

W - 55 kg
H - 155 cm
B.P - 120/90
P - 90 / min
SpO2 - 99%



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

JYOTI GAHLAUT
CHANDAN SINGH
07/03/1985
Permanent Account Number
AVXPG7817P

Jyoti Gahlaut
Signature



10092010

*Jyoti Gahlaut
for Medical
tests*

7351600064

39 Years

Female

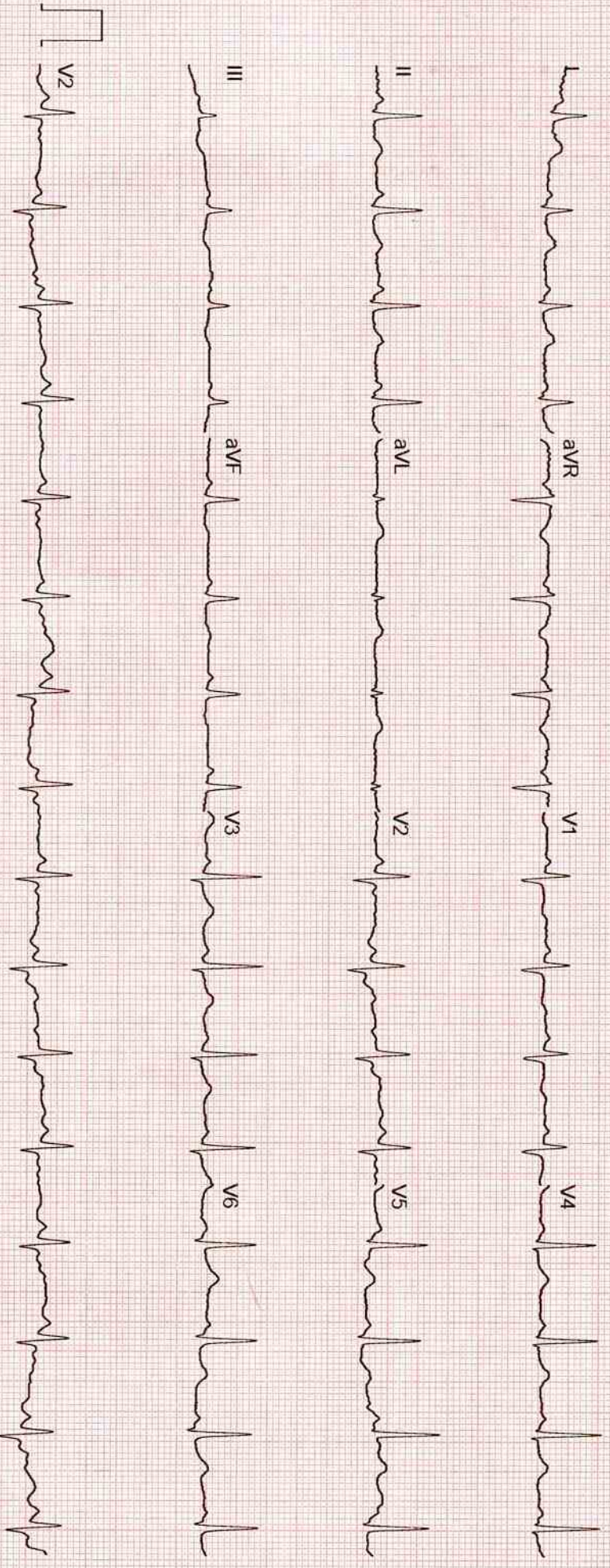
sim hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 356 / 447 ms
PR : 112 ms
P : 74 ms
RR / PP : 632 / 631 ms
P / QRS / T : 49 / 62 / 8 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4x2.5x3_25_R1

Unconfirmed

1/1

Laboratory Report

Lab Serial no. : LSHHI279732	Mr. No : 113682
Patient Name : Mrs. JYOTI GAHLAUT	Reg. Date & Time : 02-Apr-2024 09:31 AM
Age / Sex : 39 Yrs / F	Sample Receive Date : 02-Apr-2024 09:40 AM
Referred by : Dr. SELF	Result Entry Date : 02-Apr-2024 11:51AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 02-Apr-2024 11:51 AM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	9.3	gm/dL	12.0 - 16.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Eosinophil	08	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.38	Thousand / UI	3.8 - 5.10
P.C.V	33.8	million/UI	0 - 40
M.C.V.	77.2	fL	78 - 100
M.C.H.	21.2	pg	27 - 32
M.C.H.C.	27.5	g/dl	32 - 36
Platelet Count	2.03	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

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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	31	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	4.81	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	99.6	mg/dl	

eAG[Calculated]

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



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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	121.0	mg/dl	< - 200
HDL Cholesterol	43.4	mg/dl	42.0 - 88.0
LDL Cholesterol	66.5	mg/dl	50 - 150
VLDL Cholesterol	11.1	mg/dl	00 - 40
Triglyceride	55.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.8	%	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)	94.1	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 :

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BIOCHEMISTRY

	results	unit	reference
KFT, Serum			
Blood Urea	44.3	mg/dL	13 - 40
Serum Creatinine	0.85	mg/dl	0.6 - 1.1
Uric Acid	3.1	mg/dl	2.6 - 6.0
Calcium	8.7	mg/dL	8.8 - 10.2
Sodium (Na+)	134.7	mEq/L	135 - 150
Potassium (K+)	3.86	mEq/L	3.5 - 5.0
Chloride (Cl)	106.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	20.70	mg/dL	7 - 18

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 :

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.40	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.28	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.12	mg/dL	0.2 - 1.2
SGOT/AST	18.9	IU/L	00 - 31
SGPT/ALT	17.4	IU/L	00 - 34
Alkaline Phosphate	62.0	U/L	42.0 - 98.0
Total Protein	7.22	g/dL	6.4 - 8.3
Serum Albumin	4.27	gm%	3.50 - 5.20
Globulin	2.95	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.45	%	

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 :

Typed By : Mr. BIRJESH





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.	: LSHHI279732	Reg. No.	: 113682
Patient Name	: MRS. JYOTI GAHLAUT	Reg. Date & Time	: 02-Apr-2024 09:31 AM
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Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 02-Apr-2024 11:51 AM
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.





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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.



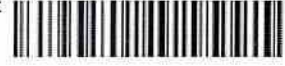
<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

4/2/2024

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

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

Visit ID : IQD93860	Registration : 02/Apr/2024 03:55PM
UHID/MR No : IQD.0000091754	Collected : 02/Apr/2024 04:18PM
Patient Name : Mrs.JYOTI GAHLAUT	Received : 02/Apr/2024 05:16PM
Age/Gender : 39 Y O M O D /F	Reported : 02/Apr/2024 06:24PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240400405



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.01	ng/ml	0.61-1.81	CLIA
T4	9.26	ug/dl	5.01-12.45	CLIA
TSH	3.5	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 Singh
 MBBS, MD(Microbiology)



Dr. Anil Rathore
 MBBS, MD(Pathology)

Dr. Prashant Singh
 MBBS, MD (Pathology)

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

Visit ID	IQD93860	Registration	02/Apr/2024 03:55PM
UHID/MR No	: IQD.0000091754	Collected	: 02/Apr/2024 04:18PM
Patient Name	: Mrs.JYOTI GAHLAUT	Received	: 02/Apr/2024 05:16PM
Age/Gender	: 39 Y O M O D /F	Reported	: 02/Apr/2024 06:24PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240400405



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	(I) 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 Postpartu m, 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. Jyoti Gahlaut

AGE: -39yrs/f

DATE: 02/04/2024

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal in size and shape, contour and echopattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veine 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 echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on either side.

RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

URINARY BLADDER- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

UTERUS-Uterus and both ovaries are normal in size, shape and echo pattern. 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: NORMAL SCAN

For SJM Super Speciality Hospital

DR.PUSHPA KAUL



DR. RAKESH GUJJAR

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

Tel.: 0120-6530900 / 10 Mob.: +91 8599259072

Name	MRS. JYOTI GAHLAUT	Age	039Y - F
Date	02/04/2024	X-Ray Report	26992 OPD
Referring Doctor		Center	SJM HOSPITAL,SECTOR 62,NOIDA

Chest PA View

Technique:-

Radiograph of chest in posteroanterior projection.

Findings:-

Bilateral lung fields appear normal.
Trachea is central.
Mediastinum appears normal.
Cardiac is normal in size.
Bilateral hila appear normal.
Bilateral costophrenic angles and cardiophrenic angles are normal.
Soft tissues and bony cage appear normal.

Impression:-

- No significant abnormality is seen.

Suggest clinical correlation.



Dr Shyam patodia
M.B.B.S,DNB
RADIODIAGNOSIS
CONSULTANT RADIOLOGIST



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R
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