

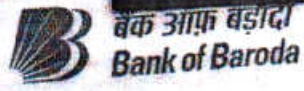
No. No - 707432067



HT - 159cm
Wt - 55 Kg
B.P. - 106/70
puls - 86%

Anamika Rana

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



बैंक ऑफ बड़ोदा
Bank of Baroda

नाम
Name ANAMIKA RANA

कर्मचारी कूट क्र
E. C. No 105070

जारीकर्ता प्राधिकारी (उप.क्षे.प्र.)
Issuing Authority (D.P.M.)



धारक के हस्ताक्षर
Signature of Holder

SUPER SPECIALITY HOSPITAL
K. B. S. M. B. Hospital
C. S. S. Hospital
K. B. S. M. B. Hospital
C. S. S. Hospital



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)

C/o Dept

24.09.2022

(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
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

MS Anamika Rana

Physically and mentally fit

MS Bhat

Dr. Vinod Bhat
M.B.B.S, MS (General Medicine)
Sr. Consultant Physician
FMB No. 200689 (2012)

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, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., 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)

Laboratory Report

Lab Serial no.	: LSHHI230348	Mr. No	: 95178
Patient Name	: Mrs. ANAMIKA RANA	Reg. Date & Time	: 24-Sep-2022 10:56 AM
Age / Sex	: 31 Yrs / F	Sample Receive Date	: 24-Sep-2022 10:57 AM
Referred by	: Dr. SELF	Result Entry Date	: 24-Sep-2022 02:49PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 24-Sep-2022 02:49 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.7	gm/dl	12.0 - 16.0
TLC	7.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	68	%	40 - 70
Lymphocyte	25	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.32	Thousand / UI	3.8 - 5.10
P.C.V	36.1	million/UI	0 - 40
M.C.V.	83.6	fL	78 - 100
M.C.H.	27.1	pg	27 - 32
M.C.H.C.	32.4	g/dl	32 - 36
Platelet Count	1.80	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

SJM SUPER SPECIALITY HOSPITAL
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Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

Laboratory Report

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HAEMATOTOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	32	mm/1hr	00 - 20

Comments

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

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR F, Sodium Fluoride Pla			
Blood Sugar (F)	98.3	mg/dl	70 - 110

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

SJM SUPER SPECIALITY HOSPITAL

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technician :

Typed By : Mr. BIRJESH



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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	242.0	mg/dl	< - 200
HDL Cholesterol	77.9	mg/dl	42.0 - 88.0
LDL Cholesterol	136.1	mg/dl	50 - 150
VLDL Cholesterol	28.0	mg/dl	00 - 40
Triglyceride	139.9	mg/dl	00 - 170
Cholestrol/HDL RATIO	3.1	%	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 (PP), Serum

SUGAR PP	100.0	mg/dl	80 - 140
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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

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
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technician :

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Page 1


Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

Laboratory Report

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	20.6	mg/dL	13 - 40
Serum Creatinine	0.65	mg/dl	0.6 - 1.1
Uric Acid	3.4	mg/dl	2.6 - 6.0
Calcium	9.4	mg/dL	8.8 - 10.2
Sodium (Na+)	139.3	mEq/L	135 - 150
Potassium (K+)	3.91	mEq/L	3.5 - 5.0
Chloride (Cl)	103.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	9.63	mg/dL	7 - 18
PHOSPHORUS-Serum	3.40	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

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Swati
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OPD/IPD : OPD	

TEST NAME**VALUE**

ABO

"AB"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell's surface that are responsible for the ABO types. Blood group is further classified as RH positive and RH negative.

URINE SUGAR (Fasting)**CHEMICAL EXAMINATION**

Glucose : Nil

URINE SUGAR (PP)**CHEMICAL EXAMINATION**

Glucose : Nil

Mr. BIRJESH

SJM SUPER SPECIALITY HOSPITAL
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Sr. Consultant Physician
Reg. No. 30989 (DMCI)

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

Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

24-09-2022

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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: 4-5 /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

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

Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

24-09-2022

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



Patient Name : Mrs. ANAMIKA RANA	Registration No : 110195
Age/Sex : 31 Y/Female	Registered : 24/Sep/2022
Patient ID : 012209240019	Collection : 24/Sep/2022 02:50PM
Barcode : 10116521	Received : 24/Sep/2022 02:50PM
Ref. By : DR VINOD BHATT	Reported : 24/Sep/2022 05:20PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM*			
T3 ,Serum	125.00	ng/dl	69-215
T4 ,Serum ECLIA	9.20	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.5	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

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
MD Pathology

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





Patient Name : Mrs. ANAMIKA RANA
Age/Sex : 31 Y/Female
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Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or Within range	Raised	Within range	T3 toxicosis
			Non-Thyroidal illness

TSH(μ IU/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 ***

Jatinder
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
 MD Pathology

SJM SUPER SPECIALITY HOSPITAL
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Patient Name : Mrs. ANAMIKA RANA	Registration No
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Test Name	Value	Unit	Bio Ref.Interval
-----------	-------	------	------------------

HbA1C(Glycosylated Hemoglobin);EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA HPLC	6.20	%	
Average Glucose Calculated	131.24	mg/dL	<125.0

Interpretation:

AS PER AMERICAN 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.

Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

- 1.Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 2.Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

Johatia
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NABL ACCREDITED & ICMR APPROVED FOR COVID-19

360 Diagnostics & Health Services Pvt. Ltd.

C-1/2 Sector-31, Noida - 201 301 (U.P) Tel.: 0120-4224797, 7042922881
 E-mail: admin@360healthservices.com | Website : www.360healthservice.com





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Test Name	Value	Unit	Bio Ref.Interval
<p>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 appropriate.</p> <p>4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications</p> <p>5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.</p> <p>6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.</p> <p>7.Specimens from patients with polycythemia or post-splenctomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.</p>			

*** End Of Report ***

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360 Diagnostics & Health Services Pvt. Ltd.

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

E-mail: admin@360healthservices.com | Website : www.360healthservice.com

ID : 138
NAME : MRS. ANAMIKA RANA
AGE / SEX : 31 / FEMALE

HEIGHT (cm) : 0
WEIGHT (kg) : 0
PROTOCOL : BRUCE

REF BY : DR VIJOND BHAT
DONE BY :
TECHNICIAN : HARI

CASE HISTORY

MEDICATION

OBJECT OF TEST

RISK FACTOR

ACTIVITY

OTHER INVESTIGATION

REASON FOR TERMINATION

EXERCISE TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS

HAEMO RESPONSE

CHRONO RESPONSE

FINAL IMPRESSION

EXTRA COMMENTS

Routine Check Up

Hypertension

Moderate Active

X-Ray

Max HR

Moderate (< 10 METS)

Normal

Negative

Stress Test is Negative for Inducible ischemia

ANMC


SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30869 (DMC)

Confirmed By : _____

Signature

138 Tested On 24-09-2022 12:19:14

BPL DYNATRAC

PATIENT ID : 38
 PATIENT NAME : MRS. ANAMIKA RANA
 PROTOCOL : BRUCE

DR. VIJOND BHAT
 Tested On : 24-09-2022, 12:19:14
 BPL DYNATRAC

Stage Name	Time (min:sec)	Speed (kmph)	Grade (%)	HR (bpm)	BP (mmHg)	R.P.P	METS	STLevel (l)	Stage Comments
Total METS achieved		7.10		Maximum ST depressor (l)		-1.41 mm			
Maximum HR achieved		200 bpm, 105 % of 189 bpm		Total Exercise time		05:39 (min:sec)			
Pre-Test	00:26	0.00	0.00	83	0/0	0	0.00	0.10	
Supine	00:10	0.00	0.00	83	106/70	8798	0.00	0.25	
Hyper Ventilation	01:44	0.00	0.00	116	106/70	12296	0.00	-0.45	
Wait For Exercise	00:17	0.00	0.00	127	106/70	13462	0.00	0.05	
Exercise 1	02:53	2.70	10.00	164	110/80	18040	5.10	-0.70	
Peak Exercise	02:33	4.00	12.00	200	130/90	26000	7.10	-1.41	
Recovery 1	00:53	0.00	0.00	200	130/90	26000	7.10	-1.41	
Recovery 2	01:52	0.00	0.00	148	106/70	15688	0.00	-0.35	
Recovery 3	02:59	0.00	0.00	130	106/70	13780	0.00	-1.11	
Recovery 4	03:24	0.00	0.00	127	106/70	13462	0.00	-0.81	
								-0.65	

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 Reg. No. 30969 (DMC)

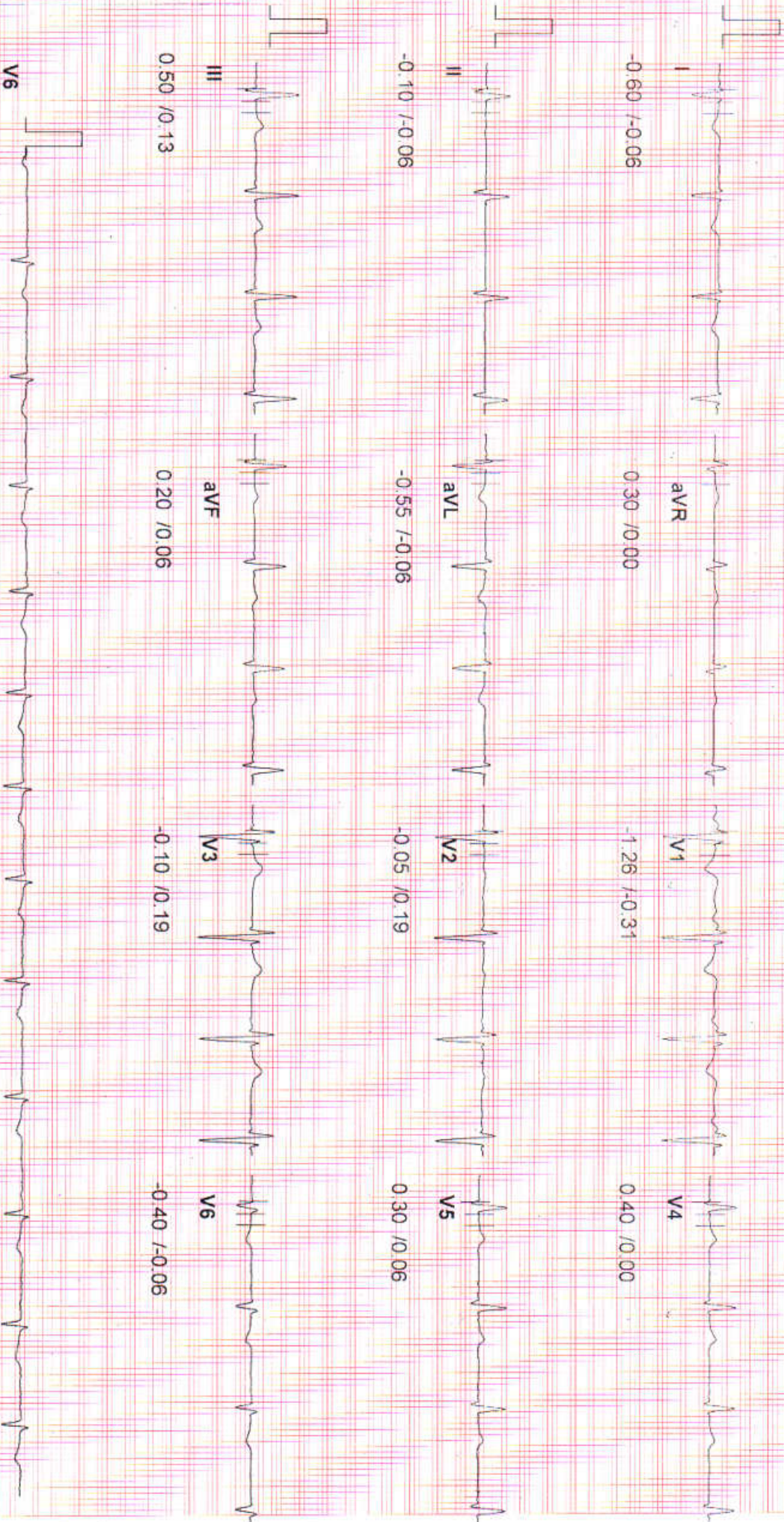
ID: 138
NAME: MRS. ANAMIKA RANA
AGE: 31
BP: 106/70 mmHg

STAGE: RECORDED TIME: 00:32 (min:sec)
STAGE DURATION: 00:32 (min:sec)
HR: 81 bpm (42%)

Pre-Test
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

PROTOCOL: BRUCE
SPEED: 0.0 kmph
GRADE: 0.00 %
METs: 0.00

DR. VIJOND BHAT
Tested On: 24-09-2022, 12
BPL DYNATRAC



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M.D., S. M. D. (Medicine)
Sr. Consultant Physician
Reg. No. 309889 (DMCO)

20 Hz Filter

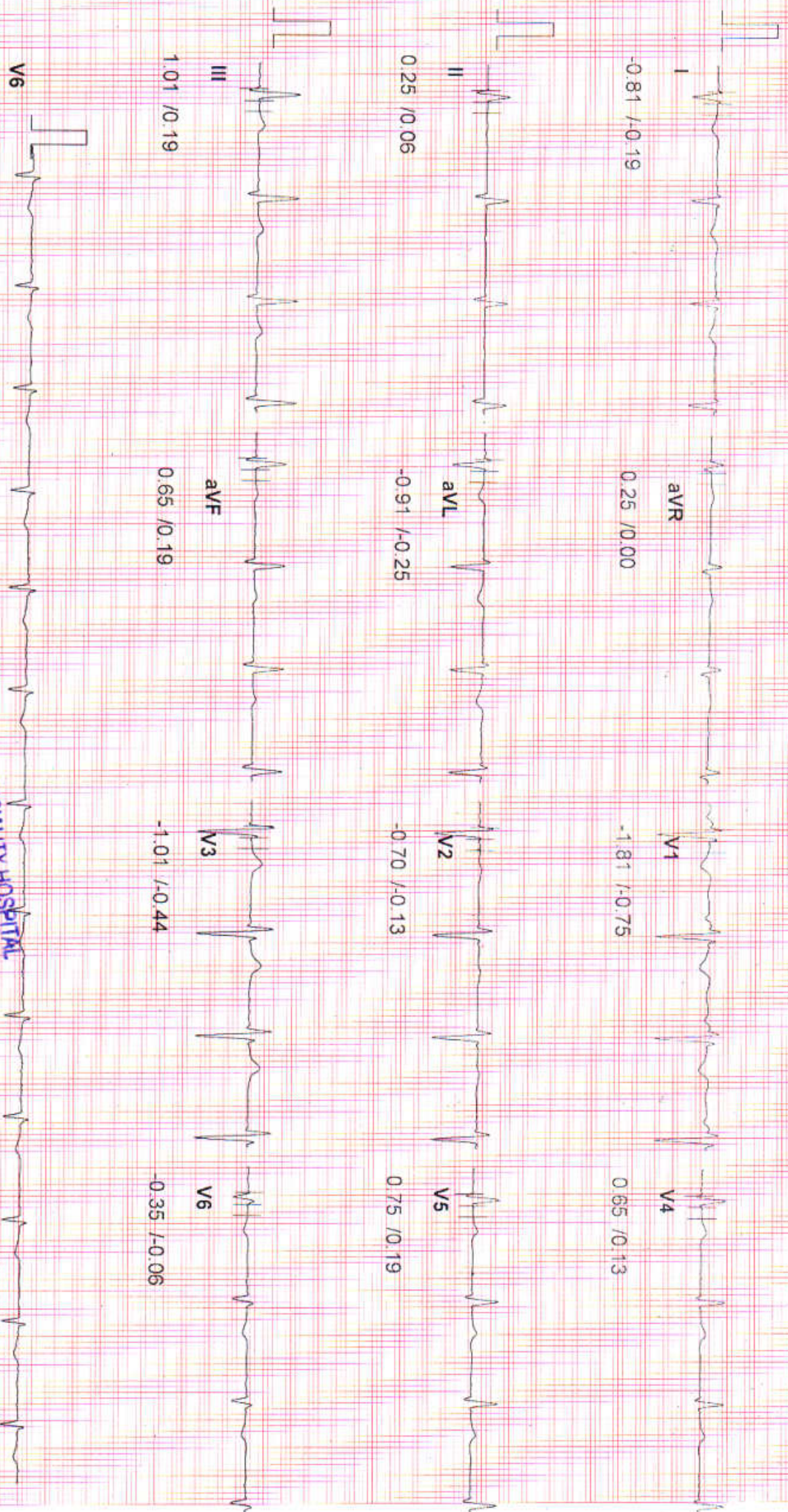
10mm/mV, 25mm/Sec

ID : 138
 NAME : MRS. ANAMIKA RANA
 AGE : 31
 BP : 106/70 mmHg

STAGE : STUPINE
 RECORDED TIME : 00:47 (min sec)
 STAGE DURATION : 00:15 (min sec)
 HR : 83 bpm (43%)

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 METS : 0.00

DR. VIJOND BHAT
 Tested On : 24-09-2022, 12
 BPL DYNAMATRAC



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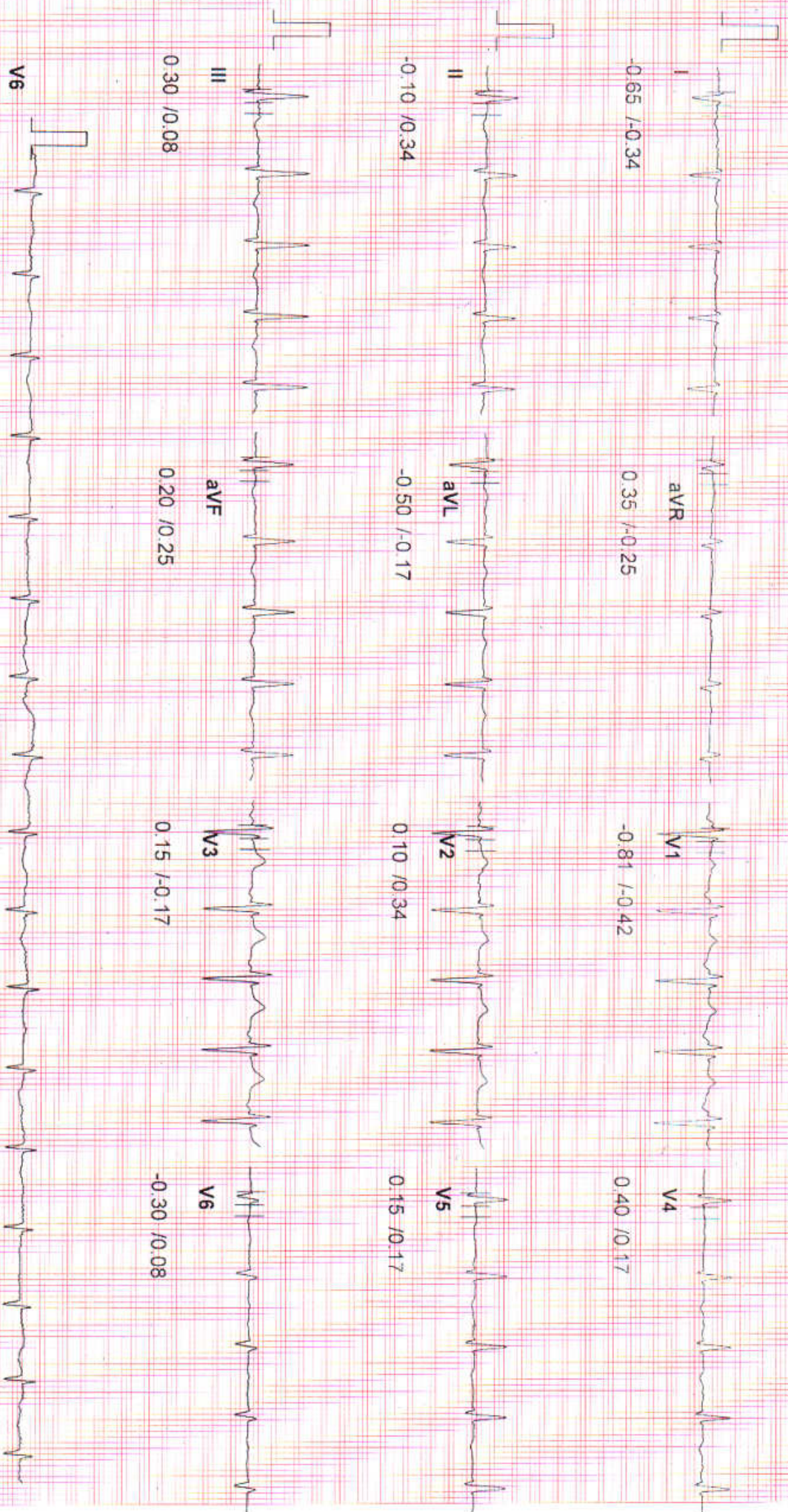
SJM SUPER SPECIALITY HOSPITAL
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 Reg. No. 30989 (DMC)

20 Hz Filter
 10mm/mV, 25mm/Sec

ID 138
NAME MRS. ANAMIKA RANA
AGE 31
BP 106/70 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

Hyper Ventilation
RECORDED TIME 02:39 (min:sec)
STAGE DURATION 01:52 (min:sec)
HR 120 bpm (63%)
METs 0.00

DR. VIJOND BHAT
Tested On 24-09-2022, 12
BPL DYNATRAC



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Reg. No. 30989 (DMCV)

20 Hz Filter

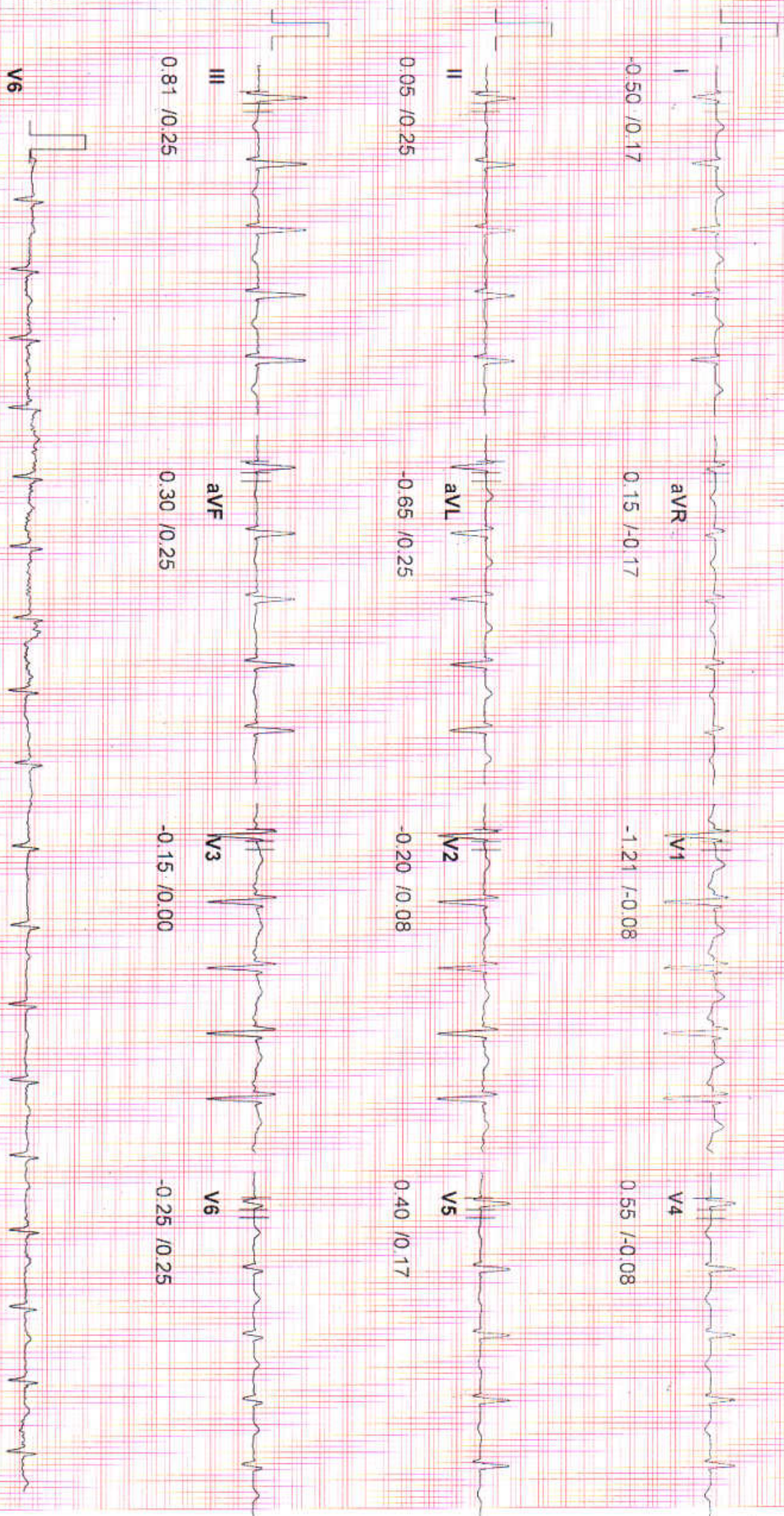
10mm/mV, 25mm/Sec

ID 138
NAME MRS. ANAMIKA RANA
AGE 31
BP 106/70 mmHg

STAGE Wait For Exercise
RECORDED TIME 02:57 (min sec)
STAGE DURATION 00:18 (min sec)
HR 123 bpm (65%)
PROTOCOL BRUCE
SPEED 0.0 kmph
GRADE 0.00 %
METS 0.00

DR. VINOD BHAT
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ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



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Regd. No. 30989, (DMCO)

20 Hz Filter

10mm/mV, 25mm/Sec

ID 138
 NAME MRS. ANAMIKA FANA
 AGE 31
 BP 110/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

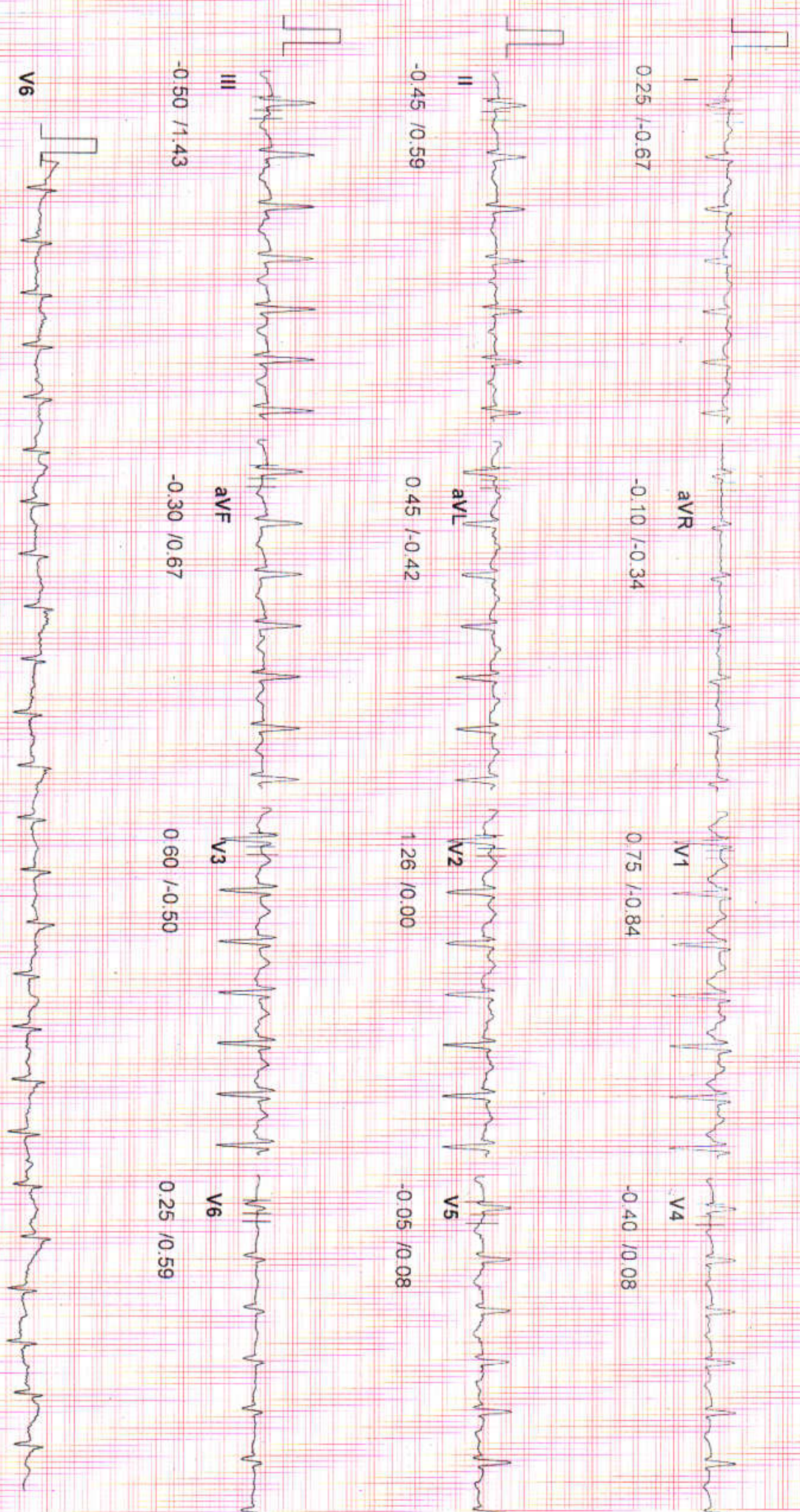
STAGE RECORDED TIME
 STAGE DURATION

Exercise 1
 03:00 (min:sec)
 03:00 (min:sec)

PROTOCOL SPEED
 GRADE METS

BRUCE 2.7 kmph
 10.00 %
 5.10

DR. VIJOND BHAT
 Tested On 24-09-2022 12
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 Consultant Physician
 Cont. No. 30989 (DMC)

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 138
 NAME : MRS. ANAMIKA RANA
 AGE : 31
 BP : 130/90 mm-Hg

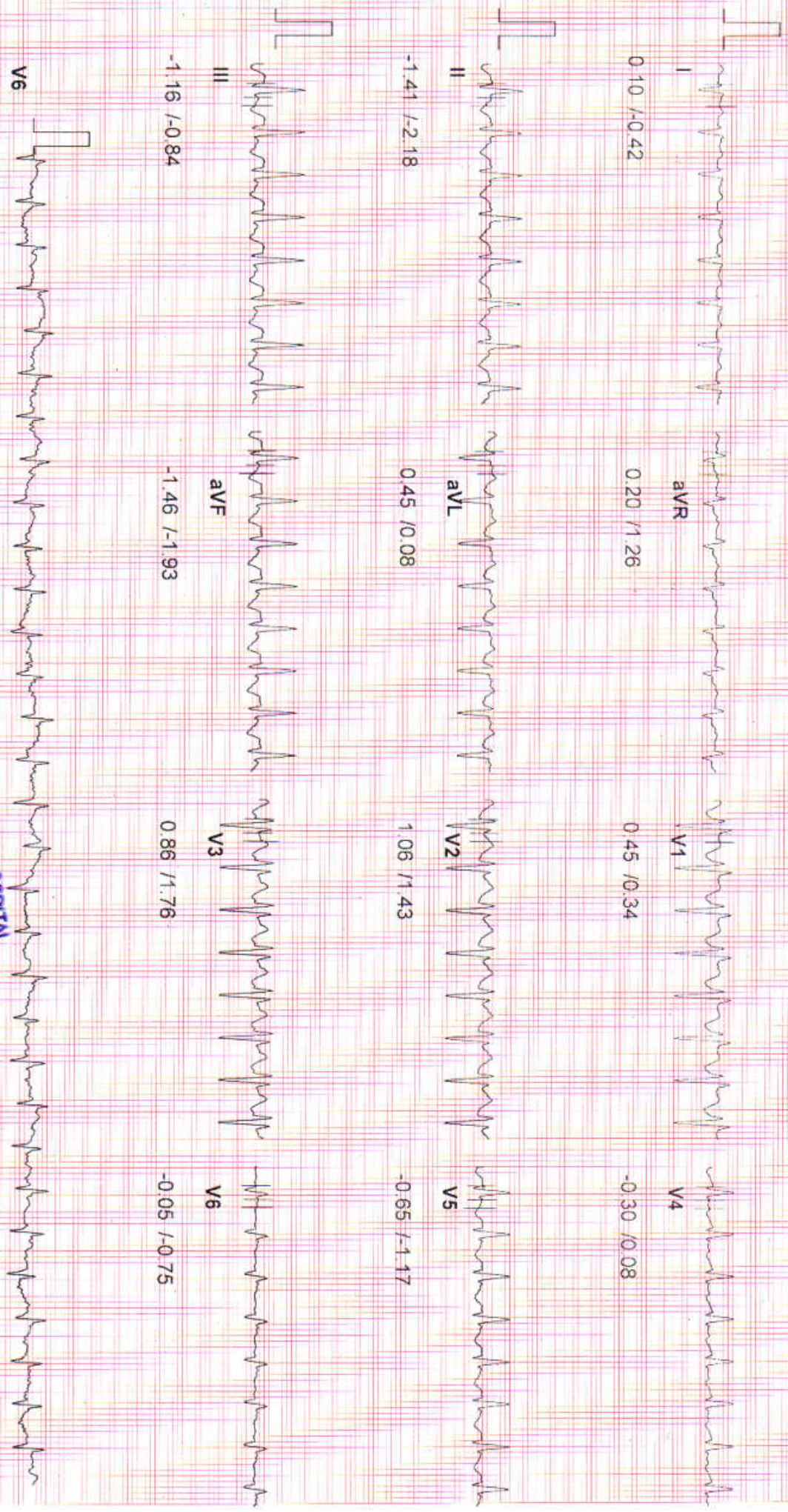
STAGE :
 RECORDED TIME :
 STAGE DURATION :
 HR :

Exercise2
 05:36 (min:sec)
 02:36 (min:sec)
 200 bpm (105%) METs

PROTOCOL : BRUCE
 SPEED : 4.0 kmph
 GRADE : 12.00%
 7.10

DR. VIJOND BHAT
 Tested On 24-09-2022, 12
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ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



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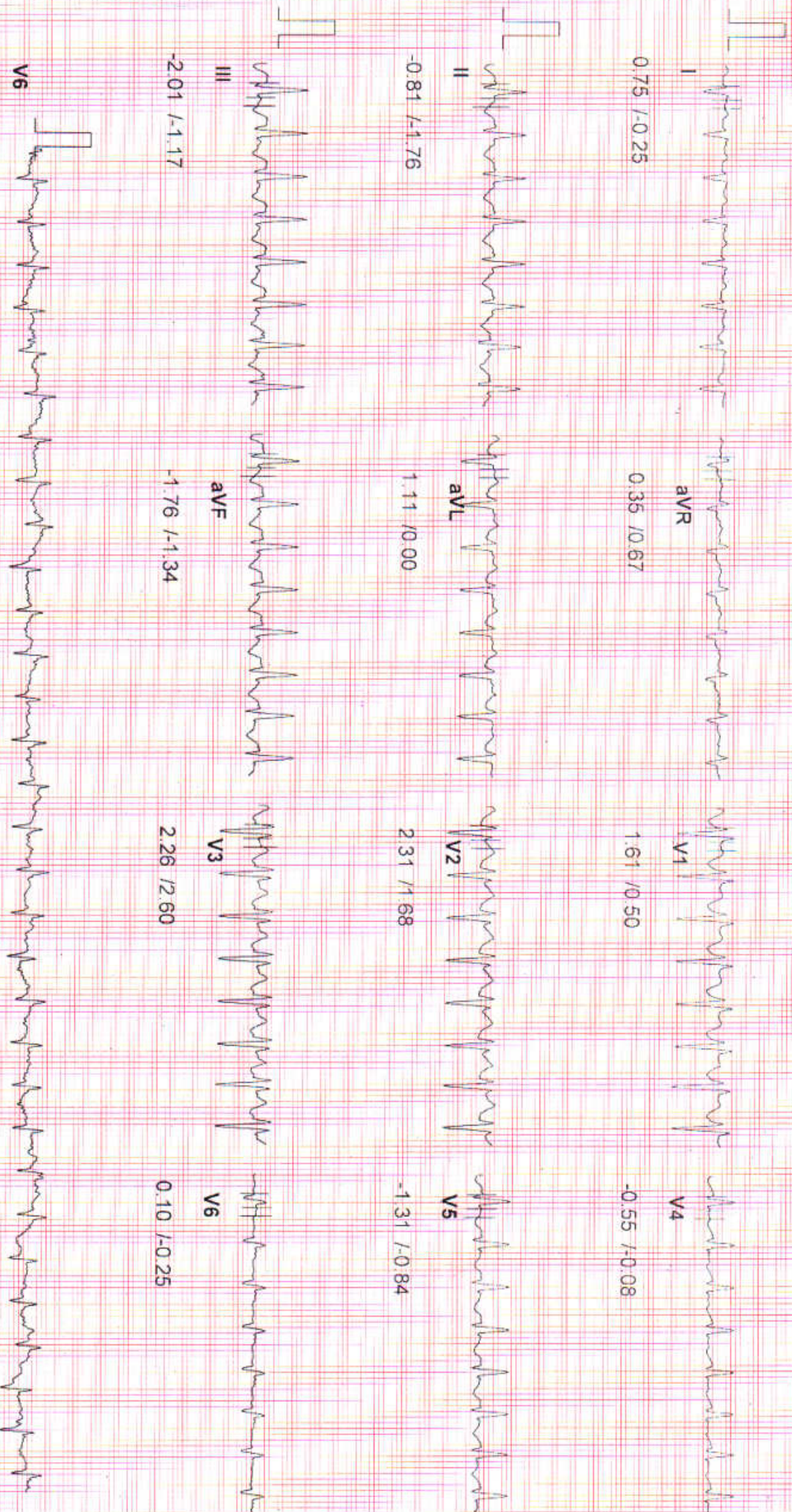
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 138
NAME : MRS. ANAMIKA RANA
AGE : 31
BP : 130/90 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : BRUCE
RECORDED TIME : 05:39 (min:sec)
STAGE DURATION : 00:03 (min:sec)
HR : 200 bpm (105%) METS : 8.00

DR. VIJOND BHAT
Tested On : 24-09-2022, 12
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20 Hz Filter

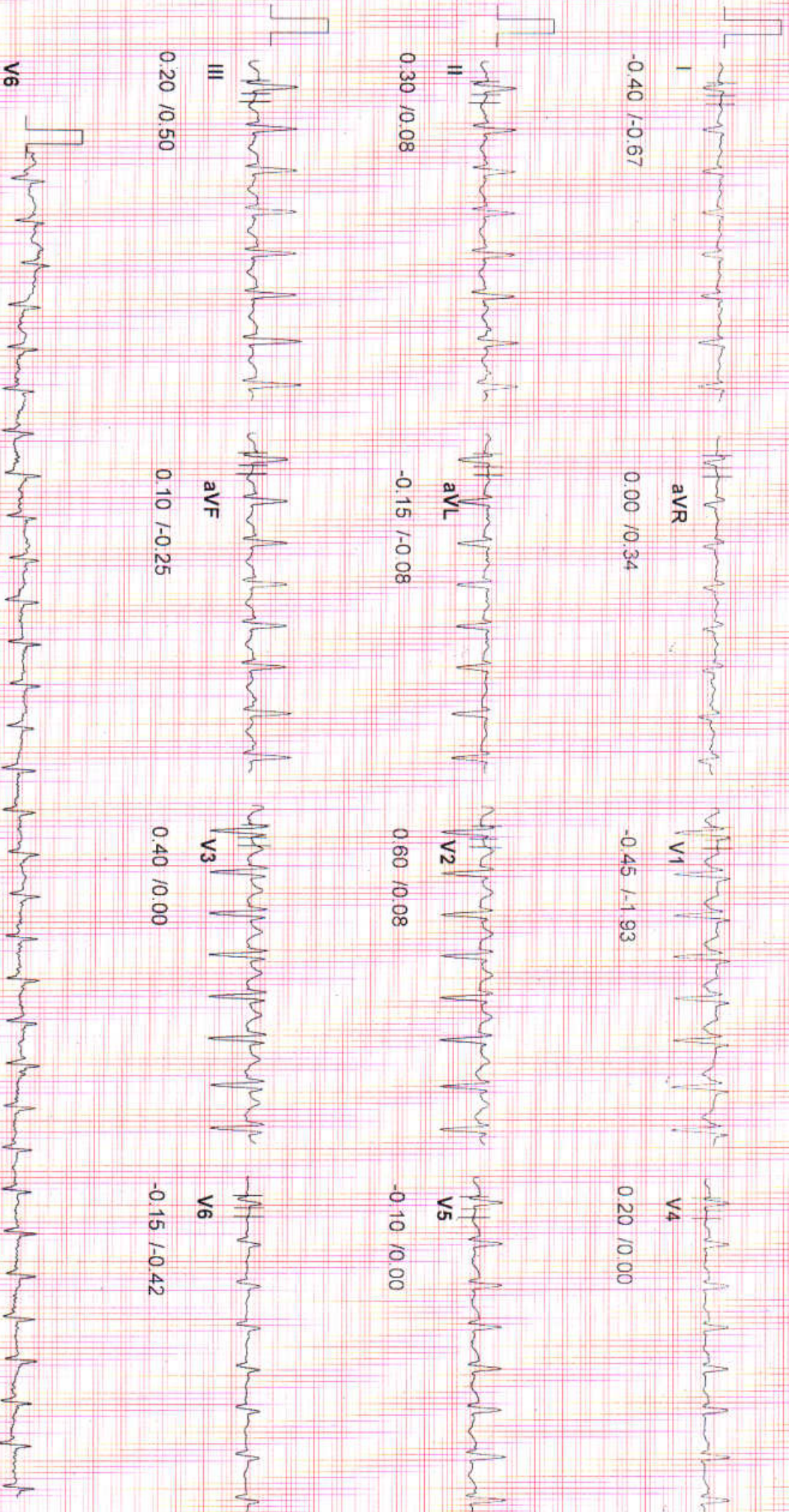
10mm/mV, 25mm/Sec

ID : 138
NAME : MRS. ANAMIKA RANA
AGE : 31
BP : 130/90 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Recovery 1
RECORDED TIME : 00:59 (min:sec)
STAGE DURATION : 00:59 (min:sec)
HR : 190 bpm (100 %)

PROTOCOL : BRUCE
SPEED : 0.0 Km/h
GRADE : 0.00 %
METS : 0.00

DR. VINOD BHAT
Tested On : 24-09-2022, 12
BPL DYNATRAC



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Regd. No. 309389 (DMCY)

20 Hz Filter

10mm/mV, 25mm/Sec

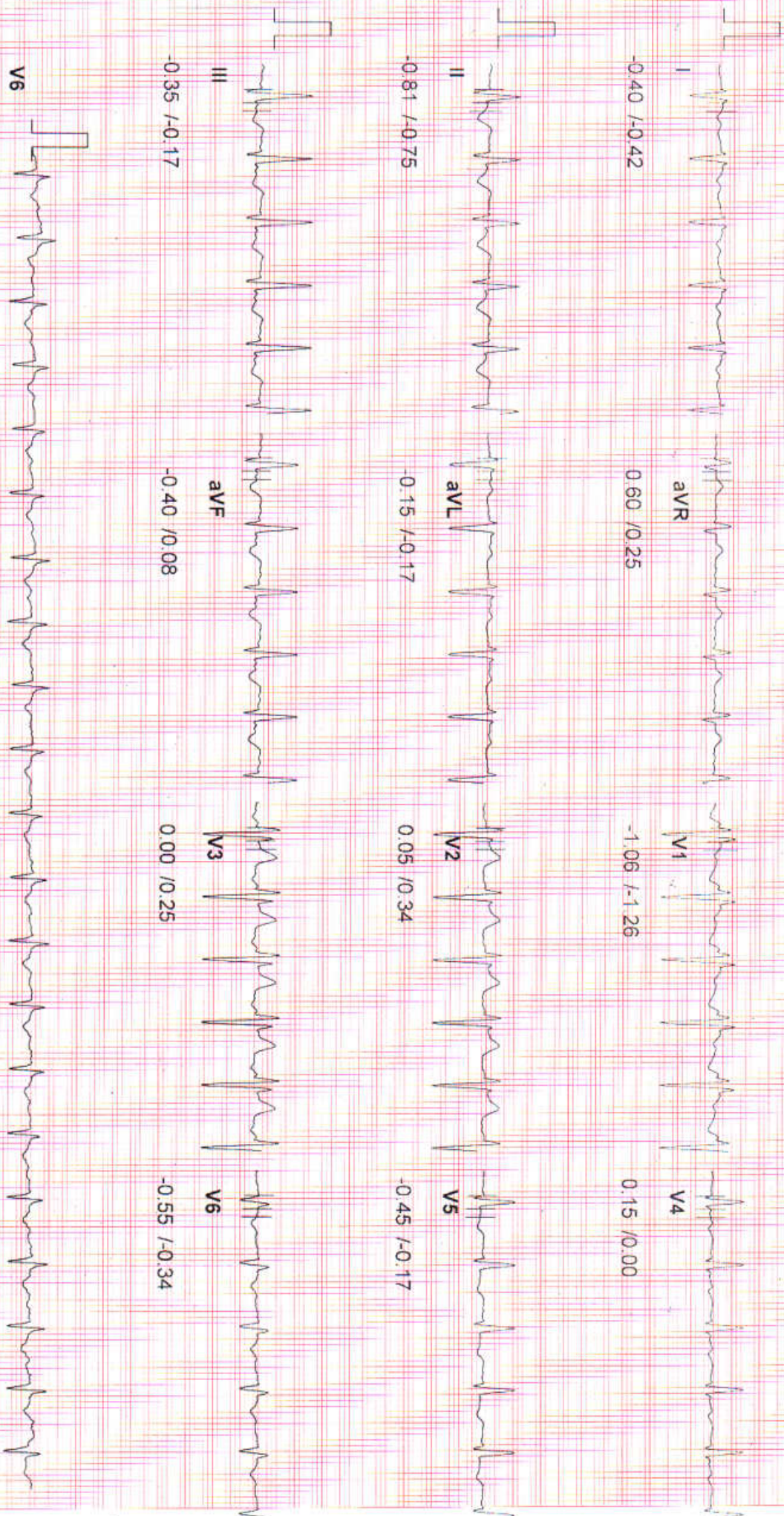
ID 138
NAME MRS. ANAMIKA RANA
AGE 31
BP 106/70 mm-Hg

STAGE RECORDED TIME 02:59 (min:sec)
STAGE DURATION 02:59 (min:sec)
HR 130 bpm (58%)

PROTOCOL BRUCE
SPEED 0.2 kmph
GRADE 0.00 %
METS 0.00

DR. VINOD BHAT
Tested On 24-09-2022 12
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ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



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Regg. No. 30989 (DMCY)

20 Hz Filter

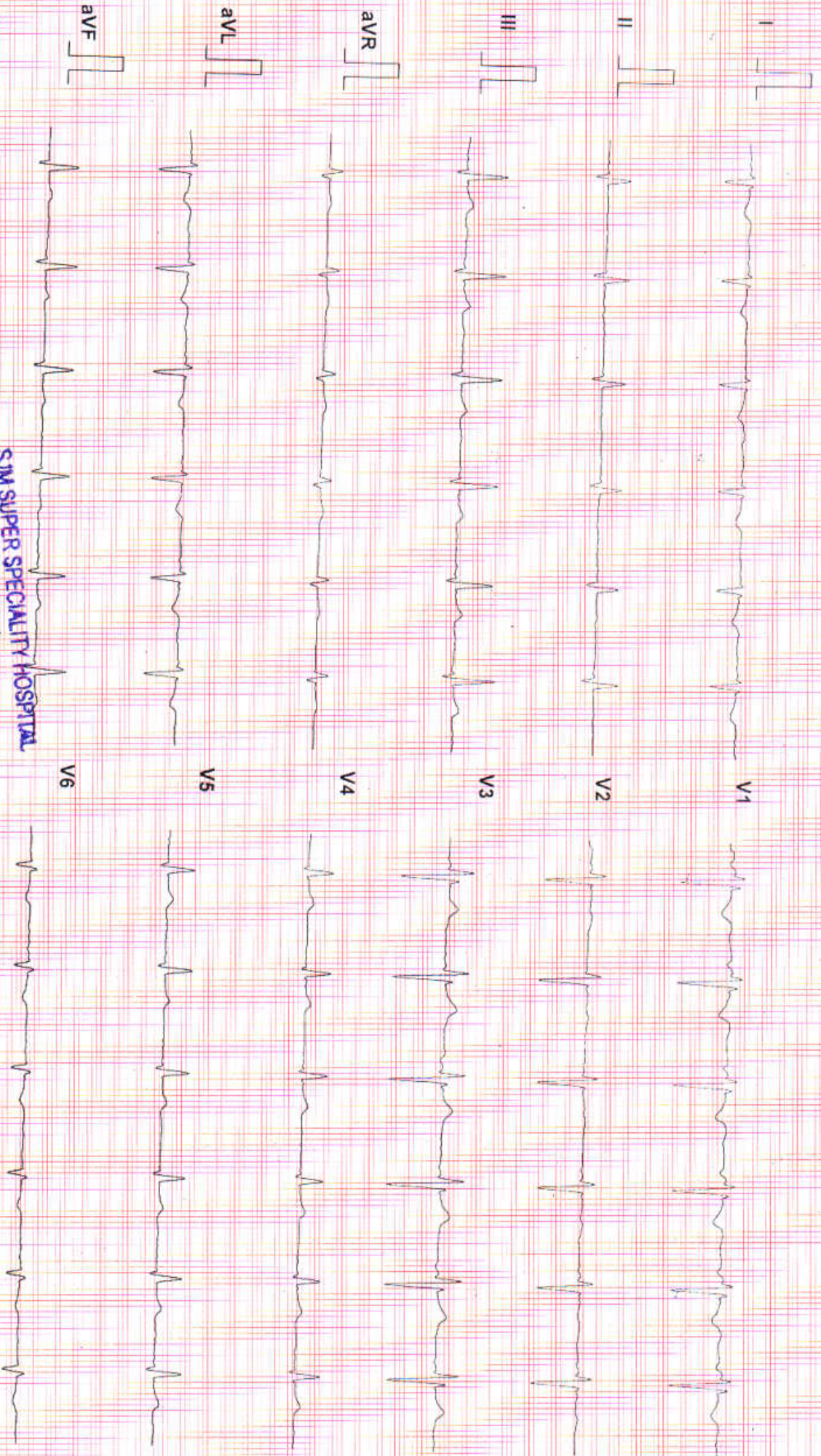
10mm/mV, 25mm/Sec

ID : 1138
NAME : MRS ANAMIKA RANA
AGE : 31
BP : 106/70 mmHg

STAGE : Hyper Ventilation
RECORDED TIME : 01:04 (min:sec)
STAGE DURATION : 00:17 (min:sec)
HR : 82 bpm (43 %)

PROTOCOL : BRUCE
SPEED : 0.00 kmph
GRADE : 0.00 %
METS : 0.00

DR. VIJND BHAT
Tested On 24-09-2022 12:19
BPL DYNATRAC



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Sr. Consultant Physician
Reg. No. 30989 (DMC)

20 Hz Filter

10mm/mV, 25mm/Sec

X-Ray Report

Patient ID.	19822 OPD	Name	MRS ANAMIKA RANA	Sex/Age	F/31YY
Date	24-09-2022 10:30 AM	Ref. Physician	SELF	CHEST, CHEST	

X- RAY CHEST PA VIEW

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

Bilateral cp angles are clear and show acute angle

Both hilar shadow appears normal

Bony thoracic cage and soft tissues appears normal

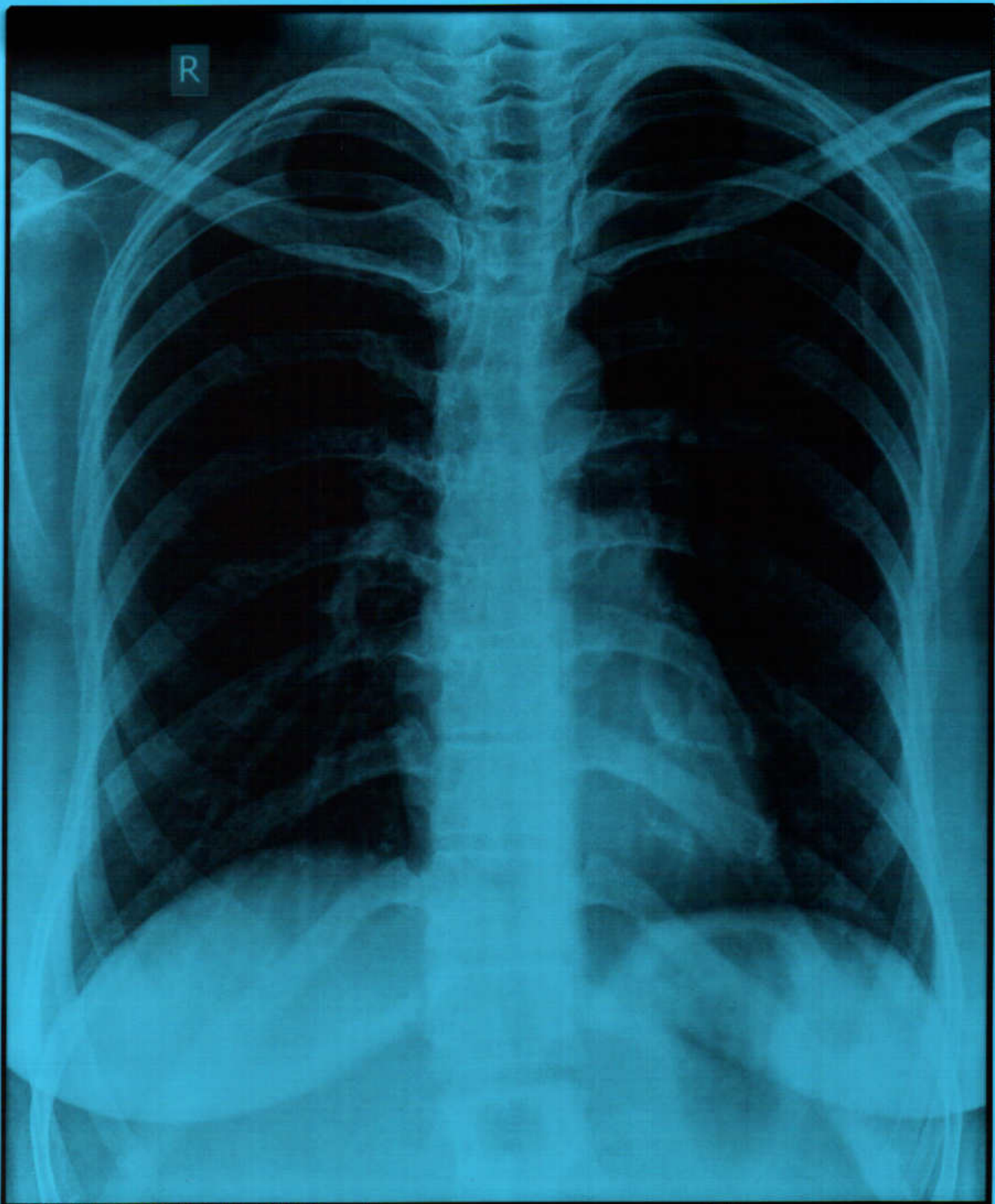
Cardiac silhouette appears normal.

Impression ~ No obvious significant abnormality is seen

Please correlate clinically

Dr. DEEPAK K SOLANKI
MBBS, DNB
CONSULTANT RADIOLOGIST

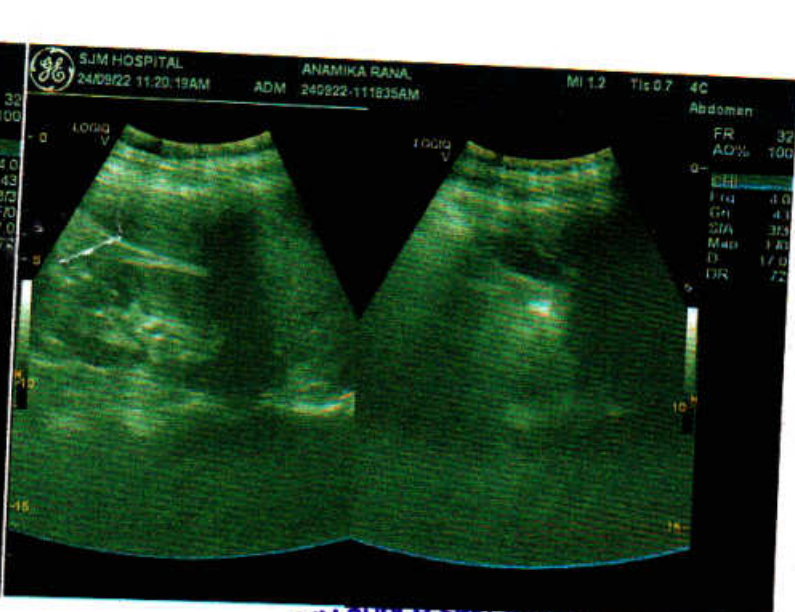
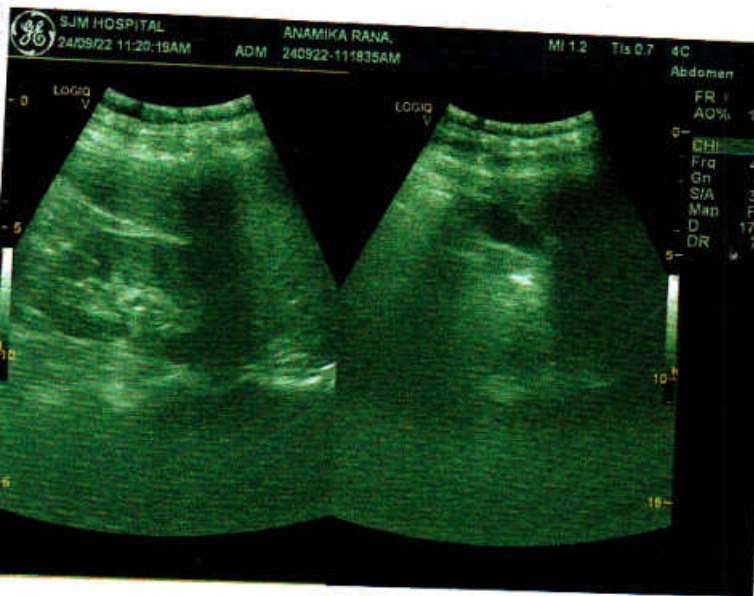
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Anand Kumar Sinhal
M.D., S. M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)



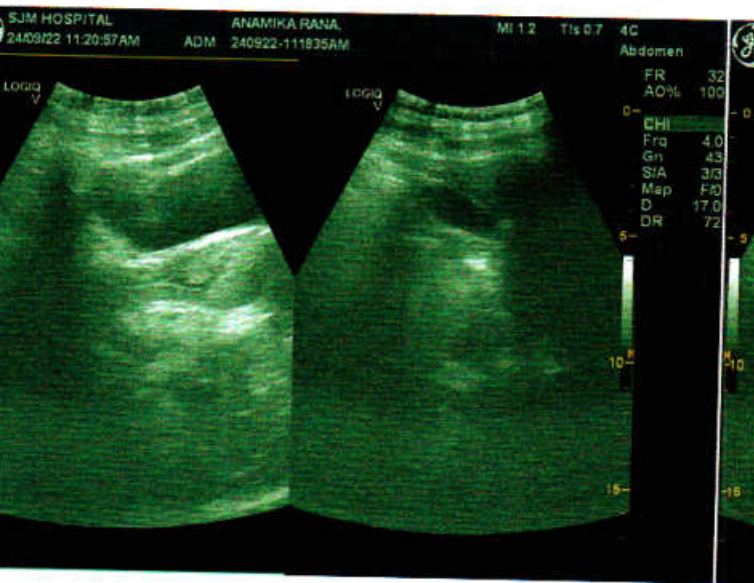
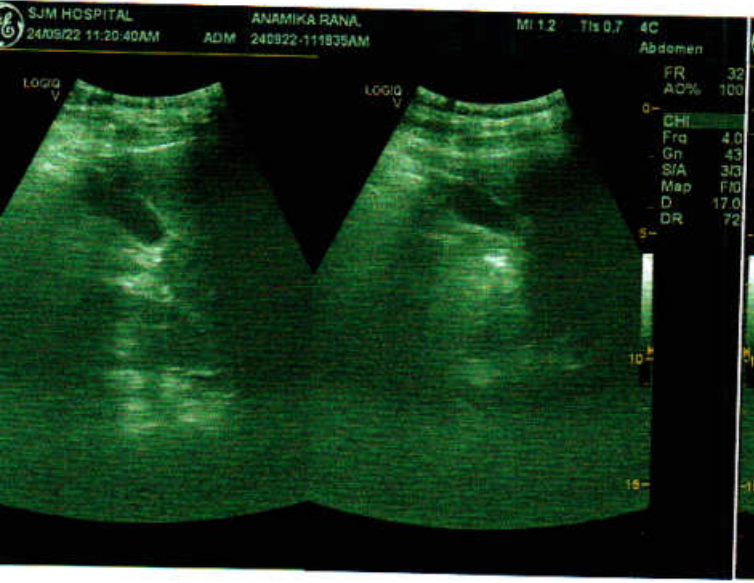
MRS ANAMIKA RANA 31Y Female
CHEST PA

SELF
19822 OPD 24/09/2022 10:06:18 AM

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



SJM SUPER SPECIALIST
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Reg. No. 30989 (BMC)



Ultrasound Report

NAME: Mrs. Anamika Rana AGE/SEX:31yrs/F DATE: 24/09/2022

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal. 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. 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 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 concretions 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 and Both ovaries are normal in size, shape and echopattern. No focal lesion is seen. Endometrial appears. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION: - Left Renal concretions.

DR. PUSHPA KAUL

For SJM Super Specialty Hospital

DR. P.K GUPTA

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