

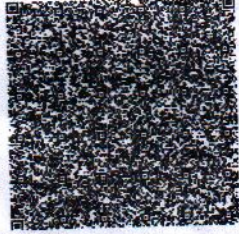
HT - 152 cm
WT - 64 kg
BP - 100/60 mmHg
Pp - 76/min.

भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

पता:
आत्मजा: अनिल कुमार वर्मा, तेराहा बाज़ार, वॉर्ड न-12,
सलेम्पुर, बाढ़, पटना,
बिहार - 803213

Address:
D/O: Anil Kumar Verma, Teraha bazar, ward
no -12, salemipur, Barh, Patna,
Bihar - 803213

Download Date: 13/02/2023



2911 5331 0487
VID : 9179 4194 6030 1661

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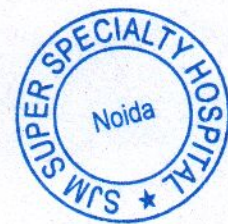
भारतीय सरकार
Government of India

अनु कुमारी
Annu Kumari
जन्म तिथि/DOB: 30/12/1994
महिला/ FEMALE

Issue Date: 08/03/2015



2911 5331 0487
VID : 9179 4194 6030 1661
मेरा आधार, मेरी पहचान



Annu,
10/02/22.
9479736201.



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.

Annu
28x/R

10/7/22

Dr. Annu Kaul
Chirp

Dr

2 mt

Dr. Annu Kaul
with
x3m

Dr. Annu Kaul
OP - 0 - 0

- 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
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SJM SUPER SPECIALITY HOSPITAL
Dr. Amit Kothari
M.B.B.S, MD (Medicine)
Consultant Physician
Reg. No. 52955 (MCI)

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., TATAAIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

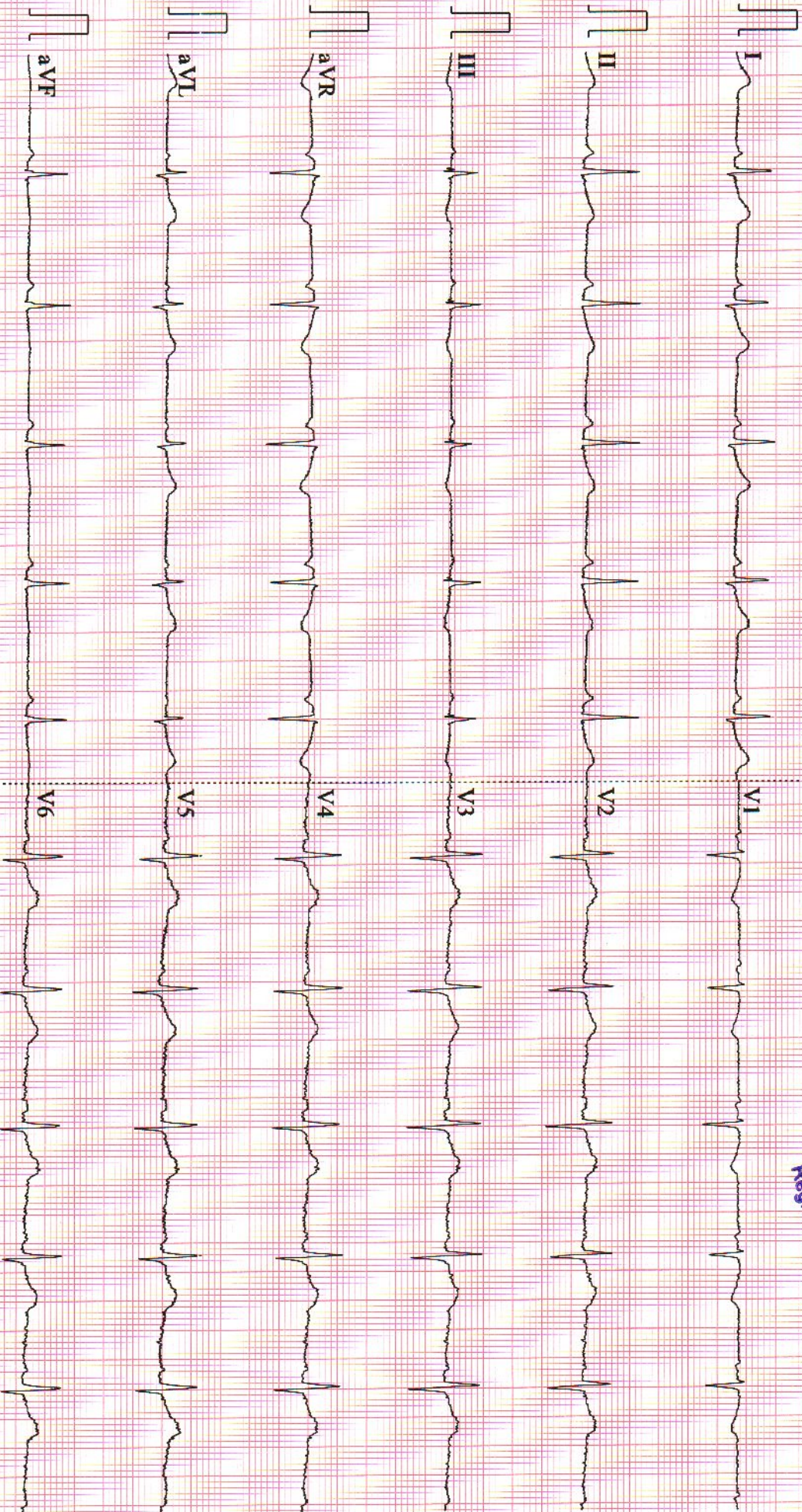
ANNU Female 28Years

HR	: 64	bpm
P	: 95	ms
PR	: 152	ms
QRS	: 72	ms
QT/QTc	: 404/420	ms
P/QRS/T	: 51/55/11	°
RV5/SV1	: 0.639/0.543	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

SJM SUPER SPECIALITY HOSPITAL
 Dr. Arpit Kohari
 M.D. (Medicine)
 Consultant Physician
 Reg. No. 52955 (MCI)



X-Ray Report

Patient ID.	19375	Name	MRS.ANNU	Sex/Age	F/28YRS
Date	10-07-2022 11:42 AM	Ref. Physician		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.


Dr. SANTOSH BHARAT RATHOD
MBBS, DNB
CONSULTANT RADIOLOGIST



Laboratory Report

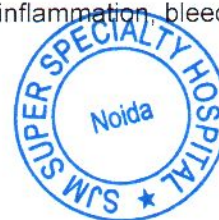
Lab Serial no. : LSHHI223751	Mr. No : 92962
Patient Name : Mrs. ANNU KUMARI	Reg. Date & Time : 10-Jul-2022 04:41 AM
Age / Sex : 28 Yrs / F	Sample Receive Date : 10-Jul-2022 04:42 PM
Referred by : Dr. SELF	Result Entry Date : 10-Jul-2022 06:25PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 10-Jul-2022 06:25 PM
OPD : OPD	

HAEMATOTOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	9.8	gm/dl	12.0 - 16.0
TLC	8.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	65	%	40 - 70
Lymphocyte	26	%	20 - 40
Eosinophil	08	%	02 - 06
Monocyte	01	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.06	Thousand / UI	3.8 - 5.10
P.C.V	33.7	million/UI	0 - 40
M.C.V.	66.6	fL	78 - 100
M.C.H.	19.4	pg	27 - 32
M.C.H.C.	29.1	g/dl	32 - 36
Platelet Count	2.28	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

Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

Laboratory Report

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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	32	mm/1hr	00 - 20
--------------------------------------	-----------	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

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

KFT, Serum

Blood Urea	13.0	mg/dL	13 - 40
Serum Creatinine	0.59	mg/dl	0.6 - 1.1
Uric Acid	8.2	mg/dl	2.6 - 6.0
BUN/ Blood Urea Nitrogen	6.07	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.



technician :

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BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	135.4	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)	102.3	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 :

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	144.0	mg/dl	< - 200
HDL Cholesterol	39.1	mg/dl	42.0 - 88.0
LDL Cholesterol	77.4	mg/dl	50 - 150
VLDL Cholesterol	27.5	mg/dl	00 - 40
Triglyceride	137.3	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.7	%	

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.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

Page 1

Swati
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Consultant Pathologist
39292 (MCI)

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



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Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 10-Jul-2022 06:25 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



Mr. BIRJESH

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 39292 (MCI)

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

10-07-2022



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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: 1-2 /HPF
 RBC's: nil
 Crystals: nil
 Epithelial cells: 2-3 /HPF
 Others: nil

Note:-

A **urinalysis** is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

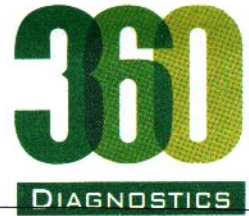


Mr. BIRJESH

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 Pathologist & Microbiologist

10-07-2022



Patient Name : Mrs. ANNU	Registration No
Age/Sex : 28 Y/Female	Registered : 10/Jul/2022
Patient ID : 012207100033	Collection : 10/Jul/2022 02:52PM
Barcode : 10099701	Received : 10/Jul/2022 03:15PM
Ref. By : Self	Reported : 10/Jul/2022 04:57PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

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

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	5.60	%	
Average Glucose Calculated	114.02	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

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY



Priyanka
Dr. Priyanka Rana
MD Pathology

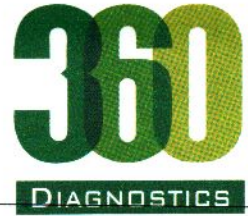


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360 Diagnostics & Health Services Pvt. Ltd.

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. ANNU	Registration No
Age/Sex : 28 Y/Female	Registered : 10/Jul/2022
Patient ID : 012207100033	Collection : 10/Jul/2022 02:52PM
Barcode : 10099701	Received : 10/Jul/2022 03:15PM
Ref. By : Self	Reported : 10/Jul/2022 04:57PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

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

*** End Of Report ***

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY



Priyanka Rana
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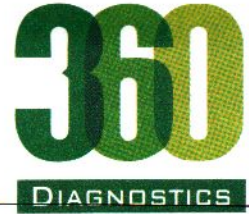


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Patient Name : Mrs. ANNU	Registration No
Age/Sex : 28 Y/Female	Registered : 10/Jul/2022
Patient ID : 012207100033	Collection : 10/Jul/2022 02:52PM
Barcode : 10099701	Received : 10/Jul/2022 03:15PM
Ref. By : Self	Reported : 10/Jul/2022 04:56PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE,(TFT)SERUM			
T3 ,Serum	127.00	ng/dl	69-215
T4 ,Serum ECLIA	9.60	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.70	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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DIAGNOSTICS

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SRF No. :	Panel : SJM Hospital
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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	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 ***

Jhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

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Dr. Madhusmita Das
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Tel.: 0120-6530900 / 10, Mob.:9599259072

Ultrasound Report

NAME: Mrs. Annu Kumari

AGE: 28yr/F

DATE: 10/07/2022

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 is physiologically distended. The wall thickness is normal. There is no Evidence of calculi in gall bladder.

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 both sides.

RETROPERITONIUM- -There is 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. Endometrium normal. There is no evidence of free fluid seen in the pouch of Douglas. There is no evidence of adnexal mass is seen.

IMPRESSION:- Normal Scan.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA



