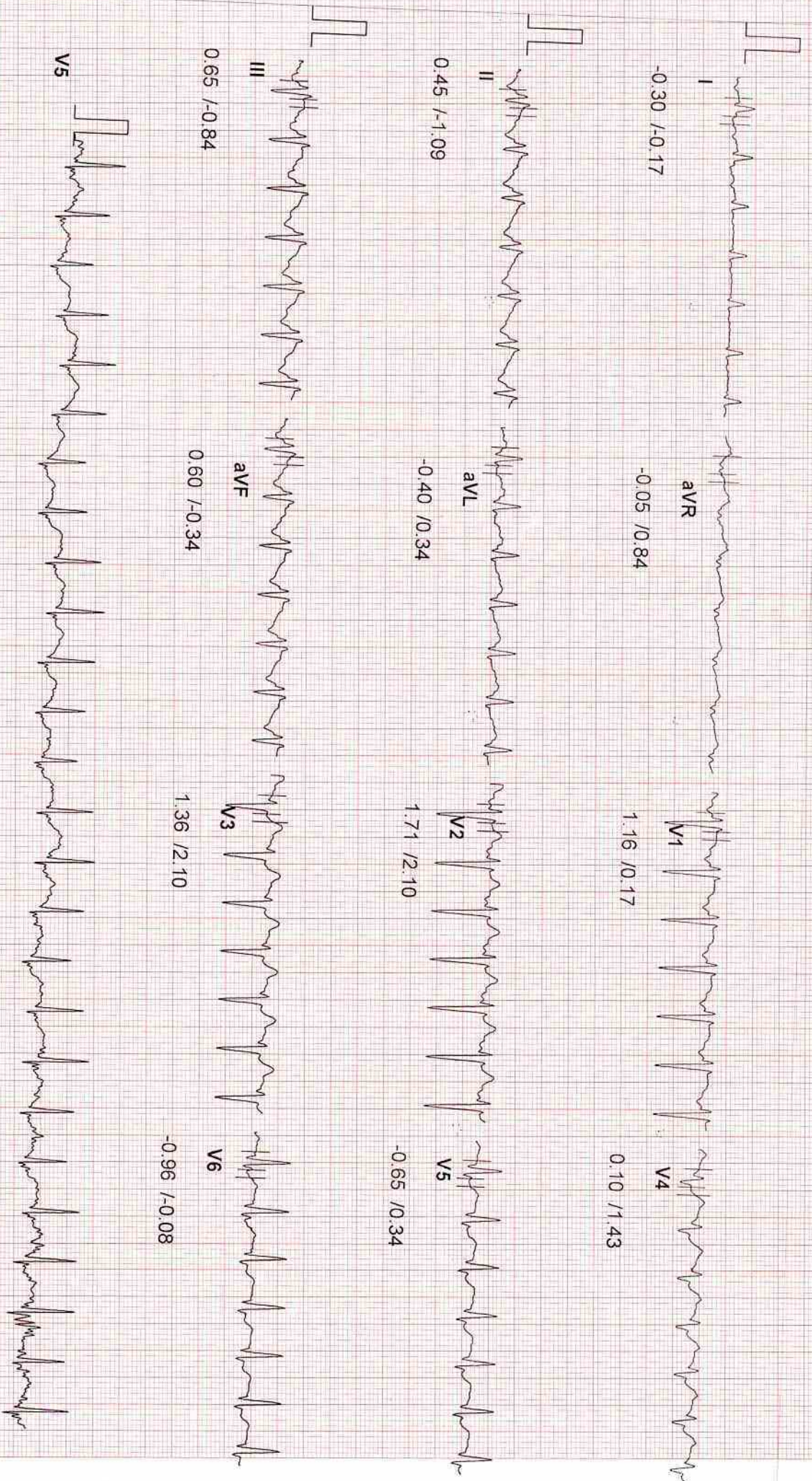
10mm/mV, 25mm/Sec

ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 130/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE RECORDED TIME : Recovery 1
 STAGE DURATION : 00:59 (min:sec)
 HR : 00:59 (min:sec)
 166 bpm (90%)
 METS

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJND BHAT
 Tested On 11-06-2022, 11
 BPL DYNATRAC



113

20 Hz Filter

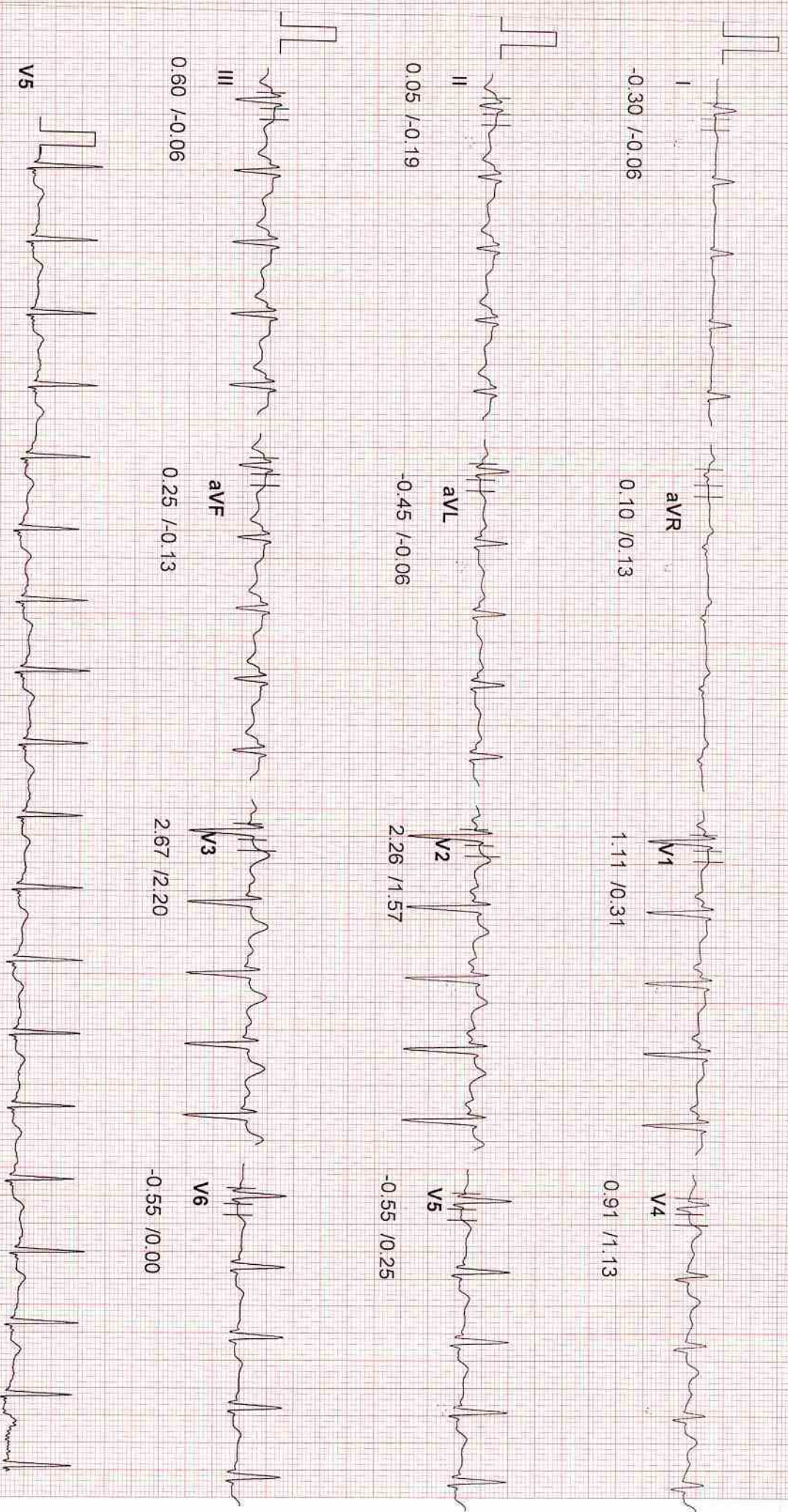
10mm/mV, 25mm/Sec

ID : 113
 NAME : ALKA KIRAN
 AGE : 37
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Recovery 3
 RECORDED TIME : 02:59 (min:sec)
 STAGE DURATION : 02:59 (min:sec)
 HR : 117 bpm (63%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METs : 0.00

DR. VIJOND BHAT
 Tested On : 11-06-2022, 11
 BPL DYNATRAC



113

20 Hz Filter

10mm/mV, 25mm/Sec