

w - 72 kg
H - 154cm

B.P - 117/80
R - 99% min
S - 82% min



06/06/2024
06/06/2024
9643840842
Mob - 9643840842

यूनियन बैंक Union Bank of India
Name : Nikita Singh
कर्मचारी क्र/ Employee No.: 698055
पदनाम/Designation: Manager
रक्त ग्रुप/ Blood Group: B+
ईमो/ Emergency Mob. No.: 9643840842

नाम : निकिता सिंह
हस्ताक्षर / signature
जारी करने का स्थान / Place of Issue :
Regional Office : Ghaziabad
जारी करने का तारीख
Date of Issue : 02.09.2022
व्यक्तिगत अधिकारी / Issuing Authority

Age - 35y

35 Years

Female

sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

Location:
Room:
Order Number:
Indication:

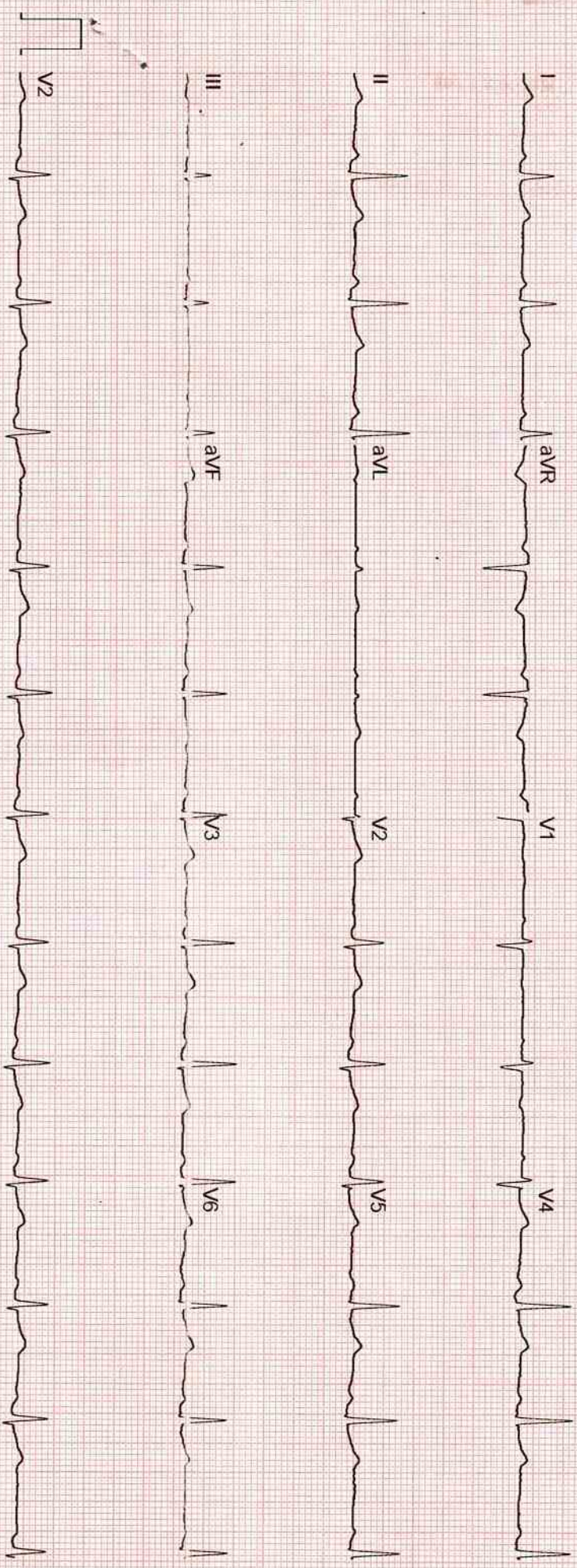
72 bpm
--/-- mmHg

QRS : 68 ms
QT / QTcBaz : 380 / 416 ms
PR : 154 ms
P : 94 ms

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

RR/PP : 836 / 833 ms
P / QRS / T : 46 / 55 / 48 degrees



Unconfirmed

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)

6/6/2

(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.

Ms. Nikita (35y/f)

Vn { 6/6
6/6,
Nb

— Has come eye checkup
— No complaints

Dr. Lubna-As Eye Drops - 3/1/1
x 3 months



Facilities:

100 Beds. Private & Public wards
Inpatient & Outpatient - (OPD)Facilities
24-Hour ambulance and emergency
3 Operation theatres
Laprosopic & 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-Meditek (TPA) Services Ltd., Medi-Assit India TPA P
Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA P
Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Lt
West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz
Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG
Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI
Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The
Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Cor
United India Insurance Co Ltd. (Corporate)



SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
E-mail.: email@sjmhospital.com
Web.: www.sjmhospital.com



Laboratory Report

Lab Serial no.	: LSHHI287580	Mr. No	: 116377
Patient Name	: Mrs. NIKITA SINGH	Reg. Date & Time	: 06-Jun-2024 11:02 M
Age / Sex	: 35 Yrs / F	Sample Receive Date	: 06-Jun-2024 11:42 AM
Referred by	: Dr. SELF	Result Entry Date	: 06-Jun-2024 12:25PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 06-Jun-2024 12:25 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.0	gm/dL	12.0 - 16.0
TLC	6.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	35	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.24	Thousand / UI	3.8 - 5.10
P.C.V	38.2	million/UI	0 - 40
M.C.V.	90.1	fL	78 - 100
M.C.H.	25.9	pg	27 - 32
M.C.H.C.	28.8	g/dl	32 - 36
Platelet Count	2.64	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

Page 1


Dr. Rajeev Goel
M.D. (Pathologist)
36548 (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)	19	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
HbA1C / GLYCATED HEMOGLOBIN / GHB			
Hb A1C	4.9	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	100.6	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



technician :

Typed By : Mr. BIRJESH

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

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

Laboratory Report

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Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 06-Jun-2024 12:25 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	193.0	mg/dl	< - 200
HDL Cholesterol	26.5	mg/dl	42.0 - 88.0
LDL Cholesterol	154.4	mg/dl	50 - 150
VLDL Cholesterol	12.1	mg/dl	00 - 40
Triglyceride	60.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	7.3	%	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 F, Sodium Fluoride Pla

Blood Sugar (F)	88.6	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 :
Typed By : Mr. BIRJESH



Laboratory Report

Lab Serial no.	: LSHHI287580	Mr. No	: 116377
Patient Name	: Mrs. NIKITA SINGH	Reg. Date & Time	: 06-Jun-2024 11:02 AM
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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	15.7	mg/dL	13 - 40
Serum Creatinine	0.74	mg/dl	0.6 - 1.1
Uric Acid	4.6	mg/dl	2.6 - 6.0
Calcium	9.4	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	136.9	mEq/L	135 - 150
Potassium (K ⁺)	4.50	mEq/L	3.5 - 5.0
Chloride (Cl)	110.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	7.34	mg/dL	7 - 18
PHOSPHORUS-Serum	2.87	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



technician :

Typed By : Mr. BIRJESH

Page 1


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Laboratory Report

80	Mr. No	: 116377	
A SINGH	Reg. Date & Time	: 06-Jun-2024	11:02 AM
	Sample Receive Date	: 06-Jun-2024	11:42 AM
	Result Entry Date	: 06-Jun-2024	12:25PM
OTHARI	Reporting Time	: 06-Jun-2024	12:25 PM

BIOCHEMISTRY

results	unit	reference
0.30	mg/dL	0.1 - 2.0
0.13	mg/dL	0.00 - 0.20
0.17	mg/dL	0.2 - 1.2
18.9	IU/L	00 - 31
17.9	IU/L	00 - 34
103.0	U/L	42.0 - 98.0
6.92	g/dL	6.4 - 8.3
4.30	gm%	3.50 - 5.20
2.62	gm/dl	2.0 - 4.0
1.64	%	

more of its component tests may be used to help diagnose liver disease if a person has liver dysfunction. If a person has a known condition or liver disease, testing may be performed to evaluate the effectiveness of any treatments.

For Excellent Patient Care



Laboratory Report

Lab Serial No. : LSHHI287580
Patient Name : MRS. NIKITA SINGH
Age/Sex : 35 Yrs /F
Referred By : SELF
Doctor Name : Dr. AMIT KOTHARI
OPD/IPD : OPD

Reg. No. : 116377
Reg. Date & Time : 06-Jun-2024 11:02 AM
Sample Collection Date : 06-Jun-2024 11:42 AM
Sample Receiving Date : 06-Jun-2024 11:42 AM
Reporting Time : 06-Jun-2024 12:25 PM

TEST NAME

VALUE

ABO

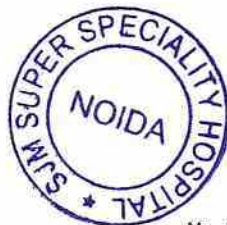
"B"

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.



Mr. BIRJESH


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

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M.D. (Pathologist)
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6/6/2024

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Laboratory Report

Lab Serial No.	: LSHHI287580	Reg. No.	: 116377
Patient Name	: MRS. NIKITA SINGH	Reg. Date & Time	: 06-Jun-2024 11:02 AM
Age/Sex	: 35 Yrs /F	Sample Collection Date	: 06-Jun-2024 11:42 AM
Referred By	: SELF	Sample Receiving Date	: 06-Jun-2024 11:42 AM
Doctor Name	: Dr. AMIT KOTHARI	ReportingTime	: 06-Jun-2024 12:25 PM
OPD/IPD	: OPD		

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

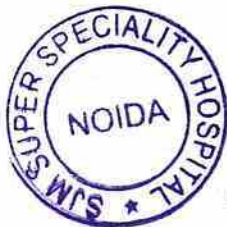
Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

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

6/6/2024

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Dr. Bupinder Zutshi
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Pathologist & Microbiologist



Case ID 1032 1
Patient Name IKITA
Age/Sex 35 Year /Female
Hospital Location Noida, Uttar Pradesh, India
Hospital Name SJM Hospital and IVF Centre
Physician Name Dr DR P KALU
Date & Time of Accessioning 06/06/24 1:44
Date & Time of Reporting 07/06/24 1:44

TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/3124/24 Collected on 06/06/2024 at 17:00 Hrs

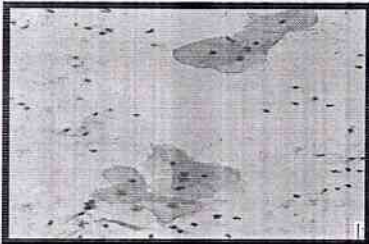
CLINICAL HISTORY

NA

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.



Dr. Sudhir Jain, MD
Reg. No. DMC 1767



Scan to Connect

Question?

Contact us at +91 124 4615 625

Toll Free Helpline +91 8882899999

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 reported 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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406, Udyog Vihar, Phase III, Gurgaon-122016

CORE Diagnostics Lab - New Delhi (103)

C-13, Green Park Extension, New Delhi-110016

CORE Diagnostics Lab - Bangalore (105)

1st Floor, KMK Tower, 142 KH Road, Bangalore

CORE Diagnostics Lab - Lucknow (109)

J.S. Tower, Plot No. K-702, Sector-K, Ashiyana,

Near Raj Luxmi Sweets, Lucknow-226012

CORE Diagnostics Lab - Bhubaneswar (108)

Plot No. 249, Near Police Academy, AIIMS Naga:

Patrapada, Bhubaneswar-751019

CORE Diagnostics Satellite Lab (110)

New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics and Realab Diagnostics (111)

New Delhi H64, Block H, Bali Nagar, New Delhi, Delhi 110015

CORE Diagnostics Satellite Lab

Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan

Guwahati, Assam - 781005



The test was processed in Lab 103.

Visit ID	: IQD113110	Registration	: 06/Jun/2024 04:33PM
UHID/MR No	: IQD.0000110880	Collected	: 06/Jun/2024 04:48PM
Patient Name	: Mrs. NIKITA SINGH	Received	: 06/Jun/2024 05:13PM
Age/Gender	: 35 Y 0 M 0 D /F	Reported	: 06/Jun/2024 07:34PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240601730



DEPARTMENT OF HORMONE ASSAYS

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

THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	1.35	ng/ml	0.61-1.81	CLIA
T4	10.26	ug/dl	5.01-12.45	CLIA
TSH	1.82	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:

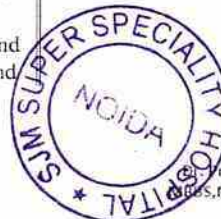
Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating 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



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Dr. Ashant Singh
MBBS, MD (Pathology)



Visit ID	: IQD113110	Registration	: 06/Jun/2024 04:33PM
UHID/MR No	: IQD.0000110880	Collected	: 06/Jun/2024 04:48PM
Patient Name	: Mrs.NIKITA SINGH	Received	: 06/Jun/2024 05:13PM
Age/Gender	: 35 Y O M O D /F	Reported	: 06/Jun/2024 07:34PM
Ref. Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240601730



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.Guid lines of the American Thyroid association during pregnancy and Postpartum. 2011

NOTE: It is advisable to detect Free T3,FreeT4 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

Ultrasound Report

NAME: Mrs. Nikita

AGE: 35yrs/f

DATE: 06/06/2024

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears fatty with 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 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 right side. **Left kidney shows renal concretions.**

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 normal in size, **Small fibroid seen in uterine cavity.** 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.
Left renal concretions.
Small uterine fibroid.**



For SJM Super Speciality Hospital

DR.PUSHPA KAUL



PATIENT ID	: 28167 OPD	X-Ray Report	PATIENT NAME	: MRS. NIKITA SINGH
AGE	: 035Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 06-Jun-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: Check up

COMPARISON:

None.

TECHNIQUE:

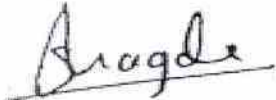
Frontal projections of the chest were obtained.

FINDINGS:

Both lung fields are clear.
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:

1. The study is within normal limits.



Dr Sonam Kagde
Consultant Radiologist
MBBS, DMRE
Regn No: 2017/09/4619

Dr Sonam Kagde
06th Jun 2024



R
PA

