


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
 अप्पमिनी: सौरभ सक्सेना, हाउस न-2660, गली न-17,
 गांधी नगर, पूर्वी दिल्ली,
 दिल्ली - 110031

Address:
 W/O: Saurabh Saxena, House No-2660, Gali
 No-17, Gandhi Nagar, East Delhi,
 Delhi - 110031


QR Code with Photograph

7271 4797 9605
 VID: 9191 8598 4708 1722

11247 help@uidai.gov.in www.uidai.gov.in


भारत सरकार
Government of India


रुचिका सक्सेना
Ruchika Saxena
जन्म तिथि/DOB: 27/06/1985
महिला/ FEMALE



7271 4797 9605
 VID: 9191 8598 4708 1722

मेरा आधार, मेरी पहचान

Ruchika
27/06/24





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)



MU RUCHIKA
394

(IVF SPECIALIST)

713124

LMP 14/7/24

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.

Facilities:

- 100 Beds. Private & Public wards
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- 24-Hour Pharmacy
- Cafeteria & Kitchen

ADV

FAS - 3 LUT

(BOTH PAINLESS)

o Tom PAN AD 100
47d

o } CAP 2044 100 mg 100
410d

o CAN SORT U VAGINAL

AU } PBIARY 100 4
3d
pap smear

o CAP SPOROLAC EVA 100
410d

CAN STEEN

UREAM KOR LA



CGHS & AYUSHMAN BHARAT

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

Panel: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genius 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., TATA AIG 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)



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Name - Lechika

Age - 39y/1A.

Q/c Pt complain of sensitivity in U/L Arch

Q/E Calc + stain ++

Adv warm saline dress.

Dr. Kulkarni



Kindly pay Rs-800/-

CGHS & AYUSHMAN BHARAT

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Mrs. Luchika Saxena

(39y/f)

Vm 6/9
C < 6/9 > 6/10
gl

— Has come for
routine examination.

CSG
L

L

Lubrex
Hylosoft

(BE)

Eye Drops - 2TID
x 3 month.



CGHS & AYUSHMAN BHARAT

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Mrs. RUCHIKA
ID: 0000

39 Years

Female

QRS	80 ms
QT / QTcBaz	378 / 422 ms
PR	- ms
P	- ms
RR / PP	802 / 800 ms
P / QRS / T	- / 49 / 13 degrees

Normal sinus rhythm
Normal ECG

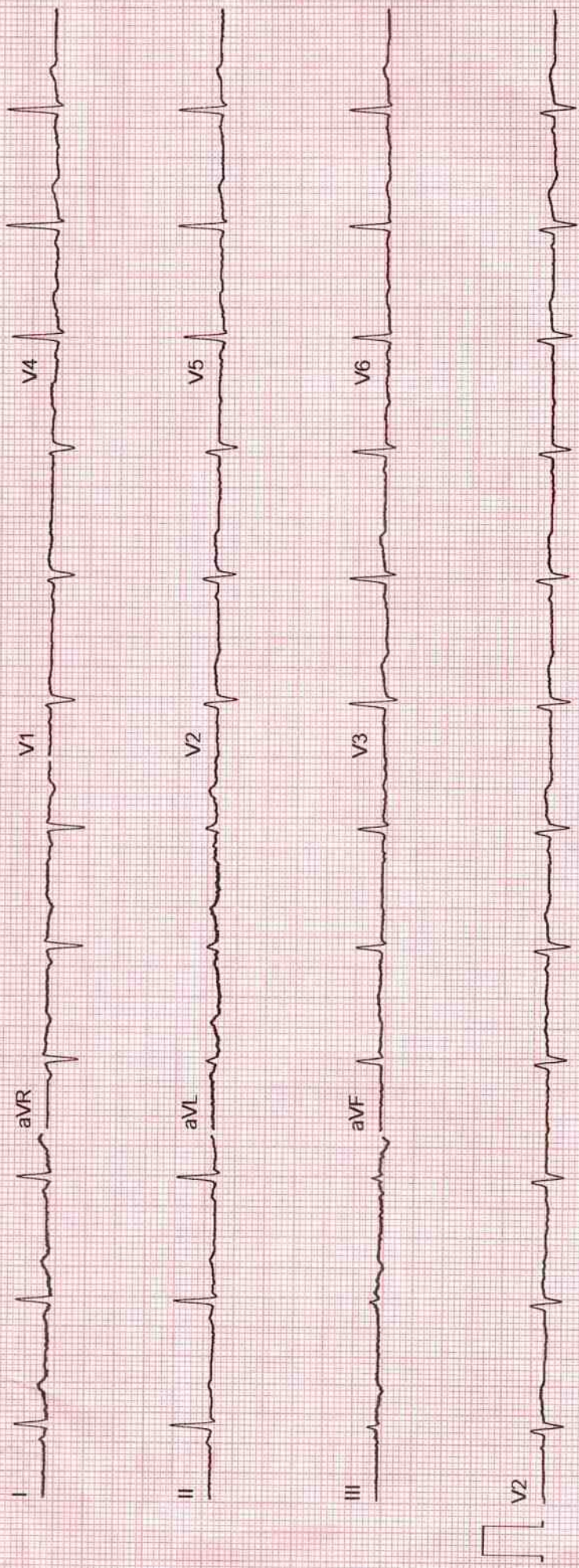
07.08.2024 11:39:42 AM

sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

75 bpm
- / - mmHg



Visit ID	: IQD130565	Registration	: 07/Aug/2024 11:56AM
UHID/MR No	: IQD.0000128305	Collected	: 07/Aug/2024 12:09PM
Patient Name	: Mrs.RUCHIKA SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender	: 39 Y 0 M 0 D /F	Reported	: 07/Aug/2024 01:54PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240802281



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
				other physiological reasons.	
3	Normal/Low	Low	Low	Low	(I) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(I) 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	(I) Subclinical Hyperthyroidism
6	High	High	High	High	(I) 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	(I) 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 ***



Ankita

DR.ADEN
MBBS,MD (Pathologist)

Dr. Prashant Singh
MBBS,MD (Pathology)



Page 2 of 2



Dr.Ankita Singhal
MBBS , MD(Microbiology)

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

Visit ID	: IQD130565	Registration	: 07/Aug/2024 11:56AM
UHID/MR No	: IQD.0000128305	Collected	: 07/Aug/2024 12:09PM
Patient Name	: Mrs.RUCHIKA SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender	: 39 Y 0 M 0 D /F	Reported	: 07/Aug/2024 01:54PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240802281



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	9.6	ug/dl	5.01-12.45	CLIA
TSH	1.42	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:

Triiodothyronin e T3 , Thyroxine T4, and Thyroid Stimulatin g Hormone TSH are thyroid hormones wh ich affect almost every ph ysiological process in the body, includ ing growth, development, metabolism, bod y tem perature, and heart rate. Production of T3 and its prohormone thyroxi ne (T4) is activated by thyroid -stimulati ng hormone (TSH), which is released from the pi tuitary gland. Elevated concn trations 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 hypoth yroidism. 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 sern m TT3 level is a more sensitive test for the diagnosis of hyperthyroid ism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid honnone in blood is bound to transport protei ns. Only a very small fraction of the circulati ng hormone is !Tee and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumi n 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 Thyroid itis (3) Post Thyroidectomy (4) Post Rad io-Iod ine treatment
2	High	Normal	Normal	Normal	(1)Subcl inical Hypothyroid ism (2) Patien t with insufficien t thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroid itis (4). Isolated increase in TSH levels can be due to Subclinical inflammation , drugs like amphetamines, Iod ine containing drng and dopamine antagonist e.g. domperidone and



Dr.Ankita Singhal
MBBS , MD(Microbiology)

[Signature]
DR.ADEN
MBBS,MD (Pathologist)

Dr. Prashant Singh
MBBS,MD (Pathology)



Laboratory Report

Lab Serial no. : LSHHI295881	Mr. No : 119277
Patient Name : Mrs. RUCHI SAXENA	Reg. Date & Time : 10-Aug-2024 11:47 AM
Age / Sex : 39 Yrs / F	Sample Receive Date : 10-Aug-2024 11:48 AM
Referred by : Dr. SELF	Result Entry Date : 10-Aug-2024 11:58 AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 10-Aug-2024 11:58 AM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	9.8	gm/dL	12.0 - 16.0
TLC	6.23	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	61	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	03	%	02 - 06
Monocyte	04	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.30	Thousand / UI	3.8 - 5.10
P.C.V	30.7	million/UI	0 - 40
M.C.V.	71.5	fL	78 - 100
M.C.H.	22.8	pg	27 - 32
M.C.H.C.	32.0	g/dl	32 - 36
Platelet Count	3.10	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

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

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

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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	20	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	5.5	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	111.15	mg/dl	

INTERPRETATION-

NON DIABETIC	HbA1C 4-6 %
GOOD DIABETIC CONTROL	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



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BIOCHEMISTRY

results unit reference

LIPID PROFILE, Serum

S. Cholesterol	174.0	mg/dl	< - 200
HDL Cholesterol	42.9	mg/dl	42.0 - 88.0
LDL Cholesterol	111.1	mg/dl	50 - 150
VLDL Cholesterol	20.0	mg/dl	00 - 40
Triglyceride	100.0	mg/dl	00 - 170
Cholesterol/HDL RATIO	4.1	%	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.

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	93.8	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.



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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	16.8	mg/dL	13 - 40
Serum Creatinine	0.69	mg/dl	0.6 - 1.1
Uric Acid	3.8	mg/dl	2.6 - 6.0
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	137.5	mEq/L	135 - 150
Potassium (K+)	4.88	mEq/L	3.5 - 5.0
Chloride (Cl)	105.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	7.85	mg/dL	7 - 18
PHOSPHORUS-Serum	3.11	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



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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.71	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.28	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.43	mg/dL	0.2 - 1.2
SGOT/AST	19.2	IU/L	00 - 31
SGPT/ALT	18.8	IU/L	00 - 34
Alkaline Phosphate	68.0	U/L	42.0 - 98.0
Total Protein	7.93	g/dL	6.4 - 8.3
Serum Albumin	4.31	gm%	3.50 - 5.20
Globulin	3.62	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.19	%	

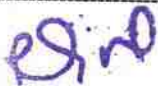
INTERPRETATION

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.



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 36548 (MCI)



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 Web.: www.sjmhospital.com



Laboratory Report

Lab Serial No. : LSHHI295881	Reg. No. : 119277
Patient Name : MRS. RUCHI SAXENA	Reg. Date & Time : 10-Aug-2024 11:47 AM
Age/Sex : 39 Yrs /F	Sample Collection Date : 10-Aug-2024 11:48 AM
Referred By : SELF	Sample Receiving Date : 10-Aug-2024 11:48 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 10-Aug-2024 11:58 AM
OPD/IPD : OPD	

TEST NAME

VALUE

ABO

"O"

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.

Centre for Excellent Patient Care



Mr. BIRJESH

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

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

8/10/2024
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist



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

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OPD/IPD : OPD	

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Straw
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 Glucose: nil
 PH: Acidic

MICROSCOPIC EXAMINATION

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

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8/10/2024
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Micrbiologist

Visit ID	: IQD130565	Registration	: 07/Aug/2024 11:56AM
UHID/MR No	: IQD.0000128305	Collected	: 07/Aug/2024 12:09PM
Patient Name	: Mrs.RUCHIKA SAXENA	Received	: 07/Aug/2024 12:31PM
Age/Gender	: 39 Y 0 M 0 D /F	Reported	: 07/Aug/2024 01:54PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240802281



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	9.6	ug/dl	5.01-12.45	CLIA
TSH	1.42	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. ADEN
MBBS, MD (Pathologist)



Dr. Prashant Singh
MBBS, MD (Pathology)



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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. Aden

DR.ADEN
MBBS,MD (Pathologist)



Dr.Ankita Singhal
MBBS, MD(Microbiology)

Dr. Prashant Singh
MBBS,MD (Pathology)



Ultrasound Report

Name :	Mrs. Ruchika	Age/Sex	39Y/F	Dated:	07.08.2024
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USG WHOLE ABDOMEN

Liver appearing is normal size. There is no evidence of any abscess or focal mass or diffuse lesion/SON seen. Intrahepatic biliary and venous radicals are normal. Hepatic veins radicals are normal. Portal vein is normal.

Gall Bladder is well distended with normal wall thickness. No evidence of any calculi or mass lesion is seen. Common Bile Duct is normal. Portal vein is normal.

Pancreas is normal in size, shape and echotexture. No evidence of any focal or diffuse lesion. Main pancreatic duct is not dilated.

Spleen is normal in size, shape and echotexture. No evidence of any focal or diffuse lesion. Splenic vein is not dilated.

Kidneys: Both Kidneys are normal in size, shape & echo-texture with clear differentiation between cortex & medulla. Pelvicalyceal system is normal. No stone/calculus is seen. No hydronephrosis & dilatation of upper 1/3rd of both ureters. No perinephric fluid collection is seen.

Urinary bladder is well distended. No calculi or mass lesion and diverticula distended with normal wall thickness.

Uterus is anteverted and normal in size Myometrium shows normal echo-pattern. No focal space occupying lesion is seen. Endometrium is normal in thickness.

Both ovaries are normal in size, shape and echotexture.

No free fluid is seen in pouch of Douglas.

No ascites or retroperitoneal lymphadenopathy is seen. Bowel loops appear normal.

IMPRESSION-

- **No significant abnormality detected.**

Please correlate clinically.



Dr. Pushpa Kaut.



X-Ray Report

PATIENT ID	: 29425 OPD	PATIENT NAME	: MRS. RUCHIKA SAXENA
AGE	: 039Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 10-Aug-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

TECHNIQUE:

Frontal projections of the chest were obtained

FINDINGS:

Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.
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) Prominent bronchovascular markings are noted in both lung fields, this is indicative of bronchitis.

V.S. Sai Naren

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

Dr Sai Naren
10th Aug 2024



MRS. RUCHIKA SAXENA, 39Y, F
29425 OPD

R
PA





MC-5642

UNIQUE PATIENT ID: 141513

Case ID : 24040000507
Patient Name : Mrs. RUCHIKA
Age/DOB/Sex : 39 Years / / Female
Hospital Name : SJM Hospital and IVF Centre
Physician Name : DR. PUSHPA KAUL
Regn Date : 07-Aug-2024 16:57
Collection On : 07-Aug-2024 04:00
Reported On : 12-Aug-2024 15:35
Process AT : CORE-Green Park Delhi
Ref no :
Sample Type : Liquid Based Cytology
Report Status : Final

TEST NAME

PAP LBC

SPECIMEN INFORMATION

LBC. C/4292/24

CLINICAL HISTORY

NA

METHODOLOGY

Cytology

CYTOLOGY REPORT

	RESULT	Refer Below
	Specimen Adequacy	Satisfactory for evaluation
	Transformation Zone	Absent
	Squamous cellularity	Adequate
	Inflammatory change	Mild
	Impression	Negative for intraepithelial lesion or malignancy (NILM)

COMMENTS

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. Alpina
Dr. Alpina Srivastava
MD,DMC. 31253



Scan to Connect

If you have any questions about this report or would like to have a conversation about the test results, please feel free to reach out to us at

+91 88828 99999 or **info@corediagnostics.in**

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406, Udyog Vihar, Phase III, Gurugram, Haryana - 122016

CORE Diagnostics Satellite Lab - New Delhi

C-13, 1st Floor, Green Park Extension, New Delhi - 110016

67, Hargobind Enclave, New Delhi - 110092

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

CORE Diagnostics Satellite Lab - Bhubaneswar

Plot No. - 249, Near Police Academy, AIIMS Nagar,
Patrapada, Bhubaneswar - 751019

CORE Diagnostics Satellite Lab - Bangalore

1st Floor, KMK Tower, 142 KH Road,
Bangalore - 560027

CORE Diagnostics Satellite Lab - Lucknow

J.S. Tower, Plot No. - K-702, Sector K, Ashiyana, Near Raj
Luxmi Sweets, Lucknow, Uttar Pradesh - 226012

CORE Diagnostics Satellite Lab - Guwahati

Ground Floor, honuram Boro Path, Shubham Velocity, GS Road,
Dispur, Kamrup Metropolitan, Guwahati, Assam - 781005

CORE Diagnostics Satellite Lab -Hyderabad

S. No.155, Mahalakshmi Trade Center, 2nd Floor, Thokatta -Village,
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