

wt - 59
Ht - 159
B.P - 110/80
Puls - 85 mit
SpO2 - 99%



Neha Pandey
8400640100

SCIMS SPECIALITY HOSPITAL
Dr. Viree Kumari Bhat
M.B.B.S. (M.D. in Obst. & Gynae)
Consultant Gynaecologist
Reg. No. 25000 (DMC)





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)

12.11.2022

Go Bop

(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
Laposcopic & 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

Ms. Neha Pandey

Physically & mentally fit

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

CGHS & AYUSHMAN BHARAT

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

Panel: 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., 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 Co. 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)

Case ID	103220061859
Patient Name	NEHA PANDEY
Age/Sex	28 Year /Female
Hospital Location	Noida, Uttar Pradesh, India
Hospital Name	SJM Hospital and IVF Centre
Physician Name	Dr. Pushpa Kaul
Date & Time of Accessioning	12/11/2022 19:16 Hrs
Date & Time of Reporting	16/11/2022 23:51 Hrs



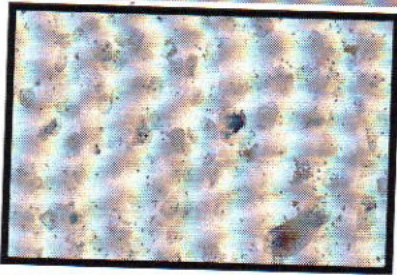
TEST NAME
Pap Smear-LBC

SPECIMEN INFORMATION
Cervicovaginal smear, liquid based cytology (As per 2014 BETHESDA SYSTEM) Collected on 12/11/2022 at 15:30 Hrs

CLINICAL HISTORY
Not Provided

METHODOLOGY
Cytology

CYTOLOGY REPORT



Satisfactory for Evaluation
Transformation zone: Present
Squamous cellularity: Adequate
Inflammatory change: Moderate
Negative for intraepithelial lesion or malignancy (NILM)

COMMENT

1. The reporting was done as per Bethesda System of Reporting of Cervical Cytology, 2014.
Disclaimer:-PAP test is a screening test for cervical cancer with inherent false negative results.

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



Samrati
Dr. Samrati Arora, MD
Reg. No. 40685

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.
5. Core Diagnostics Pvt. Ltd. shall in no event be liable for accidental damage, loss, or destruction of specimen, which is not attributable to any direct and mala fide act or omission of Core Diagnostics Pvt. Ltd. or its employees. Liability of Core Diagnostics Pvt. Ltd. for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

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Dr. Vinod K. Chhatrapati
M.B.B.S, M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

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406, Udyog Vihar, Phase III, Gurgaon 122016

CORE Diagnostics Satellite Lab - New Delhi
C-13, Green Park Extension, New Delhi – 110016

CORE Diagnostics Satellite Lab - Bangalore
1st Floor, KMK Tower, 142 KH Road, Bangalore - 560027

Pandey, Neha
ID: 00000

Visit Opd 159 cm Female
10/01/1994 59.0 kg
28 Years
Phone Number: 8400648100

12.11.2022 10:10:55
SJM Super Speciality Hospital
Sector-63, Chhijarsil, Noida
Gautam Budhna Nagar, UP-201307

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

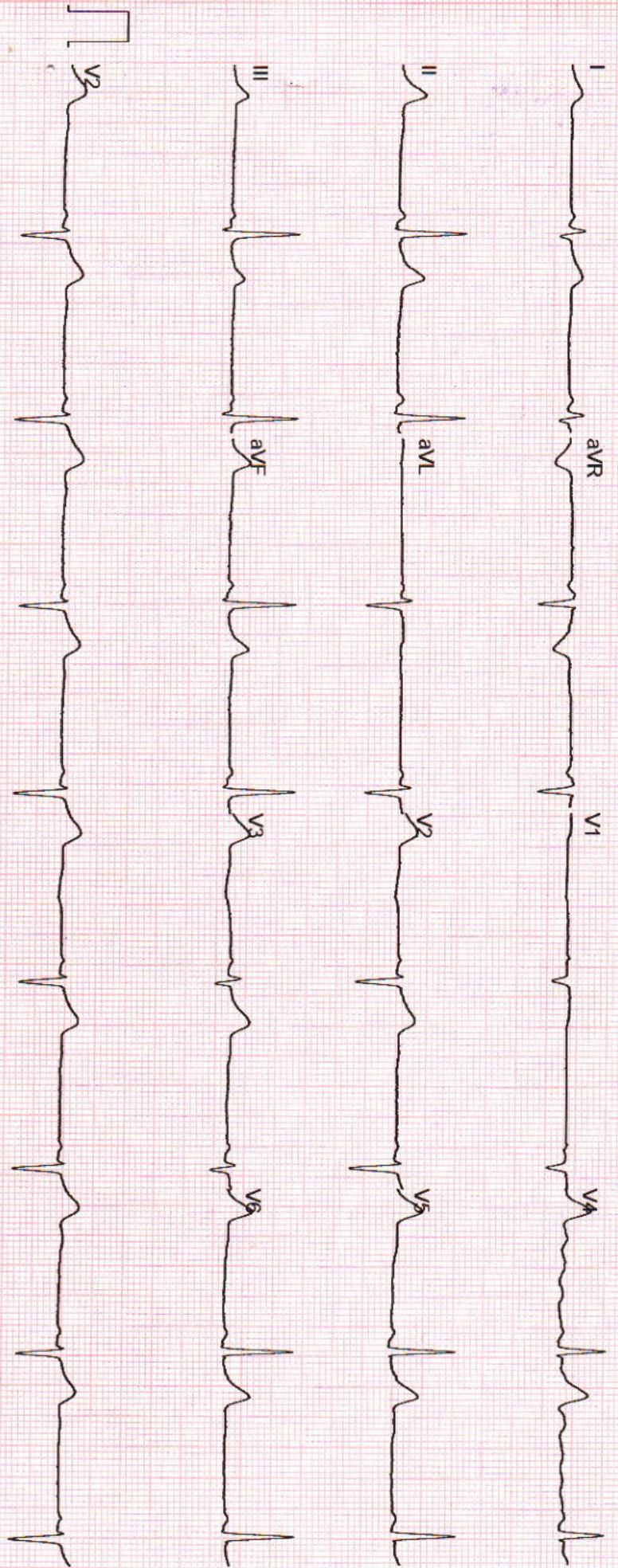
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS: 68 ms
QT / QTcBaz: 424 / 378 ms
PR: 124 ms
P: 80 ms
RR / PP: 1240 / 1250 ms
P / QRS / T: 29 / 86 / 64 degrees

Sinus bradycardia
Otherwise normal ECG

48 bpm
-- / -- mmHg

NVL
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod (M.D. General Medicine)
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMCI)



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed

BpL

ID : 122
NAME : NEHA PANDEY
AGE / SEX : 26 / FEMALE

HEIGHT (cm) : 159
WEIGHT (kg) : 59
PROTOCOL : BRUCE

REF. BY : DR VIJOND BHAT
DONE BY : 6400648100
TECHNICIAN : HARI

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

Routine Check Up.

Hypertension

Moderate Active

Max HR

Moderate (< 10 METS)

Normal

Negative

Stress Test is Negative for Inducible Ischemia

Handwritten Signature
Dr. Vinod
M.B.B.S.
Sr. Consultant (Physician)
Reg. No. 30989 (DMC)

144 Tested On 12-11-2022 10:43:54

BPL DYNATRAC

Confirmed By

Signature

PATIENT ID 144
 PATIENT NAME NEHA PANDEY
 PROTOCOL BRUCE

DR. VIJND BHAT
 Tested On 12-11-2022, 10:43:54
 BPL DYNATRAC

Stage Name	Time (min:sec)	Speed (kmph)	Grade (%)	HR (bpm)	BP (mmHg)	RPP	METS	STIave (lit)	Stage Comments
Total METS achieved 10.00									
Maximum HR achieved 176 bpm 92% of 191 bpm									
Maximum STI depression (lit) 1.46 mm									
Total Exercise time 09:88 (min:sec)									
Pre-Test	00:37	0.00	0.00	54	110/80	5940	0.00	0.70	
Supine	00:19	0.00	0.00	53	110/80	5830	0.00	0.65	
Hyper Ventilation	00:58	0.00	0.00	52	110/80	5720	0.00	0.65	
Wait For Exercise	00:29	0.00	0.00	77	110/80	8470	0.00	0.55	
Exercise 1	02:56	2.70	10.00	87	120/85	10440	5.10	-0.15	
Exercise 2	02:57	4.00	12.00	127	140/100	17780	7.10	0.15	
Peak Exercise	02:27	5.50	14.00	176	140/100	24640	10.00	-1.46	
Recovery 1	00:57	0.00	0.00	112	140/100	15680	0.00	2.36	
Recovery 2	01:52	0.00	0.00	75	110/80	8250	0.00	0.65	
Recovery 3	02:56	0.00	0.00	81	110/80	8910	0.00	-0.15	
Recovery 4	03:11	0.00	0.00	86	110/80	9460	0.00	-0.96	

144

SJM HOSPITAL AND RECENTRE

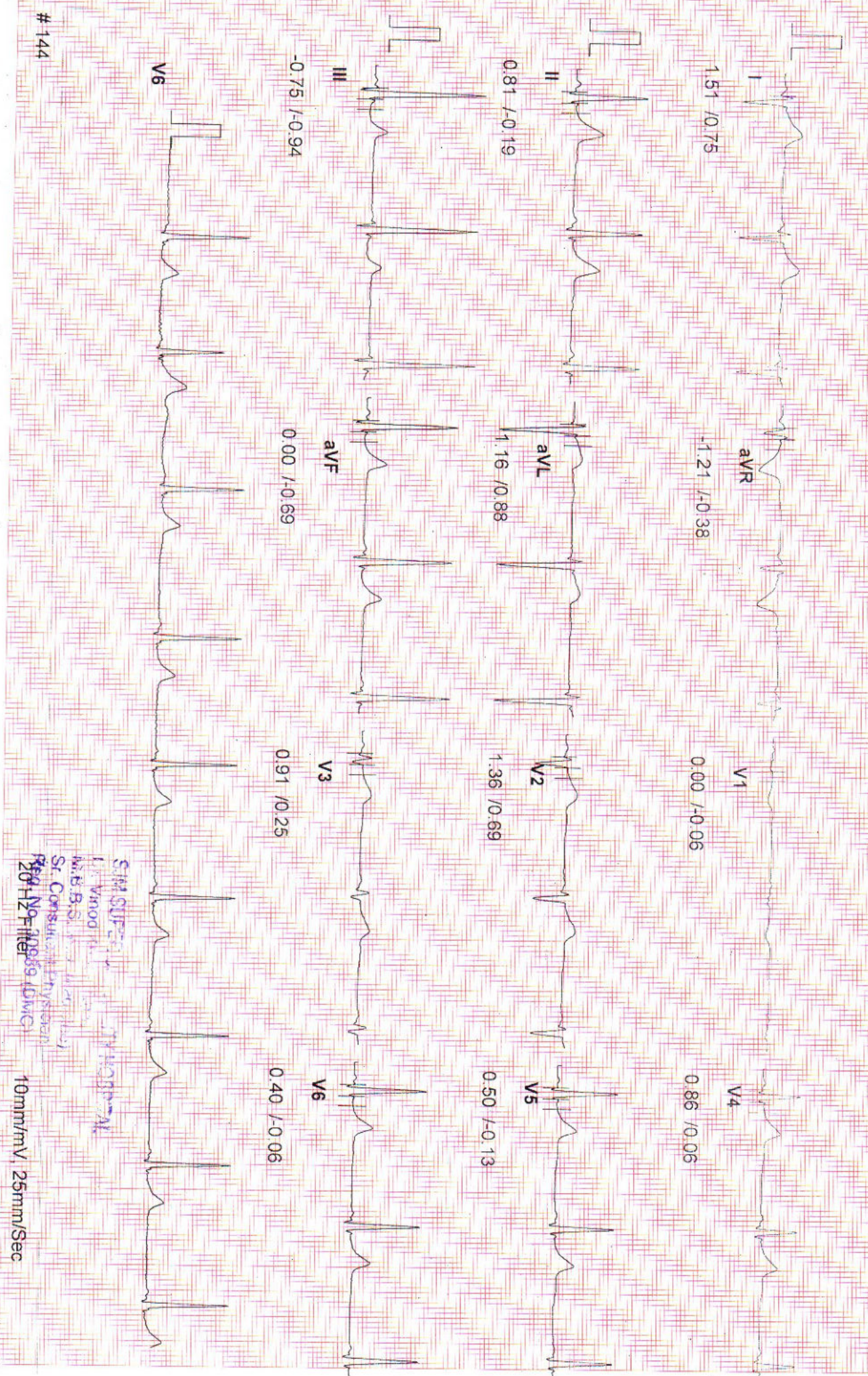
ID: 144
 NAME: NEHA PANDEY
 AGE: 29
 BP: 110/80 mmHg

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

STAGE: Pre-Test
 RECORDED TIME: 00:42 (min sec)
 STAGE DURATION: 00:42 (min sec)
 HR: 56 bpm (29%)

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

DR. VIJOND BHAT
 Tested On: 2-11-2022, 10
 BPL DYNATRAC



SJM SUPER SPECIALTY HOSPITAL
 Dr. Viijond Bhat
 Sr. Consultant (Physician)
 20-HZ Filter

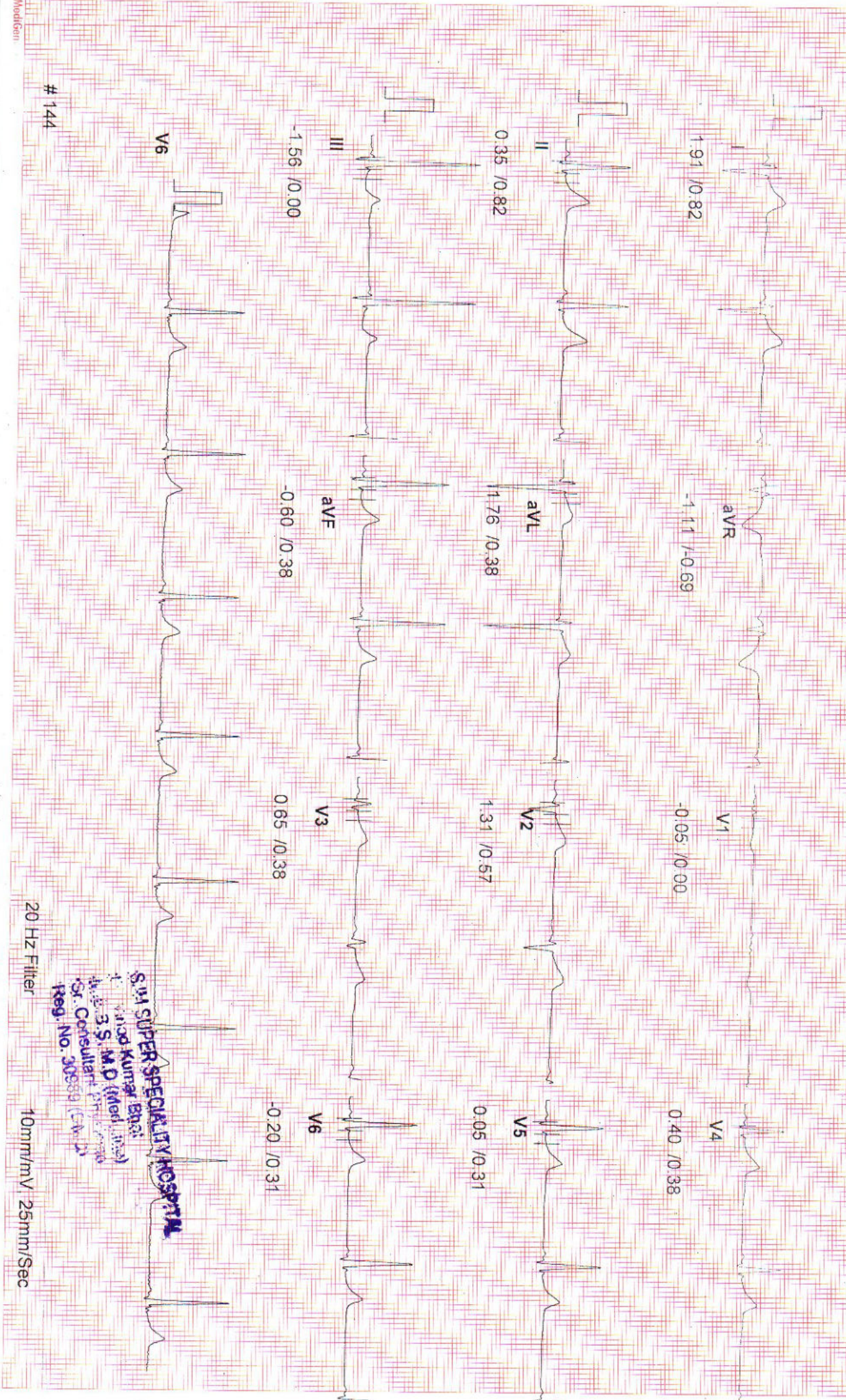
10mm/mV, 25mm/Sec

ID : 144
 NAME : NEHA PANDEY
 AGE : 29
 BP : 110/80 mmHg

STAGE : Subine
 RECORDED TIME : 01:06 (min:sec)
 STAGE DURATION : 00:24 (min:sec)
 HR : 53 bpm (27%)

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

DR. VIJND BHAT
 Tested On : 12-11-2022, 10
 SPL DYNATRAC



20 Hz Filter

10mm/mV 25mm/Sec

SJM SUPER SPECIALITY HOSPITAL
 Dr. Vinod Kumar Bhat
 Sr. Consultant (Nephrology)
 Reg. No. 30989 (C.M.D.)

SJM HOSPITAL AND CLINIC

ID: 144
NAME: NEHA PANDEY
AGE: 29
BP: 110/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE: Hyper Ventilation
RECORDED TIME: 02:06 (min:sec)
STAGE DURATION: 01:00 (min:sec)
HR: 53 bpm (27%)
PROTOCOL: SPEED 0.00 / GRADE 0.00 / METS 0.00
BRUCE: 0.00 kmph / 0.00 %

DR. VIJND BHAT
Tested On: 12-11-2022 10
BPL DYNATRAC



SJM SUPER SPECIALTY HOSPITAL
Dr. S.S. M.D. (Med) (H) (C)
Dr. Anand Kumar Bhat
20 Hz Filter
Reg. No. 30989
10mm/mV, 25mm/Sec

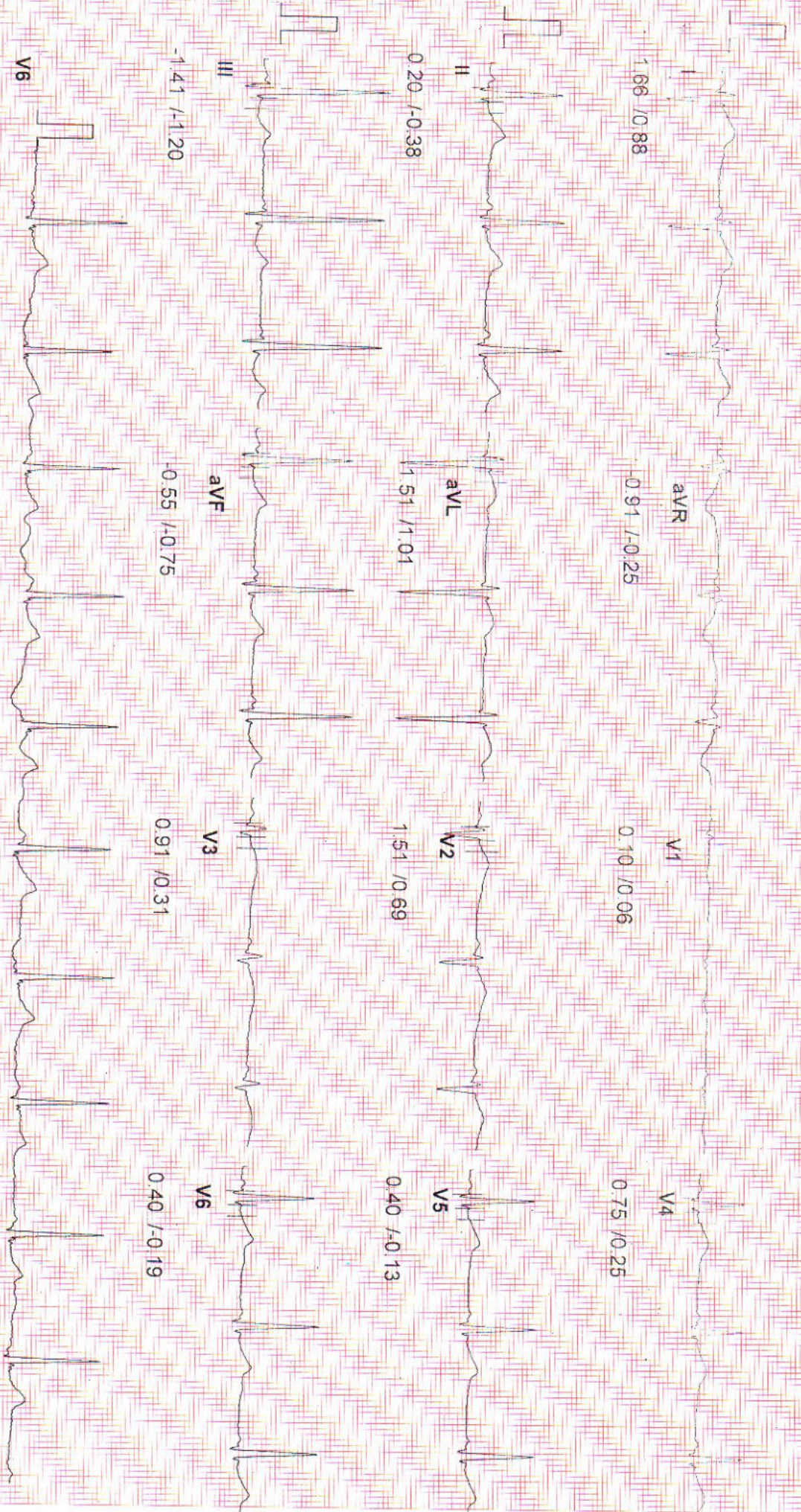
MediGen

ADDITIONAL INFORMATION

ID: 144
NAME: NEHA PANDEY
AGE: 29
BP: 110/80 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post U

Wait For Exercise
RECORDED TIME: 02:41 (min:sec)
STAGE DURATION: 00:35 (min:sec)
HR: 65 bpm (34%)
PROTOCOL: SPEED: 0.0 kmph
GRADE: 0.00 %
WETS: 0.00

DR. VINOD BHAT
Tested On: 12-11-2022 10
BPL DYNATRAC



SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 1171 (GMC)

10mm/mV, 25mm/Sec

ID 144
NAME NEHA PANDEY
AGE 29
BP 120/85 mmHg

STAGE RECORDED TIME Exercise
STAGE DURATION: 03:00 (min:sec)
03:00 (min:sec)
HR 87 bpm (45%)

PROTOCOL BRUCE
SPEED 2.7 km/h
GRADE 10.00 %
METS 5.10

DR. VIJOND BHAT
Tested On 12-11-2022, 10
BPL DYNATRAC

ST Level(s)(mm)/ST Slope (mV/s) Measured at 80 ms Post U



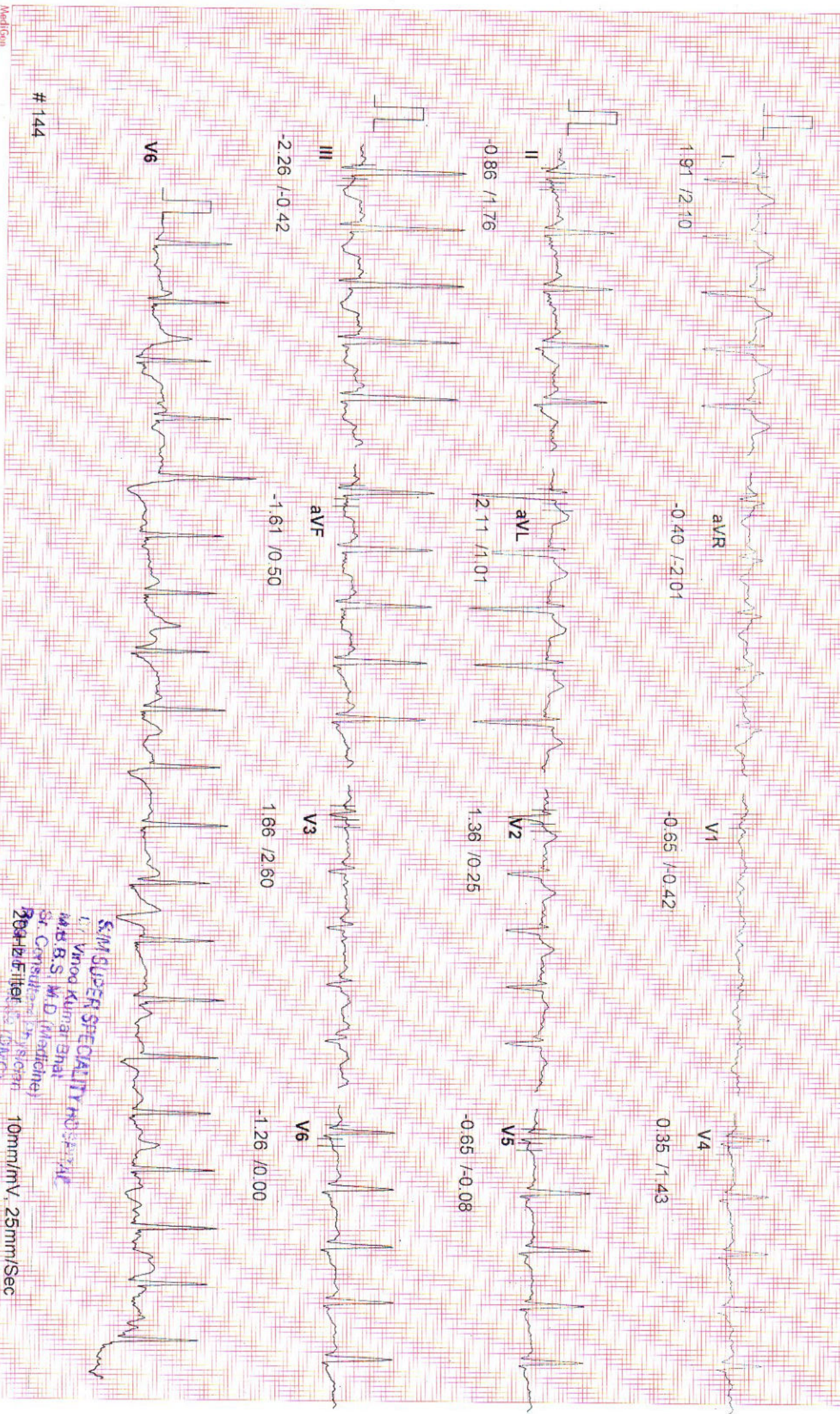
SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. 2014 Hz Filter/CMC

10mm/mV, 25mm/Sec

ID : 144
NAME : NEHA PANDEY
AGE : 28
BP : 130/100 mmHg
ST Level (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise2
RECORDED TIME : 06:00 (min:sec)
STAGE DURATION : 03:00 (min:sec)
HR : 126 bpm (65%)
PROTOCOL : BRUCE
SPEED : 4.0 Km/hr
GRADE : 12.00 %
METS : 7.10

DR. VIJND BHAT
Tester On : 12-11-2022, 10
BPL DYNATRAC



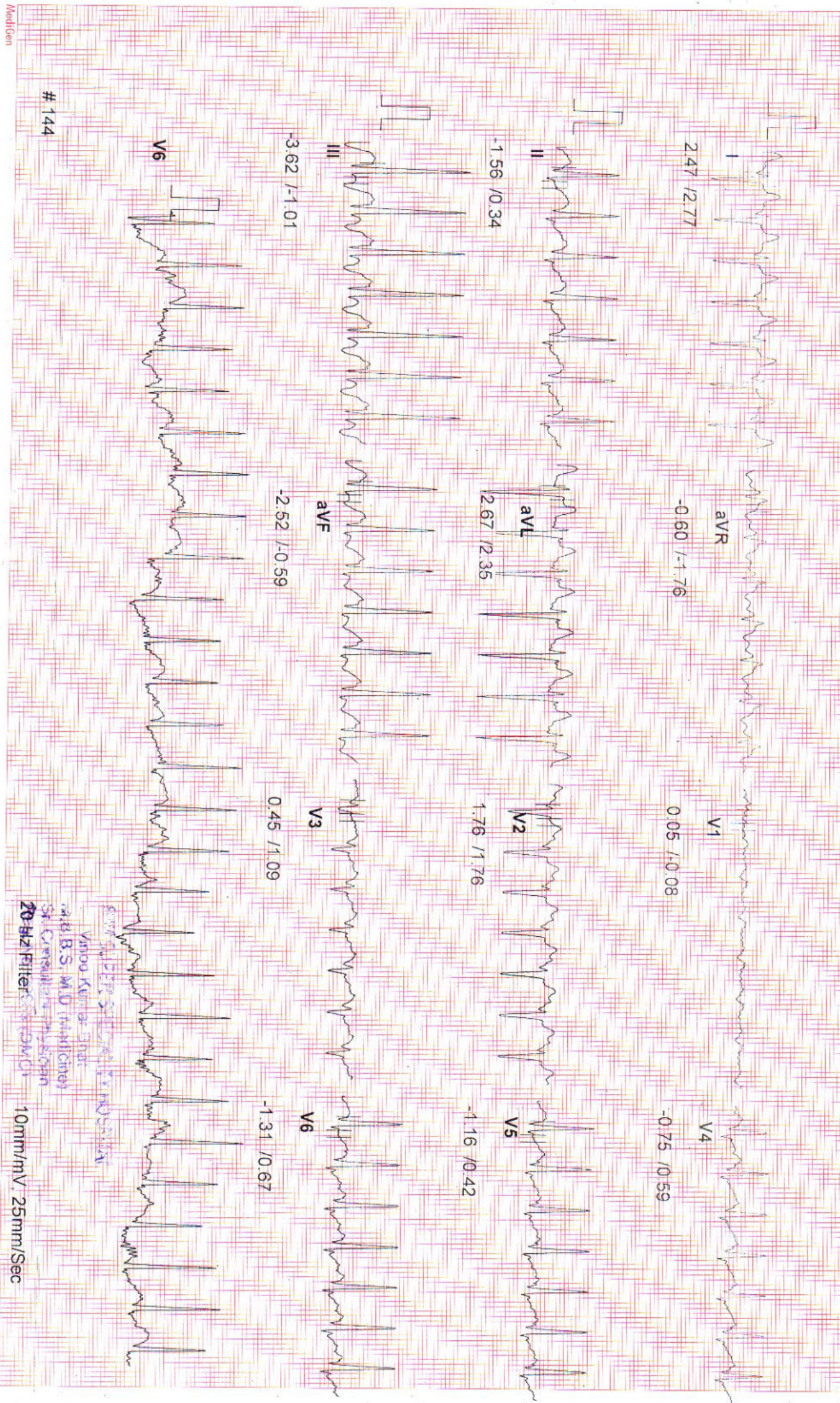
SIM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
Sr. Consultant (Cardiology)
204/2/F/1st Floor, SIMC

10mm/mV, 25mm/Sec

ID : 144
NAME : NEHA PANDEY
AGE : 29
BP : 140/100 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise 3 (Peak Ex) PROTOCOL : BRUCE
RECORDED TIME : 08:33 (min:sec) SPEED : 5.5 kmph
STAGE DURATION : 02:33 (min:sec) GRADE : 14.00 %
HR : 176 bpm (92 %) METS : 10.00

DR. VIJOND BHAT
Tested On : 12-11-2022 10
EPL DYNATRAC



DR. VIJOND BHAT
MBBS, M.D. (Medicine)
Sr. Consultant Physician
20 #2 Filter COMCI

10mm/mV, 25mm/Sec

ID: 144
NAME: NEHA PANDEY
AGE: 29
BP: 140/100 mmHg
ST levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE: RECOVERY 1
RECORDED TIME: 00:59 (min sec)
STAGE DURATION: 00:59 (min sec)
HR: 109 bpm (57%)

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

DR. VIJEND BHAT
Tested On: 12-11-2022 10
BPL DYNA-RAC

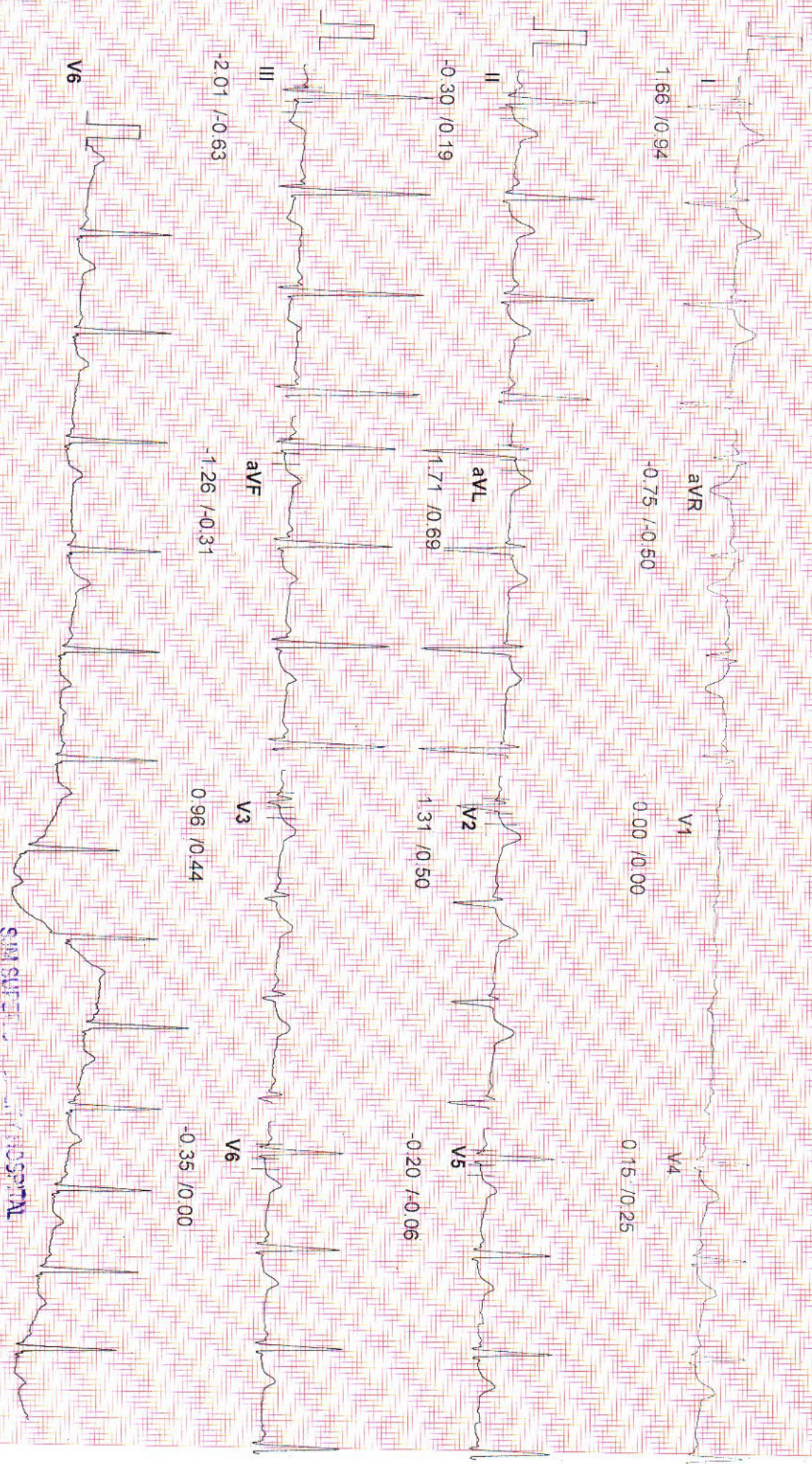


ST-T Interpretation: Normal
Dr. S. S. M. D. (Medical Officer)
Sr. Consultant Physician
Reg. No. 30989 (DMCI)

ID 144
 NAME NEHA PANDEY
 AGE 29
 BP 110/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE RECORDED TIME RECOVERY 3
 STAGE DURATION: 02:59 (min, sec)
 HR 77 bpm (40%)
 PROTOCOL SPEED 0.0 kmph
 GRADE 0.00%
 WETS 0.00

DR VIJND BHAT
 Tested On 12-11-2022, 10
 SPL DYNATRAC



144

SJM SURF... HOSPITAL
 Dr. Vinod...
 B.S. B.S. ...
 St. Consultant Physic...
 Reg. No. 30989 (DWC), 10mm/mV, 25mm/Sec



SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-09, Near Hindon Bridge

Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com

Laboratory Report

Lab Serial no.	: LSHHI234322	Mr. No	: 96477
Patient Name	: Mrs. NEHA PANDEY	Reg. Date & Time	: 12-Nov-2022 10:00 AM
Age / Sex	: 28 Yrs / F	Sample Receive Date	: 12-Nov-2022 10:22 AM
Referred by	: Dr. SELF	Result Entry Date	: 12-Nov-2022 02:02PM
Doctor Name	: Dr. RMO	Reporting Time	: 12-Nov-2022 02:02 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.8	gm/dl	12.5 - 16.0
TLC	7.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58	%	40 - 70
Lymphocyte	30	%	20 - 40
Eosinophil	09	%	01 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.80	Thousand / UI	3.8 - 5.10
P.C.V	38.2	million/UI	00 - 40
M.C.V.	79.6	fL	78 - 100
M.C.H.	24.6	pg	27 - 31
M.C.H.C.	30.9	g/dl	32 - 36
Platelet Count	1.85	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

SJM SUPER SPECIALITY HOSPITAL
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 Sr. Consultant Physician
 Reg. No. 30989 (DMC)

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

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



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OPD : OPD	

HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	26	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.

BIOCHEMISTRY

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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	100.2	mg/dl	70 - 110
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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.

SJM SUPER SPECIALITY HOSPITAL

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M.B.B.S., M.D (Medicine)
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Reg. No. 30989 (DMC)

technician :

Typed By : Mr. BIRJESH

Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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



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Doctor Name	: Dr. RMO	Reporting Time	: 12-Nov-2022 02:02 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	10.7	mg/dL	18 - 55
Serum Creatinine	0.56	mg/dl	0.7 - 1.3
Uric Acid	3.5	mg/dl	3.5 - 7.2
Calcium	9.5	mg/dL	8.8 - 10.2
Sodium (Na+)	140.6	mEq/L	135 - 150
Potassium (K+)	4.21	mEq/L	3.5 - 5.0
Chloride (Cl)	103.7	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	5.00	mg/dL	7 - 18
PHOSPHORUS-Serum	2.76	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

SJM SUPER SPECIALITY HOSPITAL
 Dr. Vikas Kumar Bhat
 M.B.B.S. M.D (Medicine)
 Sr. Consultant Physician
 Reg. No. 347089 (DMCA)

technician :

Typed By : Mr. BIRJESH

Page 1

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

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Doctor Name : Dr. RMO	Reporting Time : 12-Nov-2022 02:02 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	163.0	mg/dl	< - 200
HDL Cholesterol	75.2	mg/dl	42.0 - 88.0
LDL Cholesterol	77.6	mg/dl	50 - 150
VLDL Cholesterol	10.1	mg/dl	00 - 40
Triglyceride	50.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.2	%	3.30 - 4.40

INTERPRETATION:

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.

BLOOD SUGAR (PP), Serum

SUGAR PP	103.3	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

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Page 1

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Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

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



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Laboratory Report

Lab Serial No. : LSHHI234322	Reg. No. : 96477
Patient Name : MRS. NEHA PANDEY	Reg. Date & Time : 12-Nov-2022 10:00 AM
Age/Sex : 28 Yrs /F	Sample Collection Date : 12-Nov-2022 10:22 AM
Referred By : SELF	Sample Receiving Date : 12-Nov-2022 10:22 AM
Doctor Name : Dr. RMO	ReportingTime : 12-Nov-2022 02:02 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 (PP)

CHEMICAL EXAMINATION

Glucose : Nil

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

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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: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 3-4 /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.

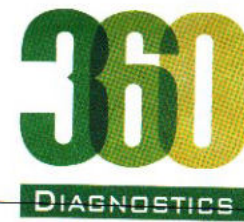
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Patient Name : Mrs. NEHA PANDEY	Registration No : 116961
Age/Sex : 28 Y/Female	Registered : 12/Nov/2022
Patient ID : 012211120033	Collection : 12/Nov/2022 02:47PM
Barcode : 10124739	Received : 12/Nov/2022 02:59PM
Ref. By : Self	Reported : 12/Nov/2022 05:29PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
HbA1C(Glycosylated Hemoglobin):EDTA			
Hb A1C, GLYCOSYLATED Hb ,EDTA HPLC	5.40	%	
Average Glucose Calculated	108.28	mg/dL	<125.0

Interpretation:
AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC	< 6.0 %
GOOD CONTROL	6 - 7 %
FAIR CONTROL	7 - 8 %
ACTION SUGGESTED	FOR MORE THAN 8 %

Result done on : Tosoh Automated Glycohemoglobin Analyzer.

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.

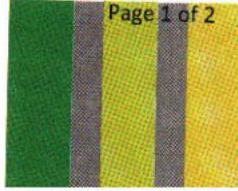
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Dr. Jatinder Bhatia
MD Pathology
Director

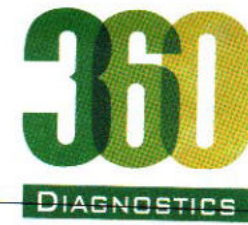
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Dr. Madhusmita Das
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E-mail: admin@360healthservices.com | Website : www.360healthservice.com





Patient Name : Mrs. NEHA PANDEY	Registration No
Age/Sex : 28 Y/Female	Registered : 12/Nov/2022
Patient ID : 012211120033	Collection : 12/Nov/2022 02:47PM
Barcode : 10124739	Received : 12/Nov/2022 02:59PM
Ref. By : Self	Reported : 12/Nov/2022 05:29PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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 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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Patient Name : Mrs. NEHA PANDEY	Registration No : 116961
Age/Sex : 28 Y/Female	Registered : 12/Nov/2022
Patient ID : 012211120033	Collection : 12/Nov/2022 02:47PM
Barcode : 10124739	Received : 12/Nov/2022 02:59PM
Ref. By : Scf	Reported : 12/Nov/2022 04:04PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE,(TFT)SERUM*			
T3 ,Serum	123.00	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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Patient Name : Mrs. NEHA PANDEY	Registration No
Age/Sex : 28 Y/Female	Registered : 12/Nov/2022
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Ref. By : Self	Reported : 12/Nov/2022 04:04PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	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(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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X-Ray Report

Patient ID.	20159 OPD	Name	MISS NEHA PANDEY	Sex/Age	F/29Y
Date	12-11-2022 01:02 PM	Ref. Physician	SELF	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.

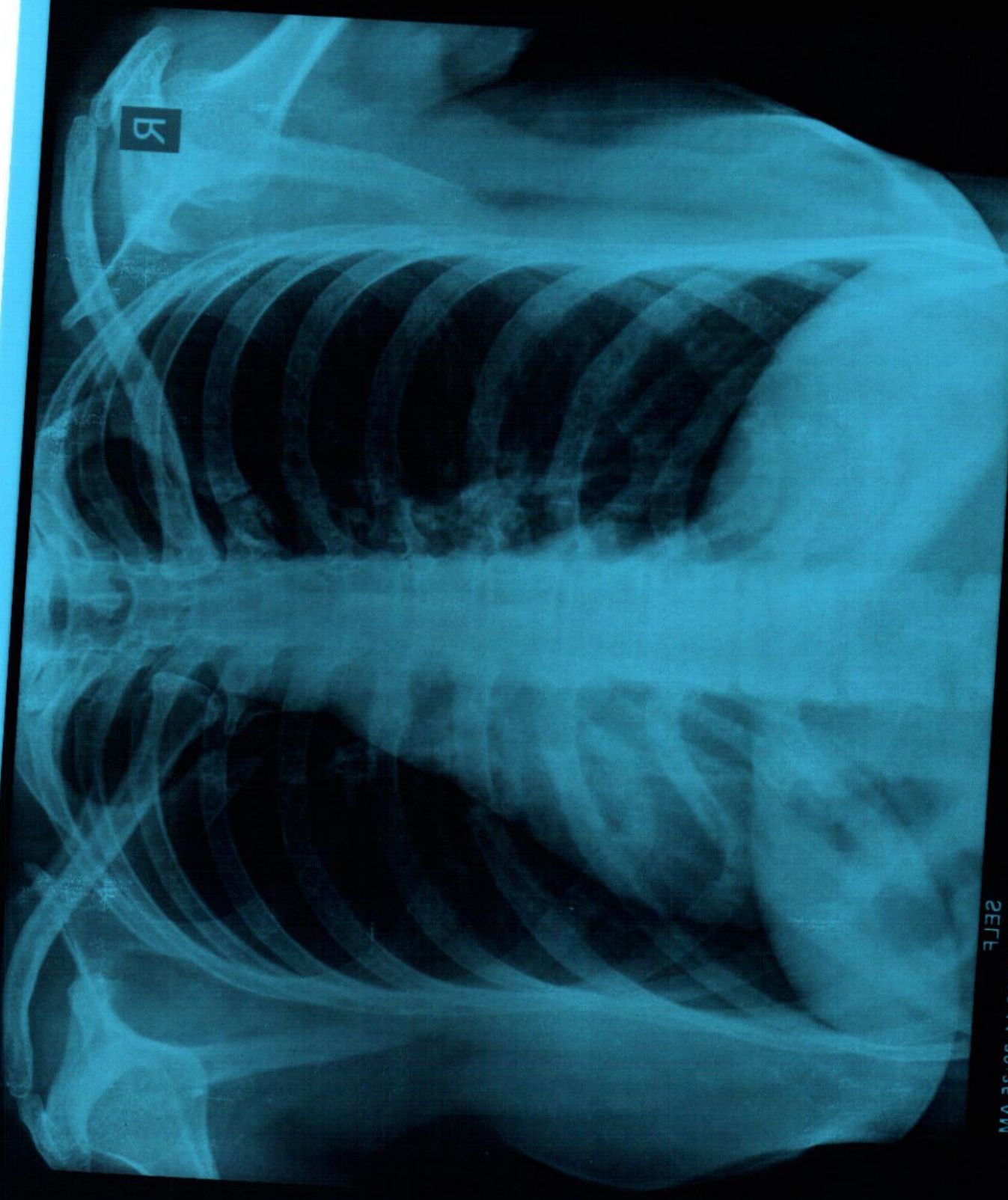
IMPRESSION:

- No significant abnormality seen.

Centre for Excellent Patient Care

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 MBBS, DNB
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S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63 CHHINARSI NOIDA
CHEST PA 50129 OPD 15/11/2022 11:30:32 AM
MISS NEHA PANDEY 59 Female SELF

Ultrasound Report

Name: - Neha Panday	MR/IPD No.: -
Date: - 12/11/2022	AGE/SEX: - 28Y/F

Real time USG of abdomen and pelvis reveals -

LIVER— Liver appears normal in size. 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 echopattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys 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 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 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.

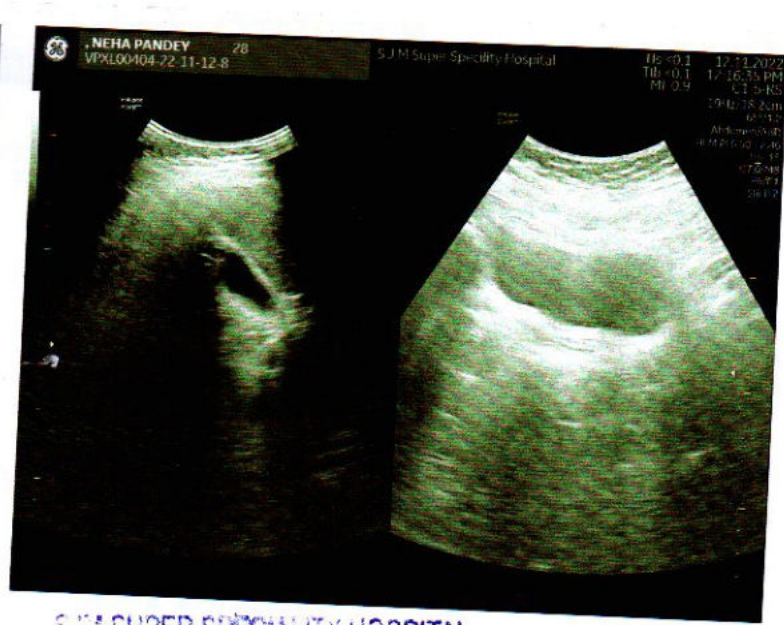
IMPRESSION: Normal Scan.

DR. PUSHPA KAUL

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