



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम

Name **SHAMREEN**

कर्मचारी कूट क्र.

E. C. No. **106680**

*Shamreen*

जागीकर्ता प्राधिकारी  
Issuing Authority



*Client's Signature*

*Client's check-up me only  
SJM Hospital*

*Shamreen*

*Shamreen*

धारक के हस्ताक्षर  
Signature of Holder

ID: 12347

29-05-2022 09:52:48 AM

MRS. SHAMREEN  
Female 31 Years

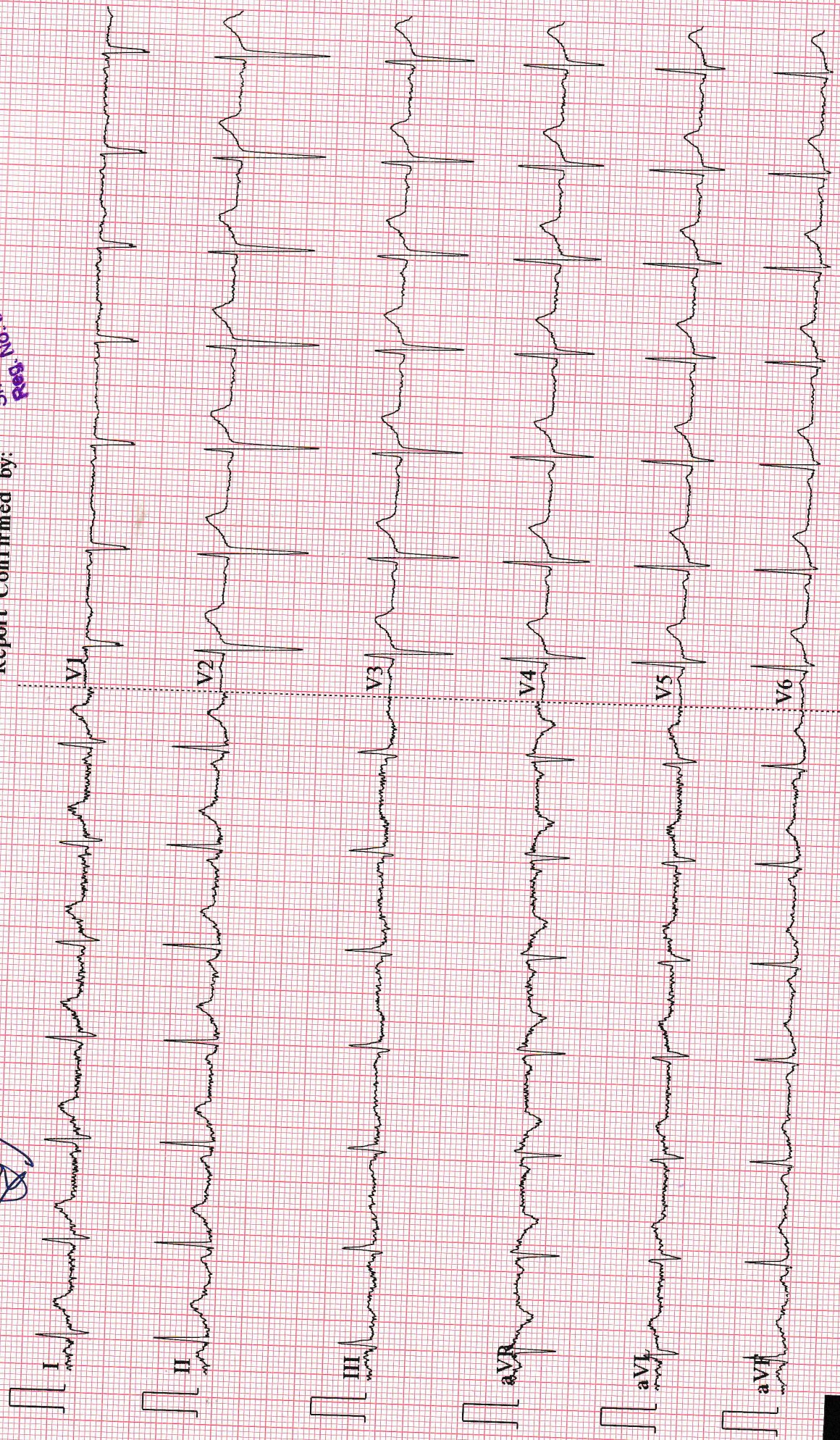
HR : 82 bpm  
 P : 90 ms  
 PR : 130 ms  
 QRS : 85 ms  
 QT/QTc : 368/432 ms  
 P/QRS/T : 59/68/18 °  
 RV5/SV1 : 0.946/0.720 mV

*Dr. Sheikh S. Siddiqui*  
*Dr. Khan S. Siddiqui*

**Diagnosis Information:**  
 Sinus Rhythm  
 \*\*\*Normal ECG\*\*\*

Report Confirmed by:

SJM SUPER SPECIALITY HOSPITAL  
 Dr. Vinod Kumar Erath  
 Sr. Consultant Physician  
 Reg. No. 30989 (DMC)



## Laboratory Report

Lab Serial no. : LSHHI220827	Mr. No : 91909
Patient Name : Ms. SHEIKH NAUSHAD ALI SHAMREEN	Reg. Date & Time : 29-May-2022 03:24 AM
Age / Sex : 31 Yrs / F	Sample Receive Date : 29-May-2022 03:24 PM
Referred by : Dr. SELF	Result Entry Date : 02-Jun-2022 03:28PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 02-Jun-2022 03:33 PM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b><u>CBC / COMPLETE BLOOD COUNT</u></b>			
HB (Haemoglobin)	12.4	gm/dl	12.0 - 16.0
TLC	9.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.21	Thousand / UI	3.8 - 5.10
P.C.V	37.4	million/UI	0 - 40
M.C.V.	88.8	fL	78 - 100
M.C.H.	29.5	pg	27 - 32
M.C.H.C.	33.2	g/dl	32 - 36
Platelet Count	<b>1.15</b>	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)  
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DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.21	Thousand / UI	3.8 - 5.10
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### HAEMATOLOGY

	results	unit	reference
<b><u>ESR / ERYTHROCYTE SEDIMENTATION RATE</u></b>			
ESR (Erythrocyte Sedimentation Rate)	96	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
<b><u>BLOOD SUGAR F, Sodium Fluoride Pla</u></b>			
Blood Sugar (F)	123.2	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.

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Page 1

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### BIOCHEMISTRY

	results	unit	reference
<b><u>KFT,Serum</u></b>			
Blood Urea	21.0	mg/dL	13 - 40
Serum Creatinine	0.85	mg/dl	0.6 - 1.1
Uric Acid	<b>6.9</b>	mg/dl	2.6 - 6.0
BUN/ Blood Urea Nitrogen	9.81	mg/dL	7 - 18

**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.

### LIPID PROFILE,Serum

S. Cholesterol	170.0	mg/dl	< - 200
HDL Cholesterol	49.1	mg/dl	42.0 - 88.0
LDL Cholesterol	95.4	mg/dl	50 - 150
VLDL Cholesterol	25.5	mg/dl	00 - 40
Triglyceride	127.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.5	%	

**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. : 61763	Mr. No : 91909
Patient Name : Ms. SHEIKH NAUSHAD ALI SHAMREEN	Reg. Date & Time : 02-Jun-2022 03:45 PM
Age / Sex : 31 Yrs / F	Sample Receive Date : 02-Jun-2022 03:45 PM
Referred by : Dr. SELF	Result Entry Date : 02-Jun-2022 03:46 PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 02-Jun-2022 03:46 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b>GGT / GAMMA GT</b>			
GAMMA G.G.T.P	<b>38.4</b>	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.

### LIVER FUNCTION TEST, Serum

Bilirubin- Total	0.42	mg/dL	00 - 2.0
Bilirubin- Direct	0.15	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.27	mg/dL	0.2 - 1.2
SGOT/AST	<b>97.2</b>	IU/L	00 - 31
SGPT/ALT	<b>98.7</b>	IU/L	00 - 34
Alkaline Phosphate	52.0	U/L	42.0 - 98.0
Total Protein	7.44	g/dL	6.4 - 8.3
Serum Albumin	4.28	gm%	3.50 - 5.20
Globulin	3.16	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.35	%	

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



# SJM SUPER SPECIALITY HOSPITAL

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Web.: www.sjmhospital.com



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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.

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02-06-2022

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### URINE SUGAR (Fasting)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

Mr. BIRJESH

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### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
Color: Yellow  
Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil  
PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 2-3 /HPF  
RBC's: nil  
Crystals: nil  
Epithelial cells: 5-6 /HPF  
Others: nil

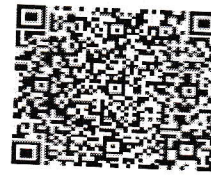
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REPORT



DIAGNOSTICS

**Patient Name** : Mrs. SHEIKH NAUSHAD ALI SHAMREEN      Registration No : 85369  
**Age/Sex** : 31 Y/Female      Registered : 29/May/2022  
**Patient ID** : 012205290061      Collection : 29/May/2022 04:30PM  
**Barcode** : 10088298      Received : 29/May/2022 05:14PM  
**Ref. By** : Self      Reported : 29/May/2022 07:48PM  
**SRF No.** :      Panel : SJM Hospital  
**Aadhar No** :      Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
<b>THYROID PROFILE.(TFT)SERUM</b>			
T3 ,Serum	132.00	ng/dl	69-215
T4 ,Serum ECLIA	5.30	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	9.17	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

**Dr. Jatinder Bhatia**  
 MD Pathology  
 Director

**Dr. Madhusmita Das**  
 MD MICROBIOLOGY

**Dr. Priyanka Rana**  
 MD Pathology

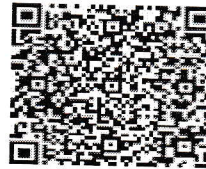


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**360 Diagnostics & Health Services Pvt. Ltd.**

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

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



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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 Within range	Raised	Within range	T3 toxicosis
			Non-Thyroidal illness

**TSH(µIU/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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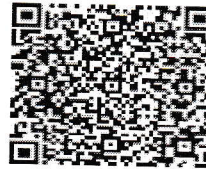


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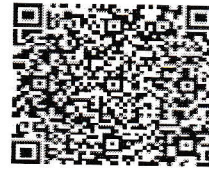


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Test Name	Value	Unit	Bio Ref.Interval
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### HbA1C(Glycosylated Hemoglobin ):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	6.20	%	
Average Glucose Calculated	131.24	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

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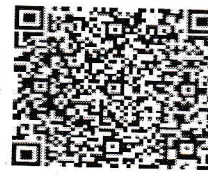
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patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0%. may not be appropriate.

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

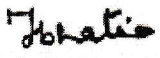
5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

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 or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

\*\*\* End Of Report \*\*\*

  
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NABL ACCREDITED & ICMR APPROVED FOR COVID-19

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