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SJM SUPER SPECIALITY HOSPITAL Dr. Vined Kumar Bhat M.B.B.S., M.D (Madicina)

Sr. Consultant Physician Reg. No. 30039 (DMC)



Pro 43



## 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)

10-12-2022

#### (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

Laproscopic & 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

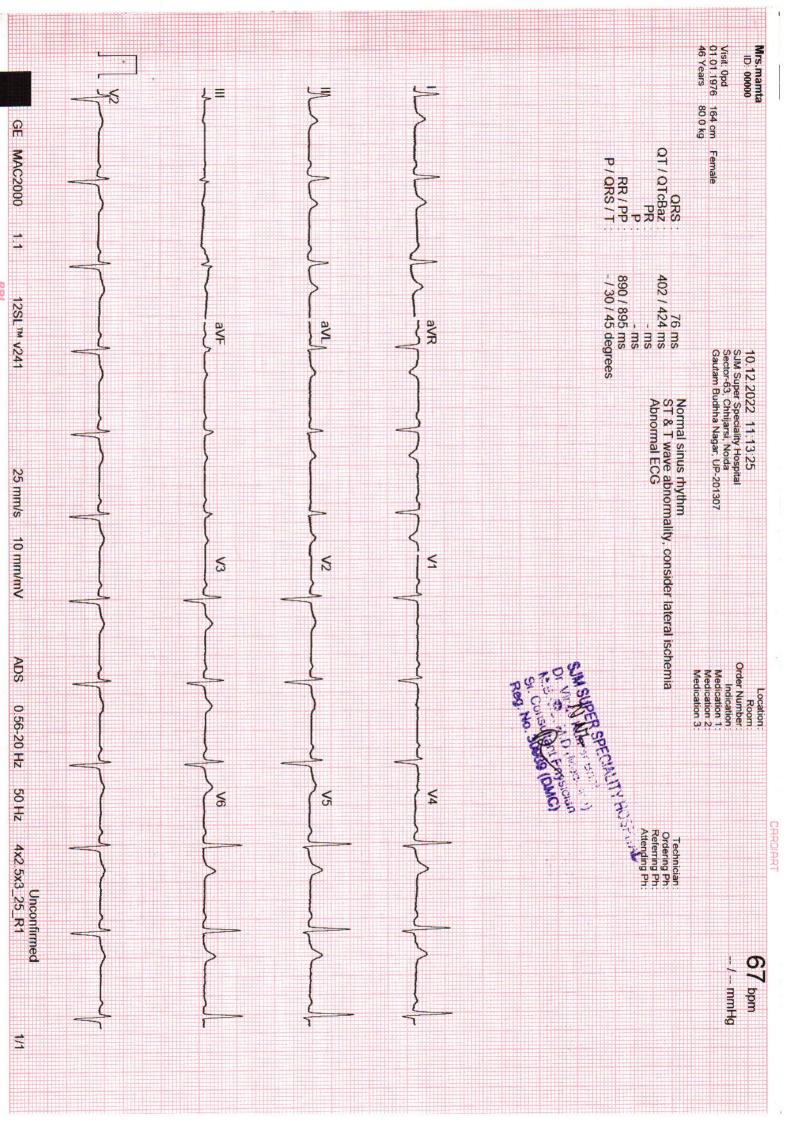
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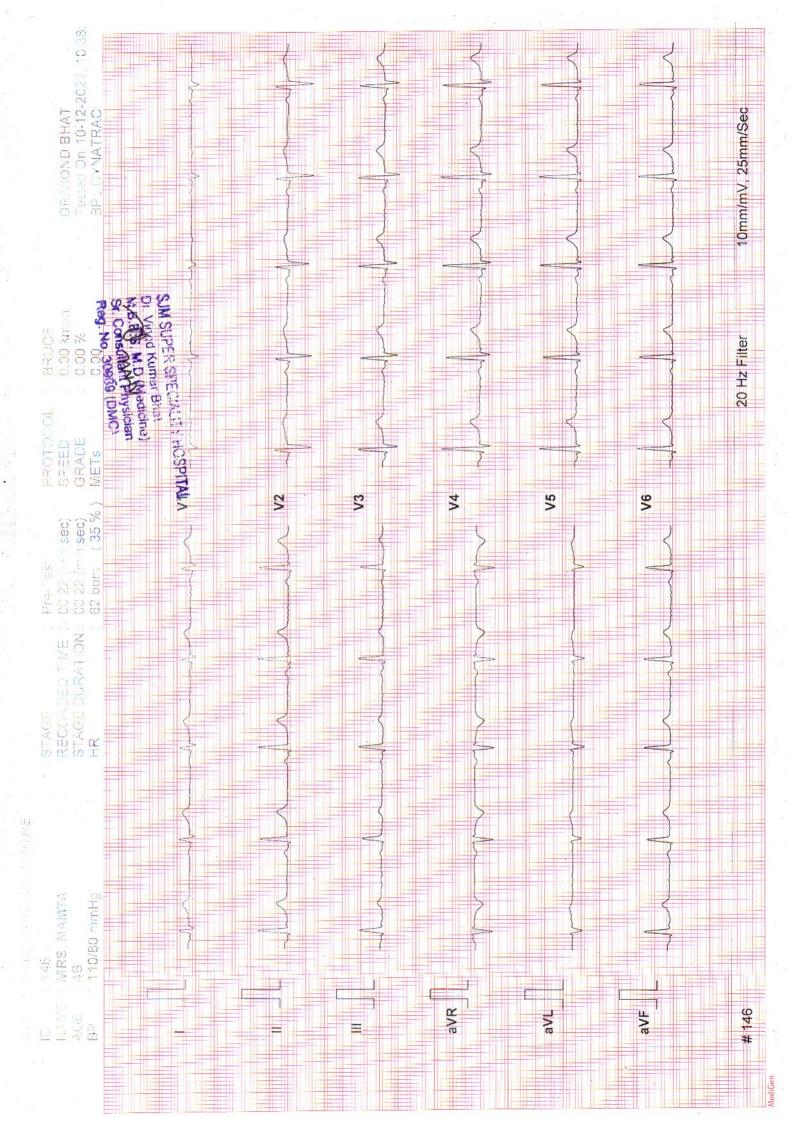
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### **CGHS & AYUSHMAN BHARAT**

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

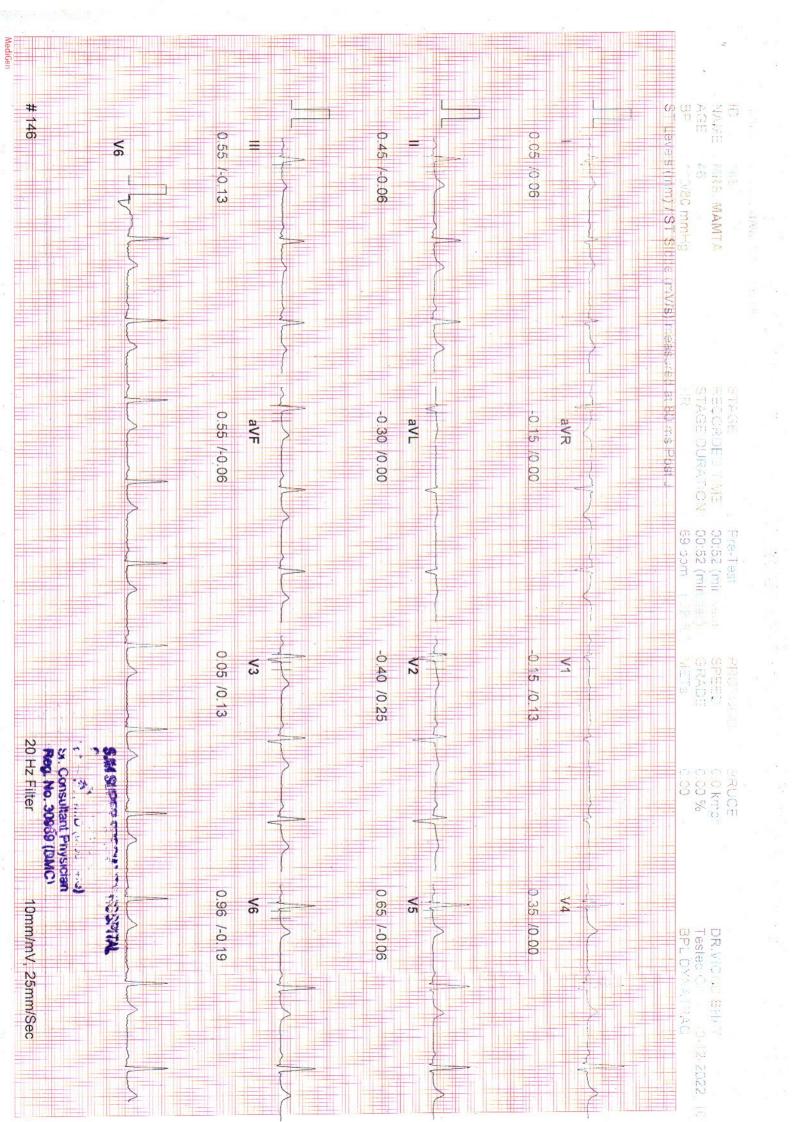
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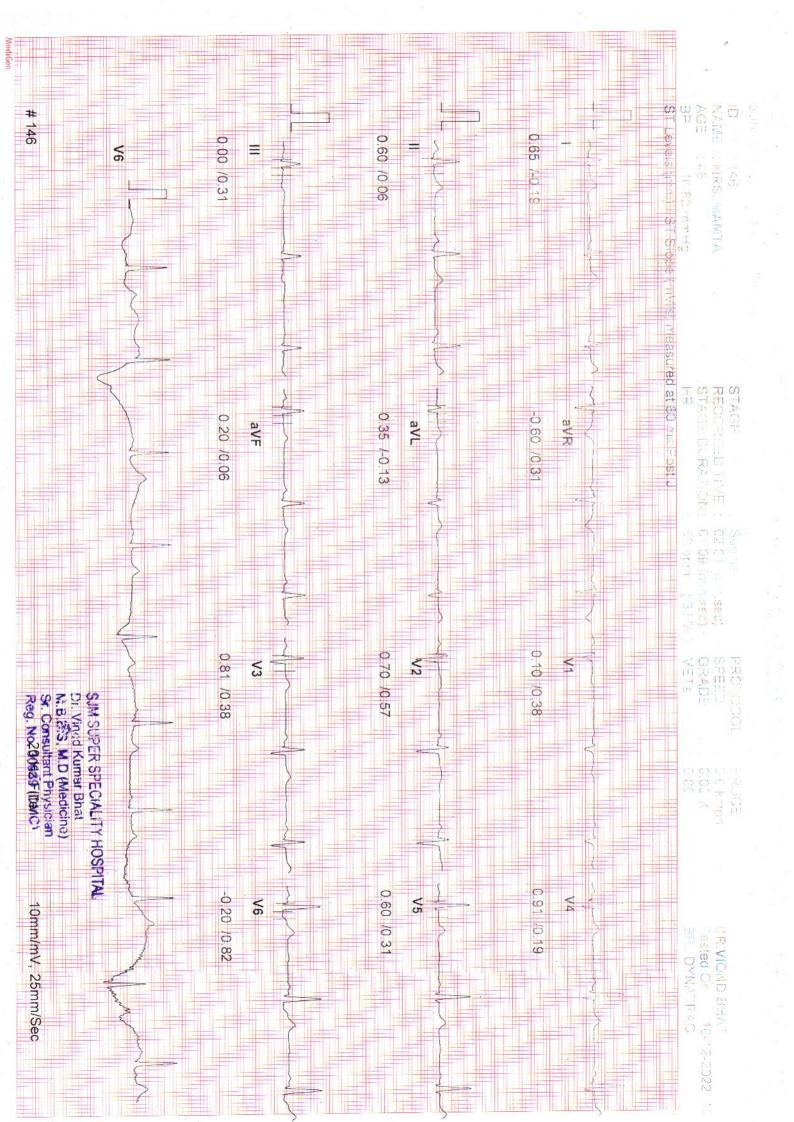


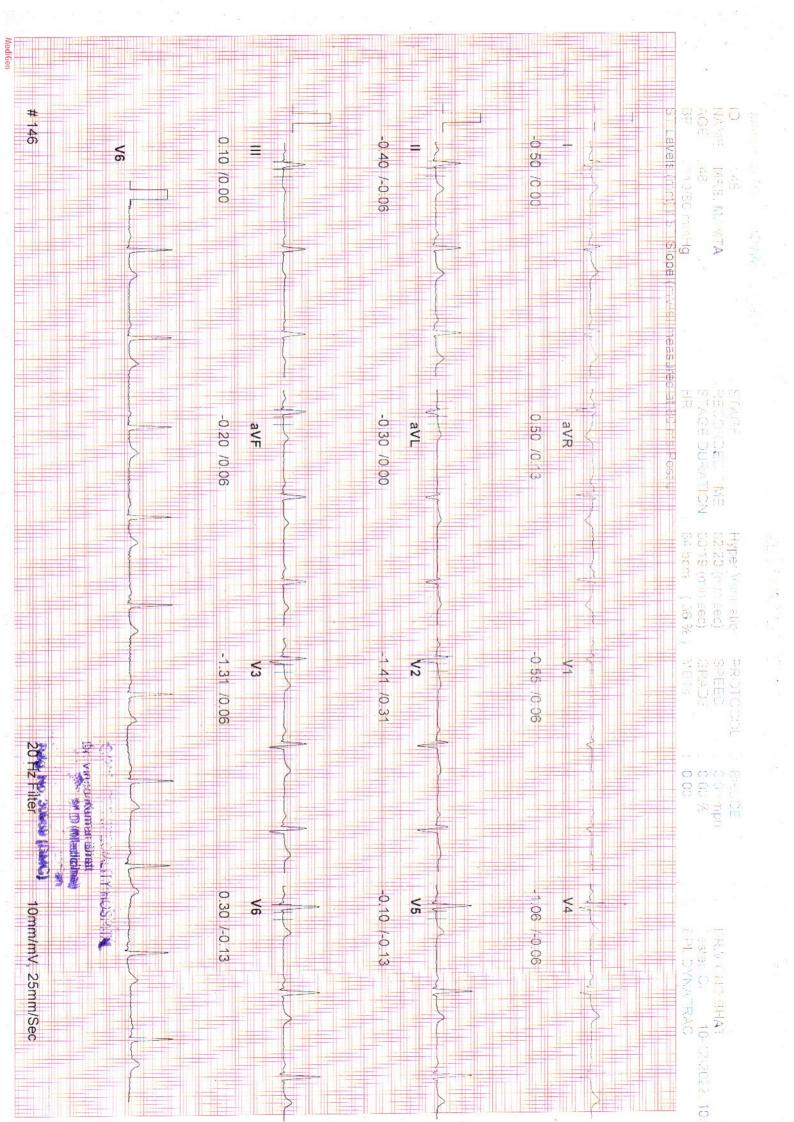


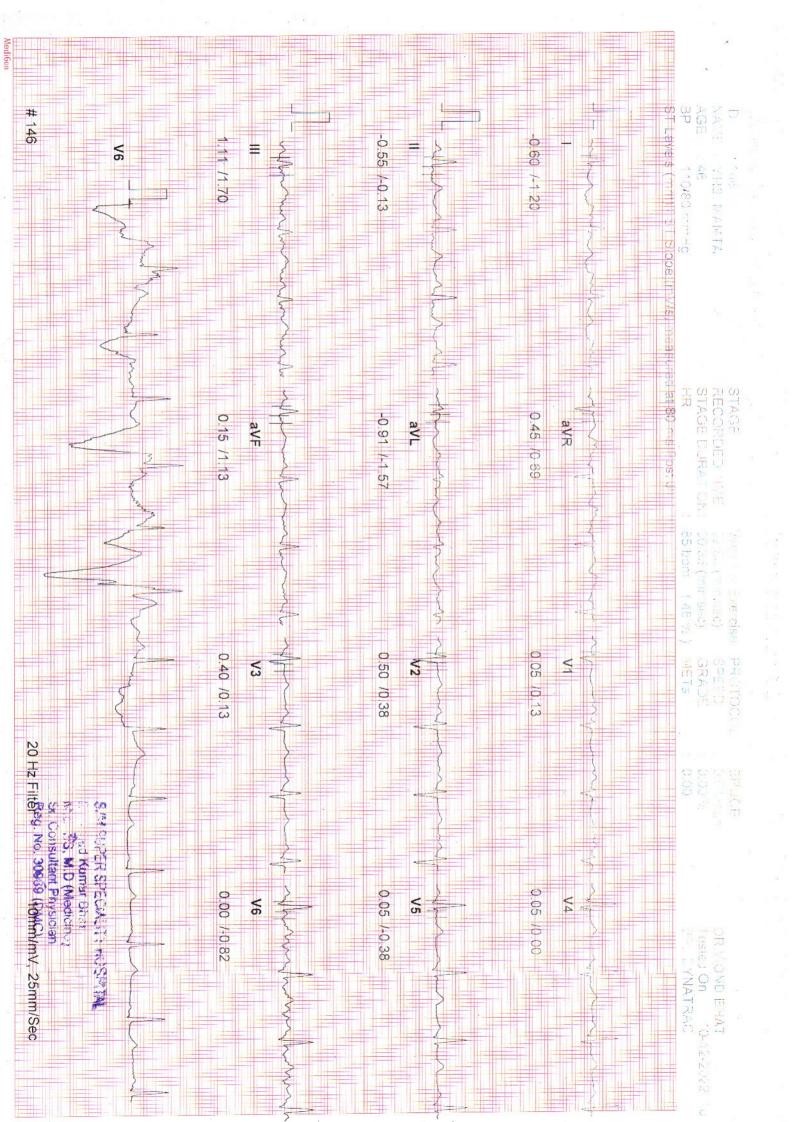
# 146 NAME WRS. MAMTA - AGE / SEX : 46 / FEWALE EXTRA COMMENTS EXERCISE INDUCED ARRHYTHMIAS EXERCISE TOLERANCE REASON FOR TERMINATION OTHER INVESTIGATION NOTATION CHRONO RESPONSE HAEMO RESPONSE RISK FACTOR PAREHISTORY ... FINAL IMPRESSION Tested On 10-12-2022, 10:38:19 Max HR. X - Ray Stress Test is Negative for Inducible Ischemia Hypertension Normal Moderate ( < 10 METS) Routine Check U Negative Moderate Active HEIGHT (and WEIGHT (kg) **BPL DYNATRAC** Confirmed By Signature Page No. 1

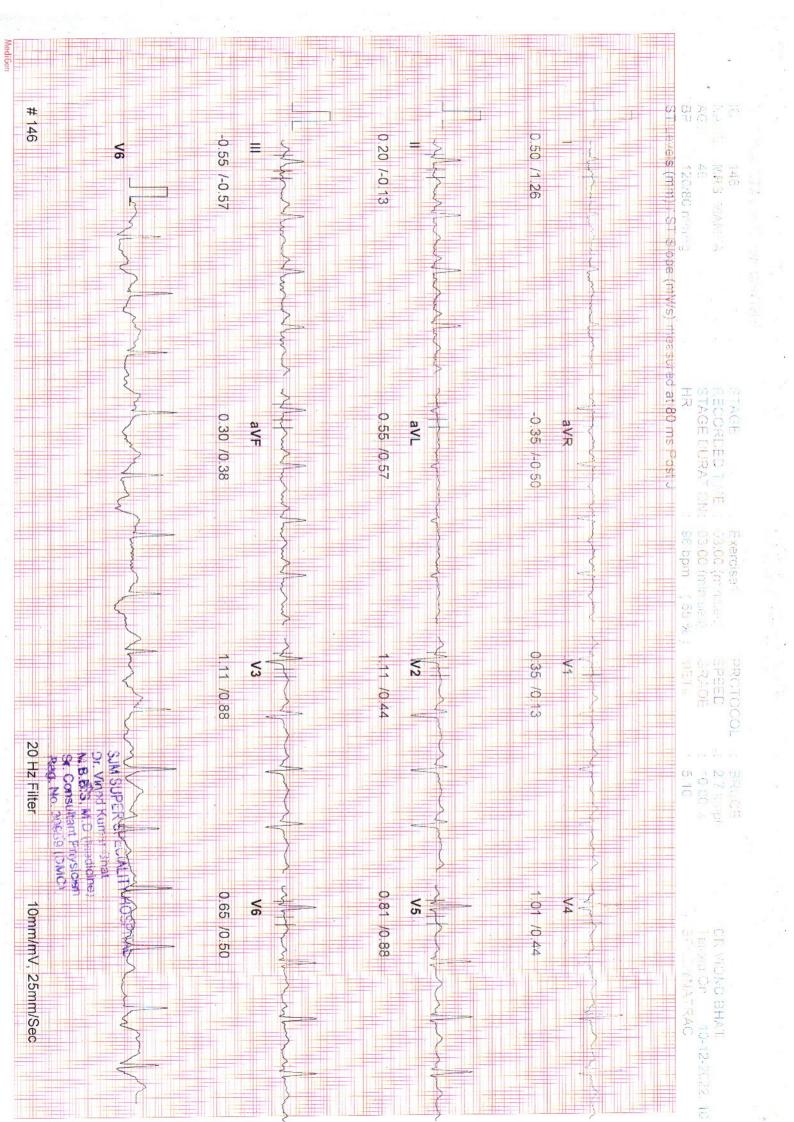
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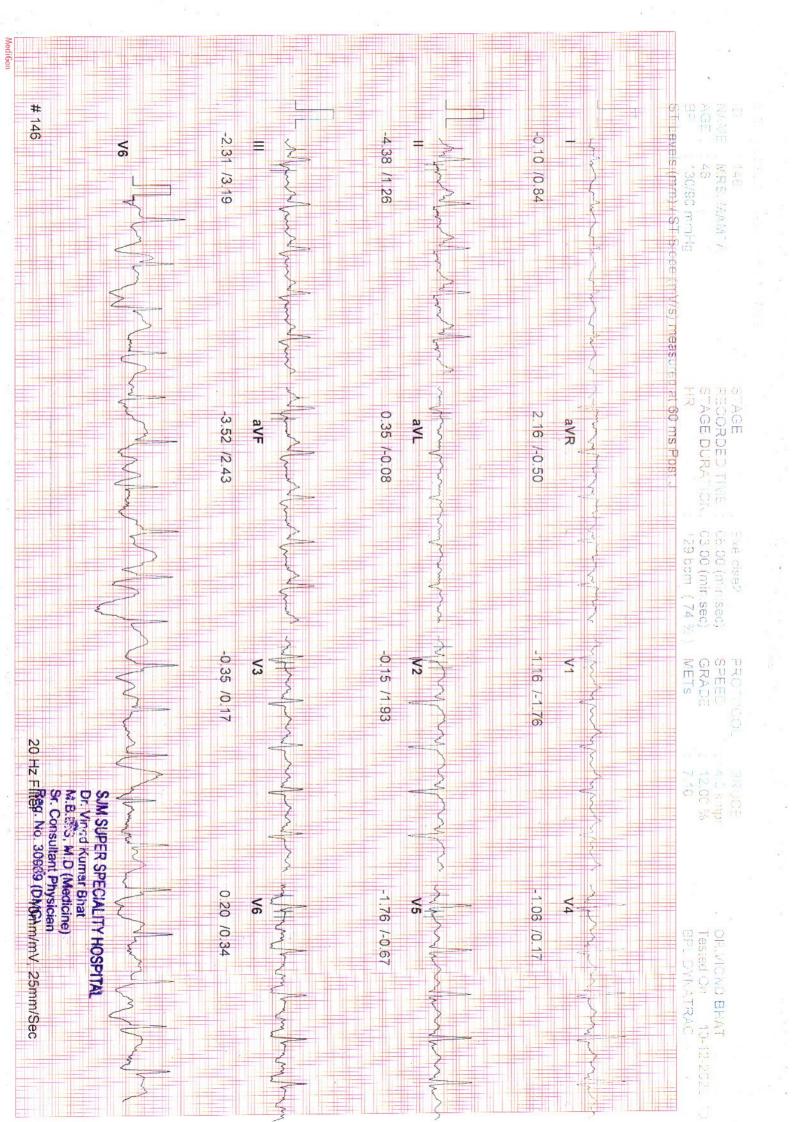




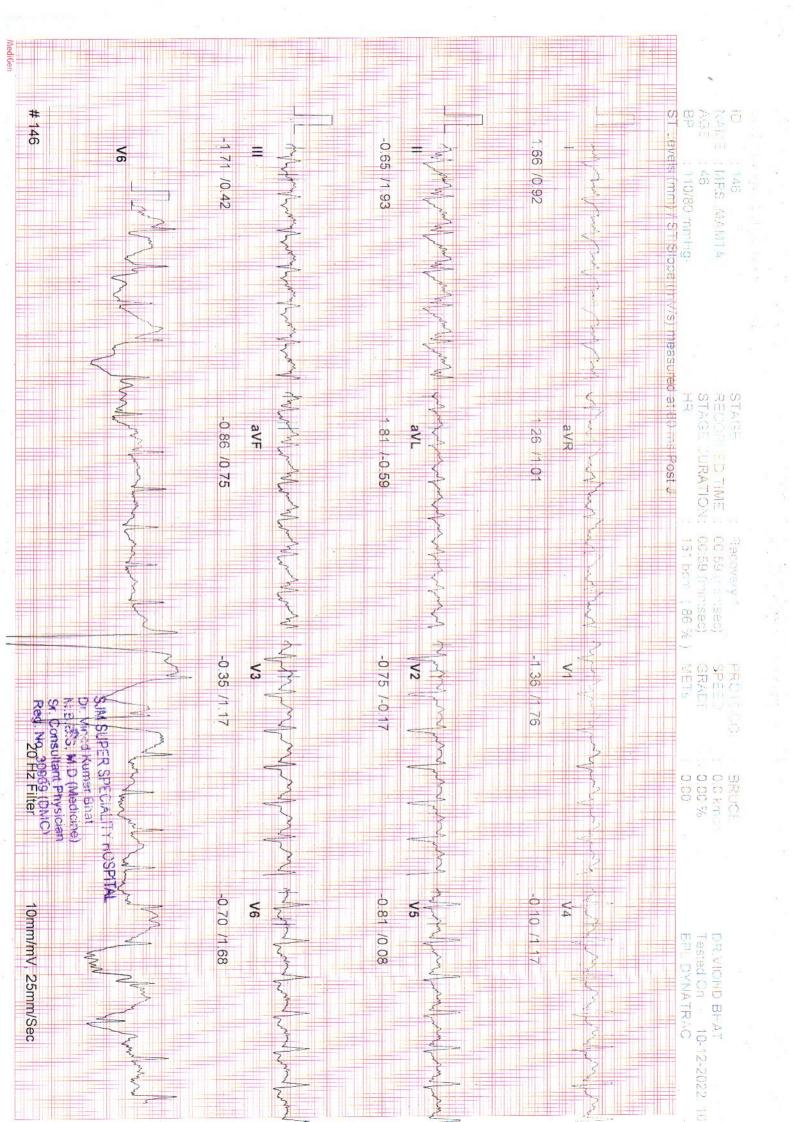
















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## **Laboratory Report**

: 97339 Lab Serial no. : LSHHI236320 09:36 AM Patient Name : Mrs. MAMTA Reg. Date & Time : 10-Dec-2022 09:50 AM : 46 Yrs / F Sample Receive Date Age / Sex : 10-Dec-2022 Result Entry Date 02:02PM : 10-Dec-2022 Referred by : Dr. SELF Reporting Time : 10-Dec-2022 02:02 PM **Doctor Name** : Dr. SELF OPD : OPD

	HAEMATOLOG		
	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	13.3	gm/dl	12.0 - 16.0
TLC	6.4	Thousand/m	4.0 - 11.0
DLC		The same of the sa	
Neutrophil	66	%	40 - 70
Lymphocyte	27	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.03	Thousand / I	UI 3.8 - 5.10
P.C.V	41.6	million/UI	0 - 40
M.C.V.	82.7	fL	78 - 100
M.C.H.	26.4	pg	27 - 32
M.C.H.C.	32.0	g/dl	32 - 36
Platelet Count	2.66	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

SJM SUPER SPECIALITY HOSPITAL

Dr. Vigod Kumar Bhat N.B. 253, M.D (Medicine) St. Consultant Physician Reg. No. 30969 (DMC)

technician:

Typed By: Mr. BIRJESH

Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

Page 1

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



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> E-mail.: email@sjmhospital.com Web.: www.simhospital.com

## **Laboratory Report**

Lab Serial no.

: LSHHI236320

Mr. No

: 97339

Patient Name

: Mrs. MAMTA

Reg. Date & Time

: 10-Dec-2022

09:36 AM 09:50 AM

Age / Sex

: 46 Yrs / F

Sample Receive Date

: 10-Dec-2022 02:02PM

Referred by

: Dr. SELF

Result Entry Date

: 10-Dec-2022

**Doctor Name** 

OPD

: Dr. SELF

: OPD

Reporting Time

: 10-Dec-2022 02:02 PM

#### HAEMATOLOGY

results

reference

#### **ESR / ERYTHROCYTE SEDIMENTATION RATE**

ESR (Erythrocyte Sedimentation Rate)

14

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

### **BLOOD SUGAR F, Sodium Fluoride Pla**

Blood Sugar (F)

89.8

mg/dl

70 - 110

#### Comments:

Accurate measurement if 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 Dr. Vined Kumar Bhat

M.B. S.S. M.D (Medicine) Sr. Consultant Physician Reg. No. 30989 (DMC)

technician:

Typed By : Mr. BIRJESH

Page 1

Dr. Bupinder Zutshi (M.B.B.S., MD)

Pathologist & Micrbiologist

Consultant Pathologist 39292 (MCI)



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## **Laboratory Report**

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Doctor Name : Dr. SELF Reporting Time : 10-Dec-2022 02:02 PM
OPD : OPD

	BIOCHEMISTR results	RY unit	reference	
LIPID PROFILE,Serum				
S. Cholesterol	208.0	mg/dl	< - 200	
HDL Cholesterol	64.7	mg/dl	42.0 - 88.0	
LDL Cholesterol	131.9	mg/dl	50 - 150	
VLDL Cholesterol	11.4	mg/dl	00 - 40	
Triglyceride	56.8	mg/dl	00 - 170	
Chloestrol/HDL RATIO	3.2	%	3.30 - 4.40	
INTERPRETATION:	and the second		9000	

Lipid profile Of lipid panel is a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

#### **BLOOD SUGAR (PP), Serum**

SUGAR PP 97.7 mg/dl 80 - 140

#### Comments:

Accurate measurement if 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

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

technician:

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Page 1

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

Dr. Swati Chandel Consultant Pathologist 39292 (MCI)



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Referred by : Dr. SELF Reporting Time : 10-Dec-2022 02:02 PM : Dr. SELF **Doctor Name** 

OPD : OPD

	BIOCHEMIS	TRY	
	results	unit	reference
KFT,Serum			
Blood Urea	17.7	mg/dL	13 - 40
Serum Creatinine	0.64	mg/dl	0.6 - 1.1
Uric Acid	5.2	mg/dl	2.6 - 6.0
Calcium	9.6	mg/dL	8.8 - 10.2
Sodium (Na+)	139.7	mEq/L	135 - 150
Potassium (K+)	4.09	mEq/L	3.5 - 5.0
Chloride (CI)	100.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	8.27	mg/dL	7 - 18
PHOSPHORUS-Serum	3.67	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. Vined Kumar Bhat M.B.B.S. M.D (Medicine) Sr. Consultant Physician Reg. No. 30669 (OMC)

technician:

Typed By : Mr. BIRJESH

Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Page 1

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



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## **Laboratory Report**

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Doctor Name : Dr. SELF Reporting Time : 10-Dec-2022 02:02 PM

Doctor Name : Dr. SELF Reporting Time : 10-Dec-2022 02:02 P
OPD : OPD

		BIOCHEMIST	rry		
		results	unit	reference	
LI	/ER FUNCTION TEST,Serum				
	Bilirubin- Total	0.51	mg/dL	0.1 - 2.0	
	Bilirubin- Direct	0.24	mg/dL	0.00 - 0.20	
	Bilirubin- Indirect	0.27	mg/dL	0.2 - 1.2	
	SGOT/AST	22.4	IU/L	00 - 31	
	SGPT/ALT	32.5	IU/L	00 - 34	
	Alkaline Phosphate	135.0	U/L	42.0 - 98.0	
	Total Protein	7.00	g/dL	6.4 - 8.3	
	Serum Albumin	4.20	gm%	<b>3.</b> 50 - 5.20	
	Globulin	2.80	gm/dl	2.0 - 4.0	
	Albumin/Globulin Ratio	1.50	%		

#### INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

SJM SUPER SPECIALITY HOSPITAL Dr. Vinged Kumar Bhat M.B.ES, M.D (Medicine) Sr. Consultant Physician Reg. No. 30685 (DMC)

technician:

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Dr. Swati Chandel Consultant Pathologist 39292 (MCI) Page 1

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



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E-mail.: email@sjmhospital.com Web.: www.simhospital.com

## Laboratory Report

Lab Serial No. Patient Name

: LSHHI236320

: MRS. MAMTA : 46 Yrs /F

Age/Sex Referred By

: SELF

**Doctor Name** OPD/IPD

: Dr. SELF : OPD

Reg. No.

: 97339

Reg. Date & Time

: 10-Dec-2022 09:36 AM : 10-Dec-2022 09:50 AM

Sample Collection Date Sample Receiving Date

: 10-Dec-2022 09:50 AM

ReportingTime

10-Dec-2022 02:02 PM

**TEST NAME** 

ABO

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 glycoprotien 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.

#### **URINE SUGAR (FBS)**

#### CHEMICAL EXAMINATION

Glucose

Nil

for Excellent Patient Care

#### CHEMICAL EXAMINATION

Glucose

Nil

SJM SUPER SPECIALITY HOSPITAL Dr. Vined Kumar Bhat M.B.E.S, M.D (Medicine) Sr. Consultant Physician Reg. No. 30669 (DMC)

Mr. BIRJESH

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Dr. Swati Chandel Consultant Pathologist

39292 (MCI)

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



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## **Laboratory Report**

Lab Serial No.

: LSHHI236320

Patient Name

: MRS. MAMTA

Age/Sex

: 46 Yrs /F : SELF

Referred By Doctor Name

: Dr. SELF

OPD/IPD

: OPD

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10-Dec-2022 02:02 PM

### URINE EXAMINATION TEST

### PHYSICAL EXAMINATION

**Ouantity:** 

20 ml

Color:

Straw

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

# entre for Excellent Patient

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.

> SJM SUPER SPECIALITY HOSPITAL Dr. Vinnd Kumar Bhat M.B. 853, M.D (Medicine) Sr. Consultant Enysicien Reg. No. 30039 (DMC)

> > Mr. BIRJESH

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Dr. Swati Chandel

Consultant Pathologist 39292 (MCI)

10-12-2022 Dr. Bupinder Zutshi (M.B.B.S., MD) Pathologist & Micrbiologist







Patient Name : Mrs. MAMTA

Age/Sex

: 46 Y/Female

Patient ID

: 012212100009

Barcode Ref. By

: 10128038

SRF No.

: Self

Aadhar-Nation : - Indian

Registration No: 120164

Registered

: 10/Dec/2022

Collection

: 10/Dec/2022 10:31AM

Received

: 10/Dec/2022 10:48AM

Reported

: 10/Dec/2022 03:50PM

Panel

: SJM Hospital

Passport No.

Unit

**Test Name** HbA1C(Glycosylated Hemoglobin );EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA

HPLC

Average Glucose Calculated

6.00

Value

125.50

mg/dL

<125.0

Bio Ref.Interval

Interpretation:

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.

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 compliace with therapeutic regimen in diabetic

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 HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.

Dr. Jatinder Bhatia MD Pathology Director

Madeusmita alas

Dr. Madhusmita Das MD MICROBIOLOGY

Dr. Vinna Kumar Bhax M.B.(65, M.D.(Mng) (ne) Sr. Consultors Provisicion Reg. No. 20042 (Care)

Dr. Privanka Rana MD Pathology

360 Diagnostics & Health Services Pvt. Ltd.

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









Patient Name : Mrs. MAMTA

Age/Sex

: 46 Y/Female

Patient ID

: 012212100009

Barcode

: 10128038

Ref. By

: Self

SRF No.

Aadhar-Nation : - Indian

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Panel

: 10/Dec/2022 03:50PM : SJM Hospital

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, targetting a goal of < 7.0% may not be

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

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 gycemic 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 \*\*\*

SJM SUPER SPECIALITY HOSPITAL Dr. Vinad Kumar Bhat M.D (Medicine) Sr. Consultant Physician Reg. No. 30689 (DMC)

Dr. Jatinder Bhatia MD Pathology

Director

Madeusmito alas

Dr. Madhusmita Das MD MICROBIOLOGY Dr. Priyanka Rana MD Pathology

360 Diagnostics & Health Services Pvt. Ltd.

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









Patient Name : Mrs. MAMTA

Age/Sex

: 46 Y/Female

Patient ID

: 012212100031

Barcode Ref. By

: 10128078

SRF No.

: Self

Aadhar-Nation : - Indian

Registration No : 120204

Registered

: 10/Dec/2022

Collection

: 10/Dec/2022 01:47PM

Received

: 10/Dec/2022 01:58PM

Reported

: 10/Dec/2022 03:37PM

Panel

: SJM Hospital

Passport No.

Test Name	Value	Unit	Bio Ref.Interval	+1
	THYROID PRO	FILE.(TFT)SERUM*		
T3 ,Serum	135.00	ng/dl	69-215	
T4 ,Serum	9.00	ug/dL	5.2-12.7	
ECLIA TSH(ultrasensitive)	1.1	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

Madhusmita Das

SJM SUPER SPECIAL MD MICROBIOLOGY
Dr. Vingd Kumar Bhat M.B.25, M.D (Medicine)

Sr. Consultant Physician Reg. No. 30669 (DMC)

Dr. Priyanka Rana MD Pathology



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









Patient Name : Mrs. MAMTA

Age/Sex

: 46 Y/Female

Patient ID

: 012212100031

Barcode

: 10128078

Ref. By

: Self

SRF No.

Aadhar-Nation : - Indian

Registration No : 120204

Registered

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Test Name			Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal		TSH -especially in th with Non-Thyroidal i	ne range of 0.1 to 0.4 often seen in elderly Ilness
			Subclinical H	yperthyroidism	·
			Thyroxine ing	estion"	
Decreased	Decreased	Decreased	Central Hypo	thyroidism	
			Non-Thyroid	al illness	
			Recent treatn	nent for Hyperthyroid	ism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyp	erthyroidism (Graves'	disease), Multinodular goitre, Toxic nodule
			Transient thy	roiditis:Postpartum, Si ous,subacute, DeQuer	ilent (lymphocytic), Postviral vain's), Gestational thyrotoxicosis with
Decreased or	Raised	Within range	T3 toxicosis		
Within range			Non-Thyroid	al 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 \*\*\*

Dr. Jatinder Bhatia

Reg. No. 30668 MD Pathology Director

ALITY Hadrigmita clas Dr. Madhusmita Das

MD MICROBIOLOGY

Dr. Priyanka Rana MD Pathology



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





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### X-Ray Report

Patient ID.	20536 OPD	Name	MRS MAMTA	Sex/Age	F/46Y
Date	10-12-2022 11:40 AM	Ref. Physician	SELF	CHEST, C	HEST

A ray chest pa

Both lung fields are clear. No obvious lung parenchymal lesion or infiltration is seen.

Bilateral cp angles are clear and show acute angle

Bony thoracic cage and soft tissues appears normal

Cardiac silhouette appears normal.

Piease correlate clinically

On DEEPAK K SOLANKI MBBS, DNB GONSULTANT RADIOLOGIST

Centre for Excellent Patient Care

SJM SUPER SPECIALITY HOSPITAL Or. Vinad Kumar Bhat M.B. 265, M.D (Wedicine) Or. Consultant Physician Reg. No. 30069 (DMC) MRS MAMTA 46 Female

PA

20536 OPD

10/12/2022 10:08:24 AM

S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHIJARSI, NOIDA



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NAME: Mrs. Mamta

AGE: 46yrs

DATE: 10/12/2022

#### Real time USG of abdomen and pelvis reveals -

LIVER—Liver appears fatty liver grade 1. 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 either side.

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: Fatty liver grade 1.

For SJM Super Speciality Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA

SUM SUPER SPECIALITY HOSPITAL Dr. Vingd Kumer Bhat et. S. & S. M. D (Medicine) or. Consultera Physic an Plag. No. 306(69 (DMC)



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### **Ultrasound Report**

Name	MRS. Mamta	Date	10/12/2022
Age	46Yrs	Sex	Female

### **ULTRASOUND OF BOTH BREASTS**

### **RIGHT BREAST:-**

Right breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 2.3mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

### LEFT BREAST:-

Left breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 1.9mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

IMRESSION: NO SIGNIFICANT ABNORMALITY NOTED.

Please correlated clinically.

DR. PUSHPA KAUT

DR. P.K GUPTA

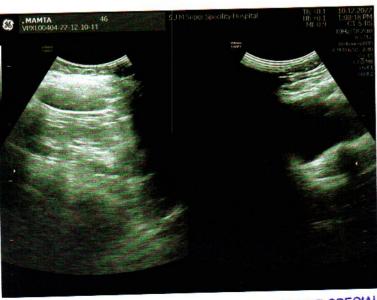
SJM SUPER SPECIALITY HOSPITAL Dr. Vingd Kumar Bhat M.B. S., M.D (Medicine) 9r. Consultant Physician Reg. No. 30989 (DMC)













SJM SUPER SPECIALITY HOSPITAL Dr. Vinod Kumar Bhat M.B. 255, M.D (Medicine) Consultant Physician

