

HT - 146cm
wt - 61.5kg
B.P - 127/82
P - 75/m
SpO2 - 95%

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता: प्रीती गुन्वत, फ्लैट न एच-704 पैन
ओएसिस, सेक्टर 70, पैन ओएसिस, नोएडा,
नोएडा, गौतमबुद्ध नगर, उत्तर प्रदेश, 201301
Address: Preeti Gunwant, Flat no H-704 Pan
Oasis, Sector 70, Pan Oasis, Noida, Noida,
Gautam Buddha Nagar, Uttar Pradesh,
201301

Print Date: 01/08/2023

9015 6463 9677

1947 help@uidai.gov.in www.uidai.gov.in



भारत सरकार
Government of India

प्रीती गुन्वत
Preeti Gunwant
जन्म तिथि / DOB : 20/05/1971
महिला / Female

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

9015 6463 9677

मेरा आधार, मेरी पहचान

for Medical
Checkup
Preeti Gunwant
21/3/24
9818120723

Mrs. PREETY
ID: 00000

Visit: corporate

53 Years

Female

21 03 2024 10:31:10 AM
sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

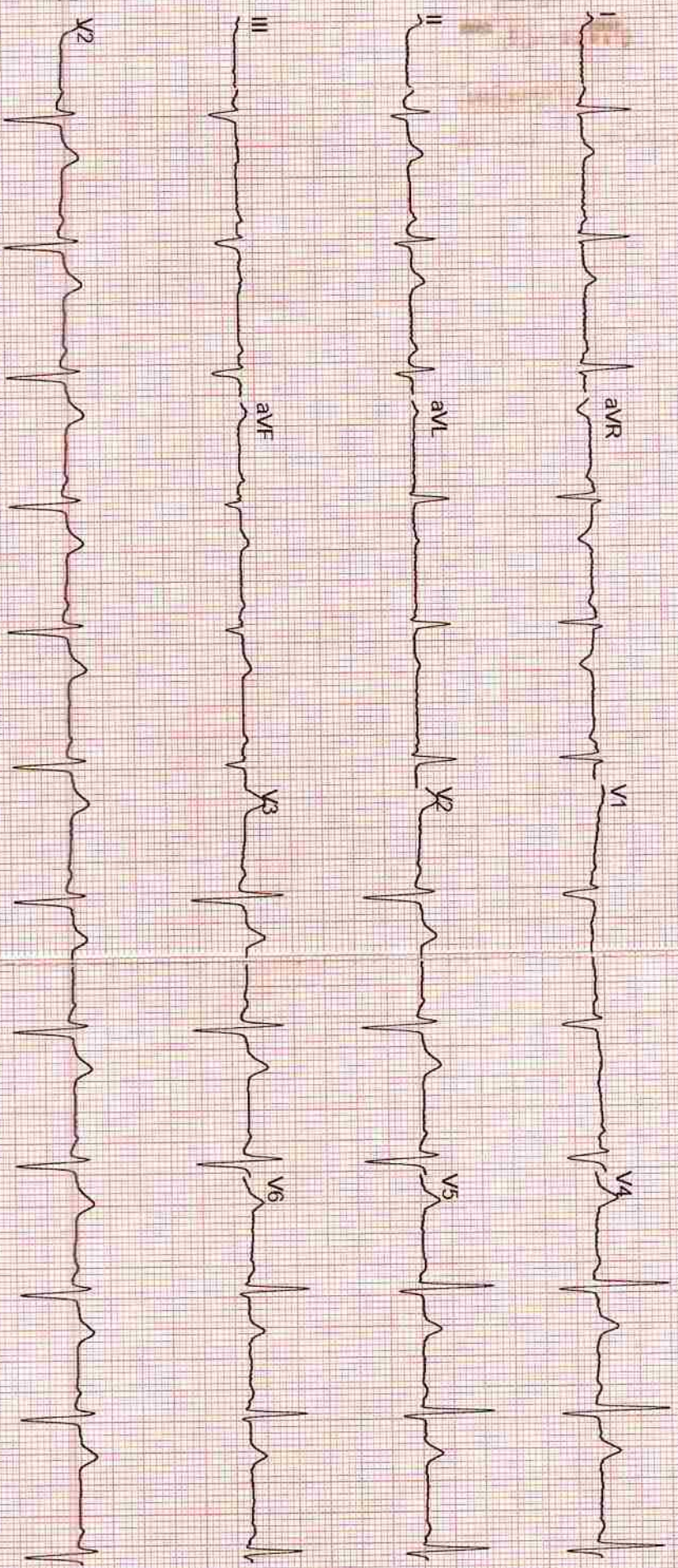
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

71 bpm
-- / -- mmHg

QRS	90 ms
QT / QTc Baz	406 / 441 ms
PR	140 ms
P	98 ms
RR / PP	840 / 845 ms
P / QRS / T	51 / 0 / 43 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

DS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1

Unconfirmed

1/1

CARDIART



SJM SUPER SPECIALITY HOSPITAL
 Centre for Excellent Patient Care
 Sector-63, Noida, Near NH-24, Hindon bridge
 Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No.
 Date
 Name
 Age / Sex
 Panel Name / Cash

CO BOB
 21-03-24
 Ms. Preeti
 S31F

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complant & Present Illness

Past History

Physically & Mentally fit

Treatment Advised

Provisional Diagnosis

1

Allergies

None

General Examination

Temp
 Pulse
 B.P.
 R.R.
 SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor
 SJM/SSH/MED/OPD/07



SJM SUPER SPECIALITY HOSPITAL

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)



(BOB)

21/3/24

Mrs. Preeti Gunwant

(SSy/f)

- MO H/O DM ZHT

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. Jaideep Gambhir, M.D(Psychiatrist)
- Consultant Psychiatry, Mob.: 8006888664
- Dr. Monica Gambhir, MBBS
- Family Therapist & Relationship Counsellor
- Mob.: 8006888663
- Dr. B.P. Gupta, MS (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.

61b
61b,
NB

CSy

Signature

(BE)
Lubrex - AS ED - 2T/D x 3m



Signature

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

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-Meditex (TPA) Services Ltd., Medi-Assit India. 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) West Assist TPA Pvt Ltd., United Healthcare, Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Insurance Co. Ltd., IFICO Tokio General Insurance Co. Ltd., IFICO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videcon General Insurance Co. Ltd., Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDPC Standard Life Insurance Co. Ltd., Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd., United India Insurance Co Ltd. (Corporate)

Laboratory Report

Lab Serial no.	: LSHHI278458	Mr. No	: 113259
Patient Name	: Mrs. PREETI GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:55 AM
Age / Sex	: 52 Yrs / F	Sample Receive Date	: 21-Mar-2024 10:04 AM
Referred by	: Dr. SELF	Result Entry Date	: 21-Mar-2024 12:43PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:43 PM
OPD	: OPD		

HAEMATOLOGY

CBC / COMPLETE BLOOD COUNT

	results	unit	reference
HB (Haemoglobin)	13.4	gm/dL	12.0 - 16.0
TLC	6.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	67	%	40 - 70
Lymphocyte	26	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.90	Thousand / UI	3.8 - 5.10
P.C.V	43.2	million/UI	0 - 40
M.C.V.	88.2	fL	78 - 100
M.C.H.	27.3	pg	27 - 32
M.C.H.C.	31.0	g/dl	32 - 36
Platelet Count	2.18	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

Laboratory Report

Lab Serial no. : LSHHI278458	Mr. No : 113259
Patient Name : Mrs. PREETI GUNWANT	Reg. Date & Time : 21-Mar-2024 09:55 AM
Age / Sex : 52 Yrs / F	Sample Receive Date : 21-Mar-2024 10:04 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:43PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:43 PM
OPD : OPD	

BIOCHEMISTRY

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

HbA1C / GLYCATED HEMOGLOBIN / GHB

Hb A1C	5.3	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	105.4	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	92.3	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.



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Laboratory Report

Lab Serial no.	: LSHHI278458	Mr. No	: 113259
Patient Name	: Mrs. PREETI GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:55 AM
Age / Sex	: 52 Yrs / F	Sample Receive Date	: 21-Mar-2024 10:04 AM
Referred by	: Dr. SELF	Result Entry Date	: 21-Mar-2024 12:43PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:43 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	36.2	mg/dL	13 - 40
Serum Creatinine	0.85	mg/dl	0.6 - 1.1
Uric Acid	4.2	mg/dl	2.6 - 6.0
Calcium	9.5	mg/dL	8.8 - 10.2
Sodium (Na+)	137.7	mEq/L	135 - 150
Potassium (K+)	3.95	mEq/L	3.5 - 5.0
Chloride (Cl)	106.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	16.92	mg/dL	7 - 18
PHOSPHORUS-Serum	3.37	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.



technician :

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Laboratory Report

Lab Serial no. : LSHHI278458	Mr. No : 113259
Patient Name : Mrs. PREETI GUNWANT	Reg. Date & Time : 21-Mar-2024 09:55 AM
Age / Sex : 52 Yrs / F	Sample Receive Date : 21-Mar-2024 10:04 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:43PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:43 PM
OPD : OPD	

BIOCHEMISTRY

results unit reference

LIVER FUNCTION TEST,Serum

Bilirubin- Total	0.86	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.32	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.54	mg/dL	0.2 - 1.2
SGOT/AST	21.4	IU/L	00 - 31
SGPT/ALT	18.2	IU/L	00 - 34
Alkaline Phosphate	64.0	U/L	42.0 - 98.0
Total Protein	7.39	g/dL	6.4 - 8.3
Serum Albumin	4.12	gm%	3.50 - 5.20
Globulin	3.27	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.26	%	

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.



technician :

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Laboratory Report

Lab Serial no. : LSHHI278458	Mr. No : 113259
Patient Name : Mrs. PREETI GUNWANT	Reg. Date & Time : 21-Mar-2024 09:55 AM
Age / Sex : 52 Yrs / F	Sample Receive Date : 21-Mar-2024 10:04 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 12:43PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:43 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	104.0	mg/dl	< - 200
HDL Cholesterol	41.4	mg/dl	42.0 - 88.0
LDL Cholesterol	47.4	mg/dl	50 - 150
VLDL Cholesterol	15.2	mg/dl	00 - 40
Triglyceride	76.1	mg/dl	00 - 170
Cholestrol/HDL RATIO	2.5	%	3.30 - 4.40

INTERPRETATION:

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.



technician :

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Laboratory Report

Lab Serial no. : LSHHI278458	Mr. No : 113259
Patient Name : Mrs. PREETI GUNWANT	Reg. Date & Time : 21-Mar-2024 09:55 AM
Age / Sex : 52 Yrs / F	Sample Receive Date : 21-Mar-2024 09:59 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 07:36PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:43 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP),Serum			
SUGAR PP	122.9	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


Dr. Rajeev Goel
 M.D. (Pathologist)
 36548 (MCI)

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

Laboratory Report

Lab Serial No.	: LSHHI278458	Reg. No.	: 113259
Patient Name	: MRS. PREETI GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:55 AM
Age/Sex	: 52 Yrs /F	Sample Collection Date	: 21-Mar-2024 10:04 AM
Referred By	: SELF	Sample Receiving Date	: 21-Mar-2024 10:04 AM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 21-Mar-2024 12:43 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 an RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH


<http://rgcpac3/SJM/Design/Finanace/LabTextReport.aspx>

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

3/21/2024
Dr. Bupinder Zutshi
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Pathologist & Micrbiologist



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Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No.	: LSHHI278458	Reg. No.	: 113259
Patient Name	: MRS. PREETI GUNWANT	Reg. Date & Time	: 21-Mar-2024 09:55 AM
Age/Sex	: 52 Yrs /F	Sample Collection Date	: 21-Mar-2024 10:04 AM
Referred By	: SELF	Sample Receiving Date	: 21-Mar-2024 10:04 AM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:43 PM
OPD/IPD	: OPD		:

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rgcpac3/SJM/Design/Finanace/LabTextReport.aspx>

3/21/2024

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Laboratory Report

Lab Serial No. : LSHHI278458
Patient Name : MRS. PREETI GUNWANT
Age/Sex : 52 Yrs /F
Referred By : SELF
Doctor Name : Dr. Vinod Bhat
OPD/IPD : OPD
Reg. No. : 113259
Reg. Date & Time : 21-Mar-2024 09:55 AM
Sample Collection Date : 21-Mar-2024 10:04 AM
Sample Receiving Date : 21-Mar-2024 10:04 AM
ReportingTime : 21-Mar-2024 12:43 PM

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Yellow
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /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

<http://rgeipac3/SJM/Design/Finanace/LabTextReport.aspx>

Dr. Rajeev Goel
M.D. (Pathologist)
36548 (MCI)

3/21/2024
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Micrbiologist

Visit ID : IQD9069Z	Registration	: 21/Mar/2024 01:59PM
UHID/MR No : IQD.0000088614	Collected	: 21/Mar/2024 02:01PM
Patient Name : Mrs.PREETI GUNWANT	Received	: 21/Mar/2024 02:12PM
Age/Gender : 52 Y 0 M 0 D /F	Reported	: 21/Mar/2024 02:54PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240305527



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.10	ng/ml	0.61-1.81	CLIA
T4	8.1	ug/dl	5.01-12.45	CLIA
TSH	2.2	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 – 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 – 9.10
6 Months to 20 Yrs	0.70 – 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum

TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of

hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating

hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound

Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4) Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Ankita Singhal
MBBS, MD(Microbiology)

Dr. Anil Rathore
MBBS, MD(Pathology)


Dr. Prashant Singh
MBBS, MD (Pathology)

Page 1 of 2

Authenticity of report can be checked by Scanning QR Code

Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID : IQD90692	Registration	: 21/Mar/2024 01:59PM
UHID/MR No : IQD.0000088614	Collected	: 21/Mar/2024 02:01PM
Patient Name : Mrs.PREETI GUNWANT	Received	: 21/Mar/2024 02:12PM
Age/Gender : 52 Y 0 M 0 D /F	Reported	: 21/Mar/2024 02:54PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240305527



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.

*** End Of Report ***



Dr. Ankita Singhal
 MBBS, MD (Microbiology)

Dr. Anil Rathore
 MBBS, MD (Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

Page 2 of 2

Authenticity of report can be checked by Scanning QR Code
 Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



Visit ID	: IQD98692	Registration	: 22/Mar/2024 10:22AM
UHID/MR No	: IQD.0000088614	Collected	: 22/Mar/2024 10:21AM
Patient Name	: Mrs.PREETI GUNWANT	Received	: 22/Mar/2024 11:05AM
Age/Gender	: 52 Y O M O D /F	Reported	: 22/Mar/2024 12:01PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240305527



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN D (25 OH)				
Sample Type : SERUM				
VITAMIN D	36.84	ng/ml	30-100	CLIA

INTERPRETATION:

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

DECREASED LEVELS:

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

INCREASED LEVELS:

- Vitamin D intoxication.

COMMENTS:

- Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).
- The assay measures D3 (Cholecalciferol) metabolites of vitamin D.
- 25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.
- Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.
- It shows seasonal variation, with values being 40-50% lower in winter than in summer.
- Levels vary with age and are increased in pregnancy.
- This is the recommended test for evaluation of vitamin D intoxication.



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MBBS, MD(Microbiology)


Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Visit ID	: IQD90692	Registration	: 22/Mar/2024 10:22AM
UHID/MR No	: IQD.0000088614	Collected	: 22/Mar/2024 10:21AM
Patient Name	: Mrs.PREETI GUNWANT	Received	: 22/Mar/2024 11:05AM
Age/Gender	: 52 Y O M O D /F	Reported	: 22/Mar/2024 12:01PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240305527



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
		VITAMIN B12		
Sample Type : SERUM				
VITAMIN B12	307	pg/mL	187-883 pg/mL	CLIA

COMMENTS:

Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source. Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

LIMITATIONS:

For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.

If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

*** End Of Report ***



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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



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

Tel.: 0120-6530900 / 10, Mob.:9599259072



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

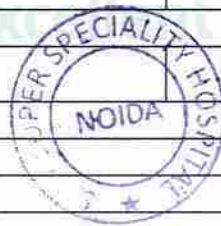
Name: **Mrs. Preeti Gunwant** Age /sex:**53Yrs/F** Date:**21/03/2024**

ECHO WINDOW: FAIR WINDOW

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.3		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.0	2.3	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve	=	Normal	Aortic valve	=	Normal
Max velocity			Max velocity		
Mean PG			Max PG		
Pressure ½ time			Mean velocity		
Acceleration Time			Mean PG		
RVET			LVET		
Mitral valve =Normal			Tricuspid valve = Normal		
E	E>A		Max Velocity		
A			Mean Velocity		
DT			Mean PG		
E/E			TAPSE		





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Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINASIA GLOBAL LVEF 60%
- 2.) NO MR NO MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Centre for Excellent Patient Care



Ultrasound Report

NAME: Mrs. Preeti Ganwant

AGE: 53yrs/f

DATE: 21/03/2024

Real time USG of abdomen and pelvis reveals –

LIVER --Liver appears normal in size and shape, contour and echo pattern. 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 echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both 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 is normal and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial is normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION: Normal Scan.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR



S.J.M SUPER SPECIALITY HOSPITAL
NOIDA



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Centre for Excellent Patient Care

PATIENT ID	: 26802 OPD	X-Ray Report	PATIENT NAME	: MRS PREETI GUNWANT
AGE	: 052Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 21-Mar-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Mildly prominent bronchovascular markings in both lung fields.
 Both costophrenic angles appear normal.
 The tracheal lucency is centrally placed.
 The mediastinal and diaphragmatic outlines appear normal.
 The heart shadow is normal.
 The bony thoracic cage and soft tissues are normal.

IMPRESSION:

- Mildly prominent bronchovascular markings in both lung fields.
- Suggested clinical correlation.

V.S. Sai Naren

Dr Sai Naren
 Consultant Radiologist
 MBBS, MD
 Regn No: 2017/08/3835

Dr Sai Naren
 21st Mar 2024



Centre for Excellent Patient Care

26803 OPD

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Case ID	110240000683
Patient Name	PREETI GUNWANT
Age/Sex	53 Year /Female
Hospital Location	Noida, Uttar Pradesh, India
Hospital Name	SJM Hospital and IVF Centre
Physician Name	Dr DR PUSHPA KAUL
Date & Time of Accessioning	21/03/2024 15:29 Hrs
Date & Time of Reporting	22/03/2024 13:28 Hrs



TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/1516/24 Collected on 21/03/2024 at 00:00 Hrs

CLINICAL HISTORY

NA

METHODOLOGY

Cytology

CYTOLOGY REPORT

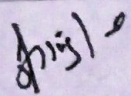


Satisfactory for Evaluation
Transformation zone: Absent
Squamous cellularity: Adequate
Inflammatory change: Mild
Negative for intraepithelial lesion or malignancy (NILM)

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.


Dr. Alpana Srivastava, MD
DMC 31253



Question?

Contact us at +91 124 4615 615

Toll Free Helpline +91 8882899999

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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.
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CORE Diagnostics Satellite Lab

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Guwahati, Assam - 781005

The test was processed in Lab 103.