



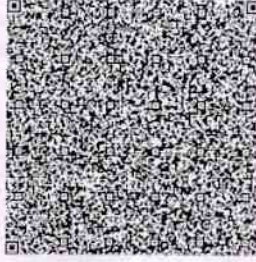
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2189/48703/07583

To
नीतु पंवार
Neetu Panwar
W/O Vipin Kumar Panwar
H.No-S 414, Shivalik Nagar
BHEL
Hardwar
Haridwar Uttarakhand - 249403
7599041200

Signature Not Verified
Digitally signed by NEETU PANWAR
Unique Identification Authority of India
Date: 2022.07.28 16:00:33
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

9324 5983 1083

VID : 9100 1918 5452 3654

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



नीतु पंवार
Neetu Panwar
जन्म तिथि/DOB: 25/01/1992
महिला/ FEMALE

9324 5983 1083

VID : 9100 1918 5452 3654

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
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- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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Unique Identification Authority of India



पता:
W/O विपिन कुमार पंवार, एच.न-एस 414, शिवालिक नगर,
बीएचएल, हरिद्वार, हरिद्वार,
उत्तराखण्ड - 249403

Address:
W/O Vipin Kumar Panwar, H.No-S
414, Shivalik Nagar, BHEL, Hardwar, Haridwar,
Uttarakhand - 249403



9324 5983 1083

VID : 9100 1918 5452 3654

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

Neetu
9759650789



ID: 00003

23-07-2022 11:28:56 AM

BPL-02

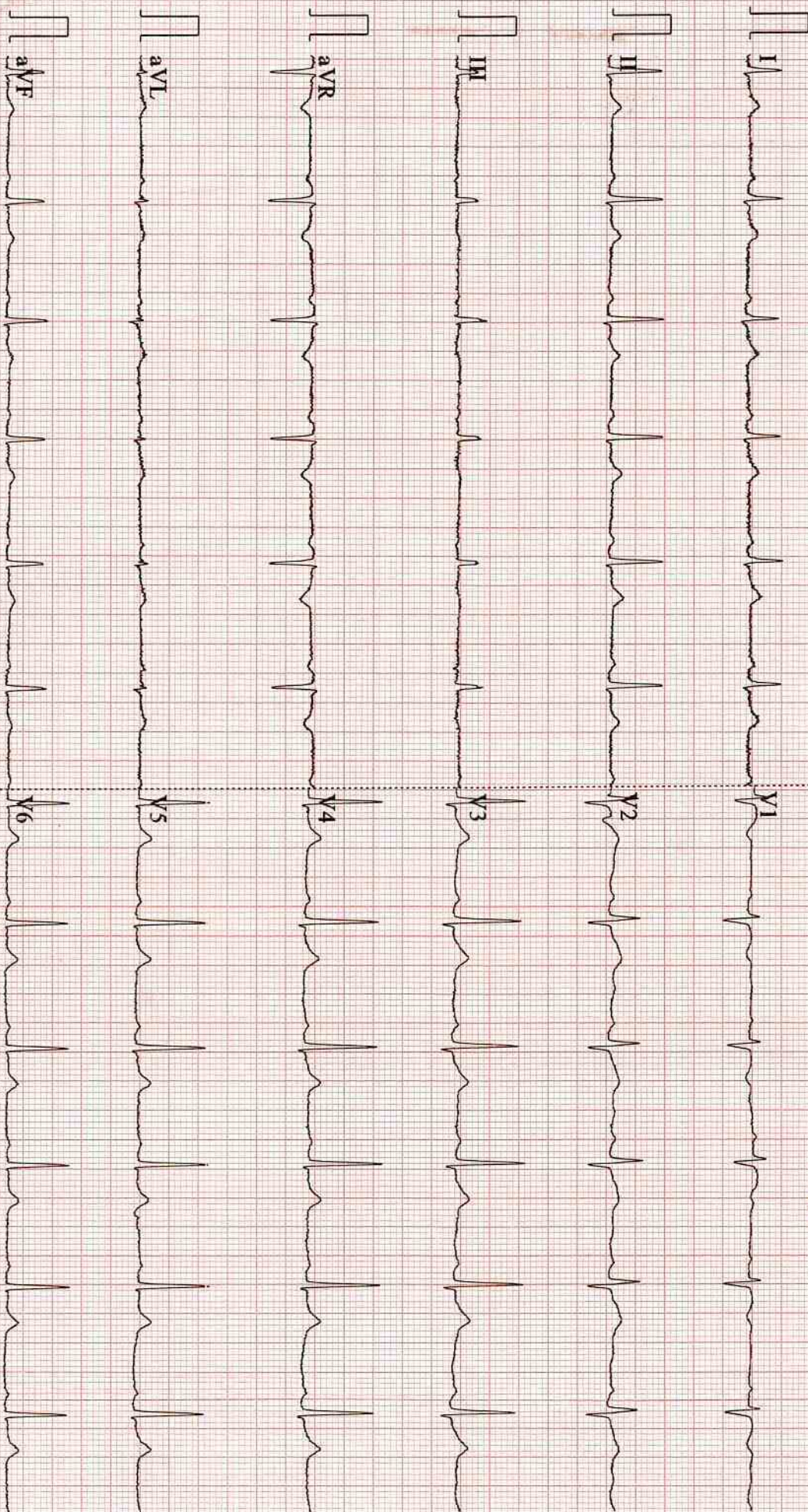
MRS NEETU PANWAR
Female 31Years

HR	: 71	bpm
P	: 105	ms
PR	: 165	ms
QRS	: 72	ms
QT/QTc	: 364/398	ms
P/QRS/T	: 15/57/24	°
RV5/SV1	: 1204/0.393	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

WNL
Dr. Vinod Kumar
 Sr. Consultant Physician
 Reg. No. 30989 (DMC)
 E. Vinod Kumar (Cardiologist)
 M.B.B.S., M.D. (Medicine)



0.67~100Hz AC50 25mm/s 10mm/mV 2*5.0s 71

V2.2 SEMIP V1.81 SIM SUPER SPECIALITY HOSPITAL SEC 63



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)

23 07 2022

20/10 BOP

(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
Laposcopic & 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. Neetee Panwar

Certified that I have examined
Ms Neetee Panwar w/o Mr Vipin
Kumar Panwar and found her
physically and mentally fit and
free from any disease or bodily
infirmary;

V Bhat

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

CGHS & AYUSHMAN BHARAT

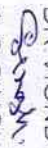
+ Not for medico legal purpose + No substitution of drugs allowed

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)

SJM HOSPITAL AND IVF CENTRE

ID : 126
NAME : NEETU PANWAR
AGE / SEX : 31 / FEMALE

HEIGHT (cm) : 153
WEIGHT (kg) : 56
PROTOCOL : BRUCE

REF BY : DR VIOND BHAT
DONE BY : 
TECHNICIAN : C S SINGH

SJM SUPER SPECIALITY HOSPITAL
Dr. ViOND KUMAR BHAT
M.B.B.S., M.D. (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

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.

Inactive.

Max HR.

Good (> 10 METS)

Stress Test is Negative for Inducible Ischemia.

GOOD EFFORT TOLERANCE, BREATHELESSNESS ON EXERTION PRESENT.

TEST IS NEGATIVE FOR FRESH REVERSIBLE MYOCARDIAL ISCHEMIA.
CAD PROBABILITY LOW.

Confirmed By : _____

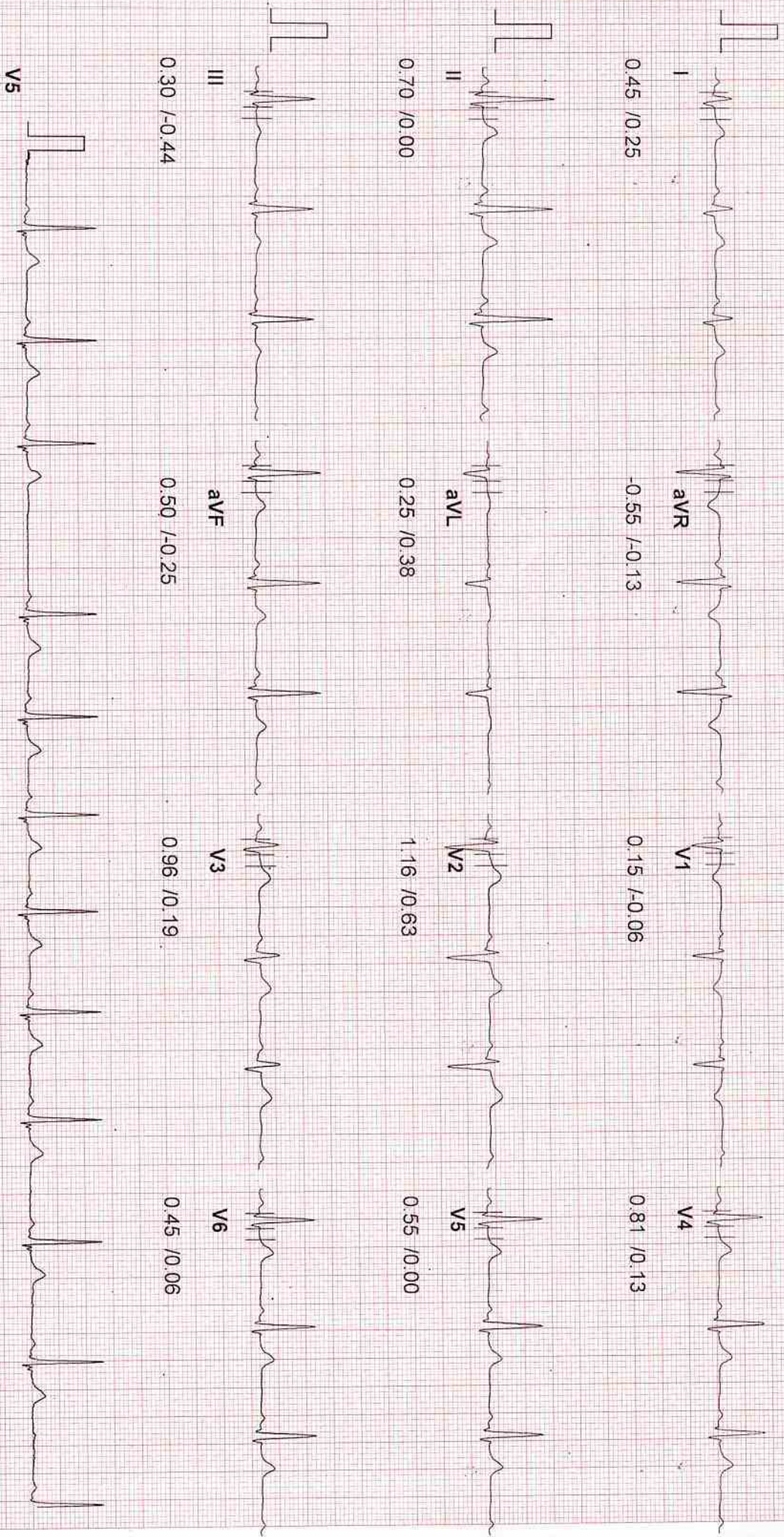
Signature

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Pre-Test
 RECORDED TIME : 00:54 (min:sec)
 STAGE DURATION : 00:54 (min:sec)
 HR : 72 bpm (38%)

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

DR. WOND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



126

20 Hz Filter

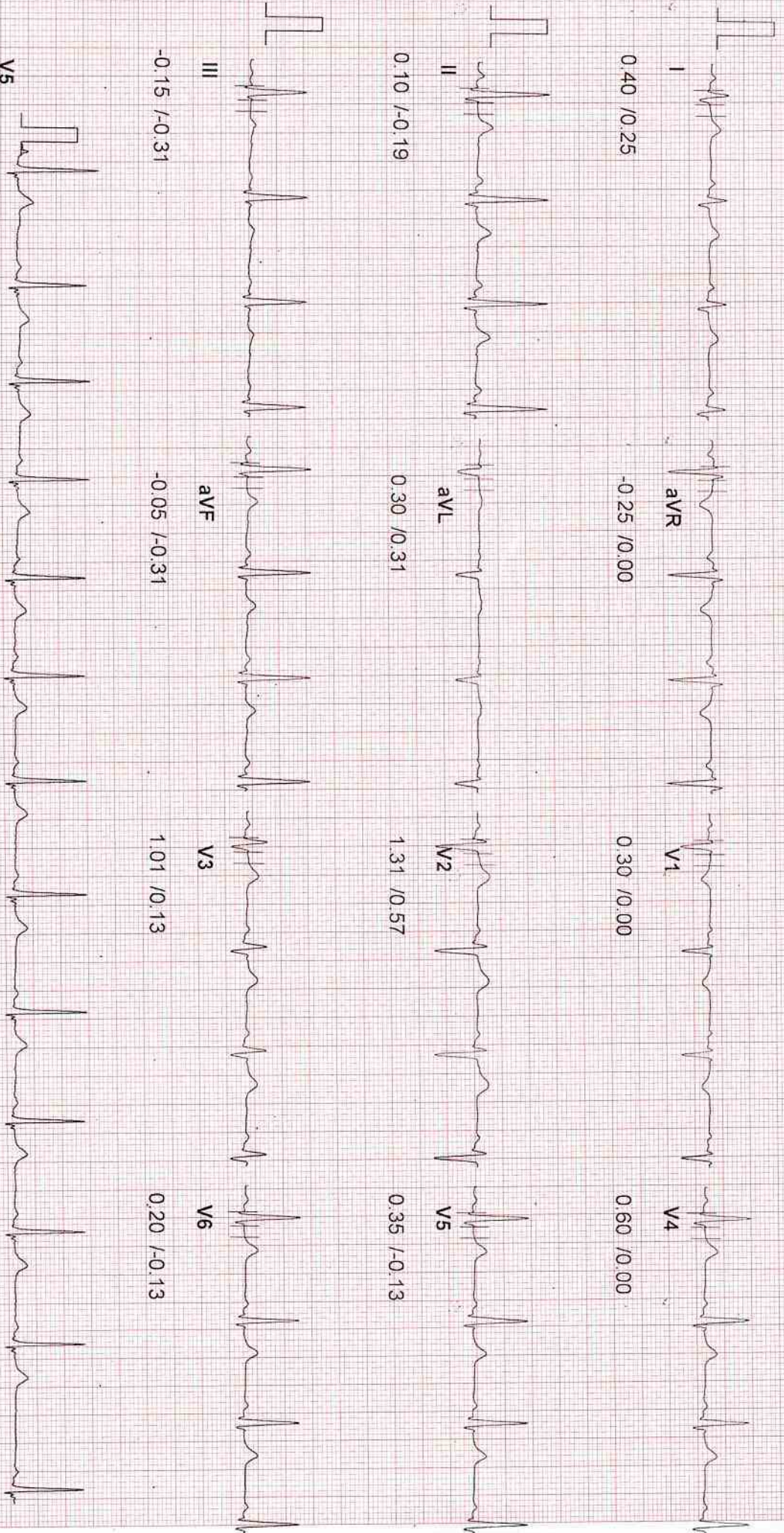
10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Supine
 RECORDED TIME : 01:09 (min:sec)
 STAGE DURATION : 00:15 (min:sec)
 HR : 90 bpm (47%)

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

DR. VIOND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



126

20 Hz Filter

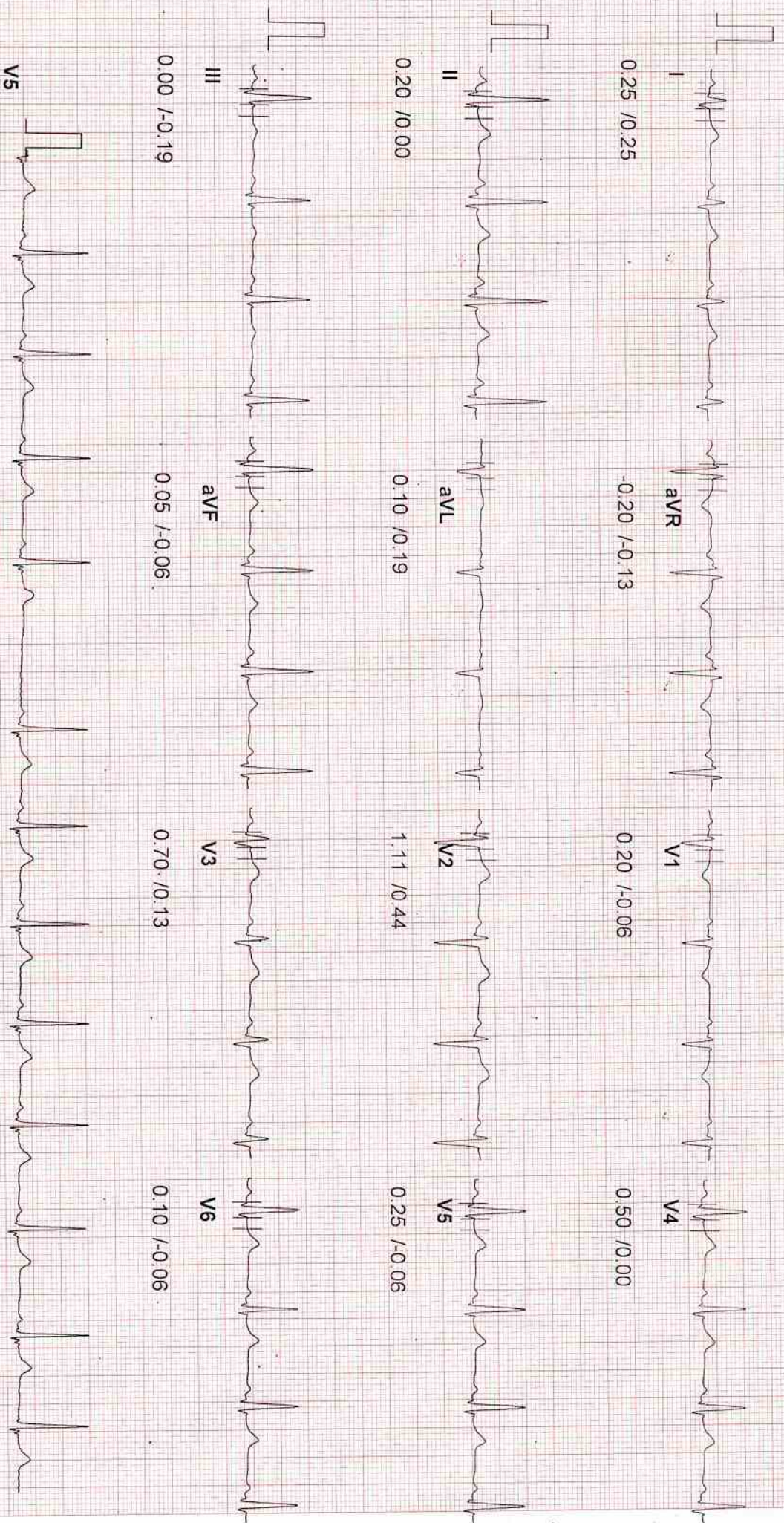
10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Hyper Ventilation
 RECORDED TIME : 02:32 (min:sec)
 STAGE DURATION : 01:23 (min:sec)
 HR : 83 bpm (43%)

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

DR. VIOND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



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20 Hz Filter

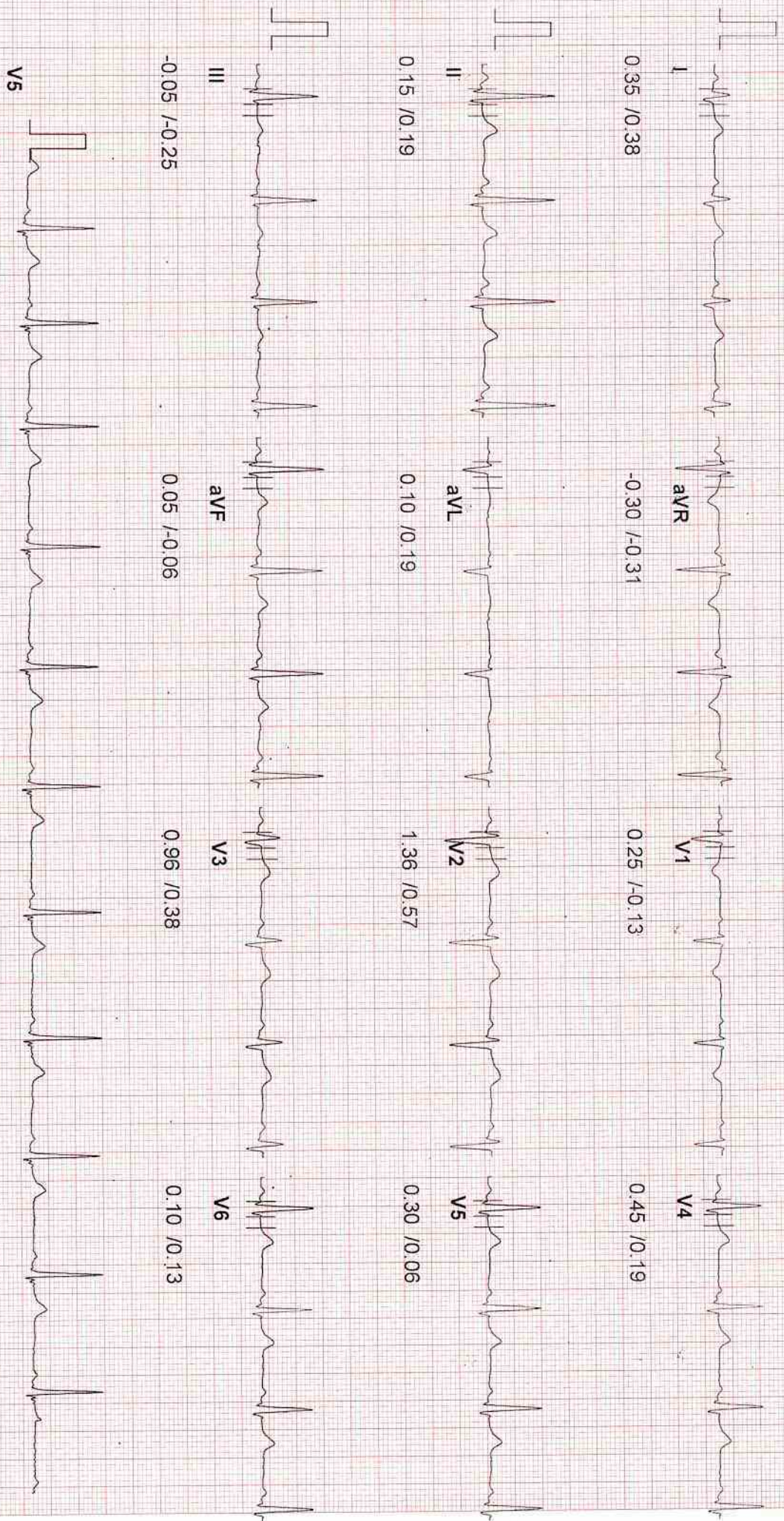
10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 0/0 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise
 RECORDED TIME : 02:57 (min:sec)
 STAGE DURATION : 00:25 (min:sec)
 HR : 87 bpm (46%)

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

DR VIJOND BHAT
 Tested On : 23-07-2022 13
 BPL DYNATRAC



126

20 Hz Filter

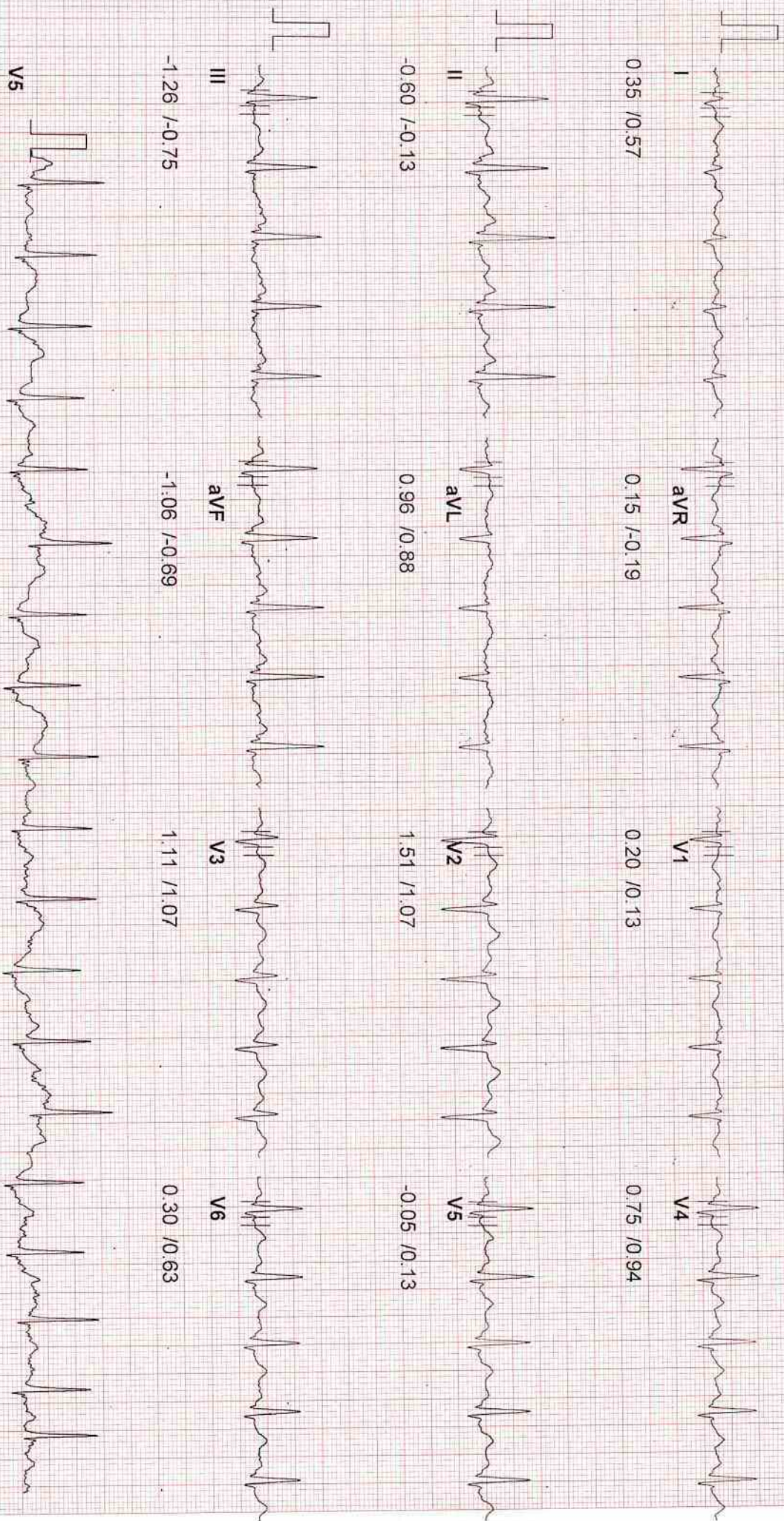
10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Exercise 1
 RECORDED TIME : 03:00 (min sec)
 STAGE DURATION : 03:00 (min sec)
 HR : 120 bpm (63%)

PROTOCOL : BRUCE
 SPEED : 2.7 kmph
 GRADE : 10.00 %
 METS : 5.10

DR. VIJND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



126

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 126 STAGE : Exercise2 PROTOCOL : BRUCE DR. VIJOND BHAT
 NAME : NEETU PANWAR RECORDED TIME : 06:00 (min:sec) SPEED : 4.0 kmph Tested On : 23-07-2022, 13
 AGE : 31 STAGE DURATION : 03:00 (min:sec) GRADE : 12.00 % BPL DYNATRAC
 BP : 130/80 mmHg HR : 139 bpm (73 %) METS : 7.10

ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

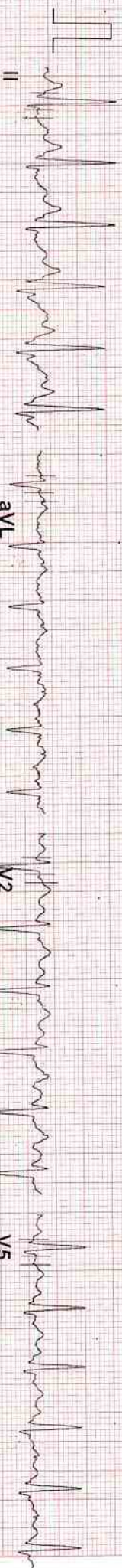


1.16 / 0.09

-0.55 / -0.75

0.40 / 0.00

-0.10 / 0.34

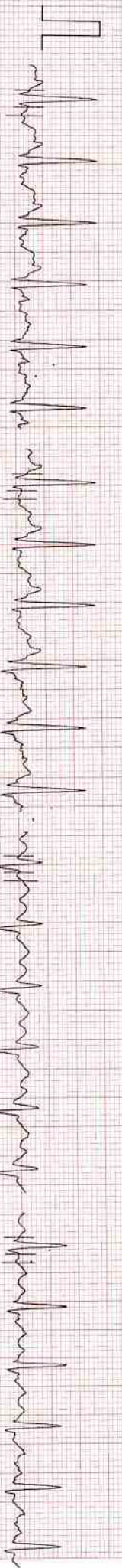


0.50 / 0.34

0.60 / 0.25

0.86 / 1.09

0.60 / 0.92

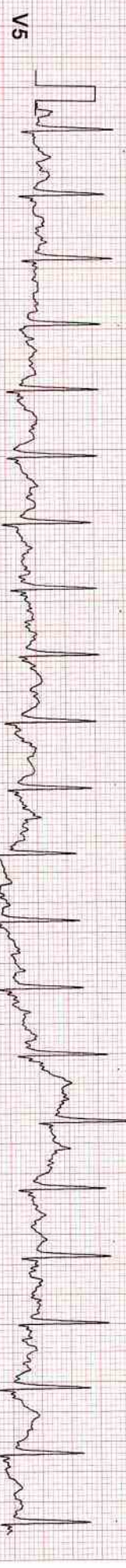


0.25 / 1.01

0.96 / 2.43

1.51 / 1.34

0.10 / 0.34



126

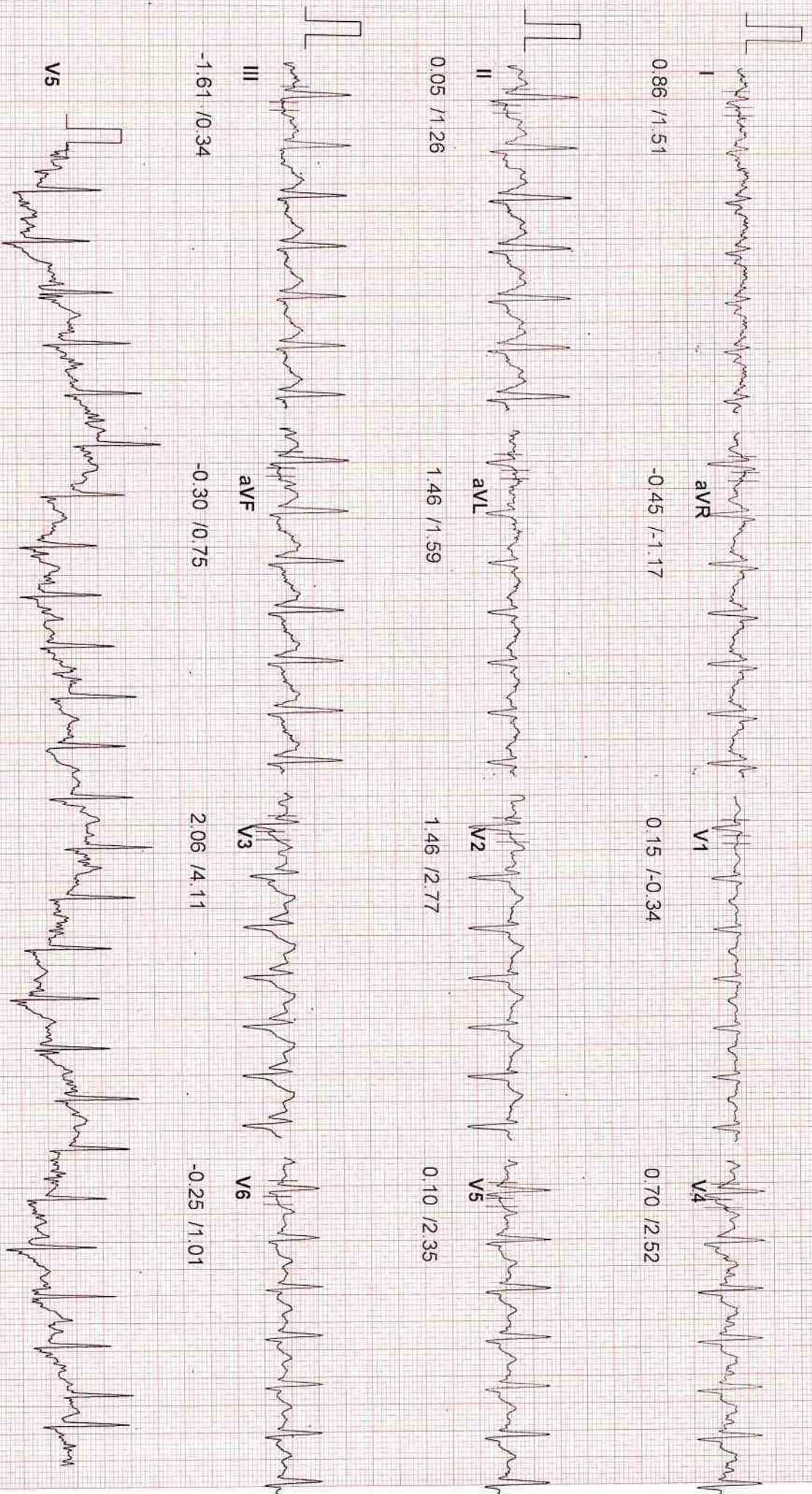
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 140/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise3(Peak Ex) PROTOCOL : BRUCE
 RECORDED TIME : 08:45 (min:sec) SPEED : 5.5 kmph
 STAGE DURATION : 02:45 (min:sec) GRADE : 14.00 %
 HR : 166 bpm (87 %) METS : 10.00

DR. VIJOND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



126

20 Hz Filter

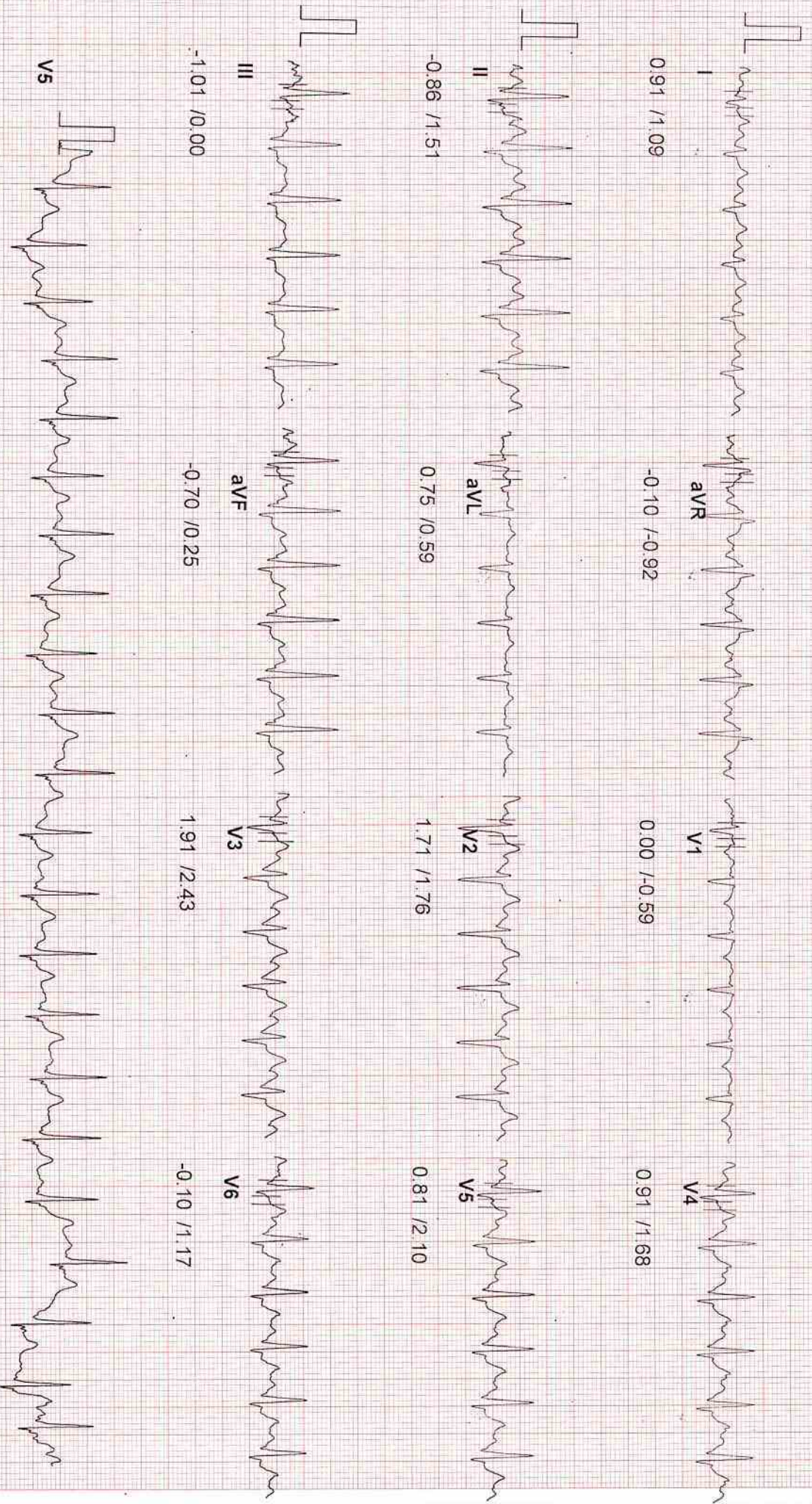
10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 140/80 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 : 146 bpm (77 %)

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

DR VIOND BHAT
 Tested On : 23-07-2022, 13
 BPL DYNATRAC



126

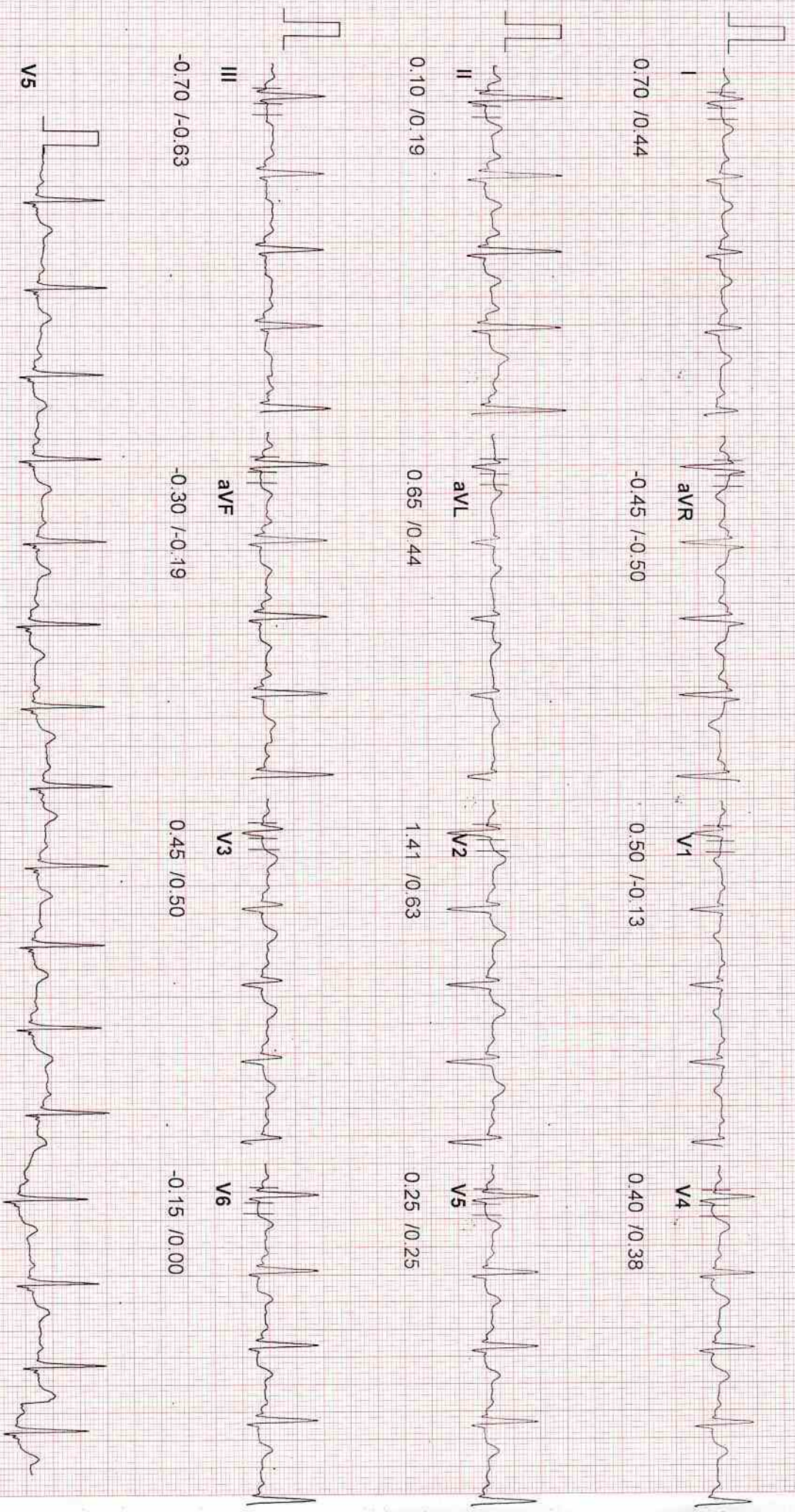
20 Hz Filter

10mm/mV, 25mm/Sec

ID : 126
 NAME : NEETU PANWAR
 AGE : 31
 BP : 130/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Recovery 3
 RECORDED TIME : 02:59 (min:sec)
 STAGE DURATION : 02:59 (min:sec)
 HR : 100 bpm (52%)
 PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00%
 METS : 0.00

DR. VIOND BHAT
 Tested On 23-07-2022 13
 BPL DYNATRAC



126

20 Hz Filter

10mm/mV, 25mm/Sec

Patient ID.	19559 OPD	Name	MRS NEETU PANWAR	Sex/Age	F/31YRSY
Date	23-07-2022 11:56 AM	Ref. Physician	SELF	Chest, CHEST	

**X-RAY CHEST PA VIEW
OBSERVATION:**

The lung fields are clear.
Both hila are normal.
Cardiophrenic and costophrenic angles are normal.
The trachea is central.
The mediastinal and cardiac silhouette are normal.
Cardiothoracic ratio is normal.
Bones of the thoracic cage are normal.
Soft tissues of the chest wall are normal.

IMPRESSION:

- No significant abnormality seen.



Dr. SANTOSH BHARAT RATHOD
MBBS, DNB
CONSULTANT RADIOLOGIST

Centre for Excellent Patient Care



Laboratory Report

Lab Serial no.	: LSHHI224817	Mr. No	: 93375
Patient Name	: Mrs. NEETU PANWAR	Reg. Date & Time	: 23-Jul-2022 03:57 AM
Age / Sex	: 31 Yrs / F	Sample Receive Date	: 23-Jul-2022 04:01 PM
Referred by	: Dr. SELF	Result Entry Date	: 23-Jul-2022 04:36PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Jul-2022 04:36 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	10.9	gm/dl	12.0 - 16.0
TLC	6.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	51	%	40 - 70
Lymphocyte	41	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.02	Thousand / UI	3.8 - 5.10
P.C.V	34.6	million/UI	0 - 40
M.C.V.	86.1	fL	78 - 100
M.C.H.	27.1	pg	27 - 32
M.C.H.C.	31.5	g/dl	32 - 36
Platelet Count	1.55	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

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

Laboratory Report

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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Jul-2022 04:36 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	34	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)	97.5	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



Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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

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Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Jul-2022 04:36 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	149.0	mg/dl	< - 200
HDL Cholesterol	65.1	mg/dl	42.0 - 88.0
LDL Cholesterol	75.4	mg/dl	50 - 150
VLDL Cholesterol	8.5	mg/dl	00 - 40
Triglyceride	42.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.3	Ratio	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 102.6 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

Swati
Dr. Swati Chandel
Consultant Pathologist
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Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Jul-2022 04:36 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
<u>KFT, Serum</u>			
Blood Urea	16.2	mg/dL	13 - 40
Serum Creatinine	0.44	mg/dl	0.6 - 1.1
Uric Acid	2.0	mg/dl	2.6 - 6.0
Calcium	8.8	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	137.5	mEq/L	135 - 150
Potassium (K ⁺)	3.91	mEq/L	3.5 - 5.0
Chloride (Cl)	100.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	7.57	mg/dL	7 - 18
PHOSPHORUS-Serum	3.16	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

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



MRS. NEETU PANWAR

SJM SUPER SPECIALITY HOSPITAL

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

Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com

Laboratory Report

Lab Serial No. : LSHHI224817	Reg. No. : 93375
Patient Name : MRS. NEETU PANWAR	Reg. Date & Time : 23-Jul-2022 03:57 AM
Age/Sex : 31 Yrs /F	Sample Collection Date : 23-Jul-2022 04:01 PM
Referred By : SELF	Sample Receiving Date : 23-Jul-2022 04:01 PM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 23-Jul-2022 04:36 PM
OPD/IPD : OPD	

TEST NAME

VALUE

ABO

"O"

Rh

NEGATIVE

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 (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

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 (M.B.B.S., MD)
 Pathologist & Micrbiologist
 23-07-2022



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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 4-5 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 6-81 /HPF

Others: nil

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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.



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 23-07-2022



Patient Name : Ms. NEETU PANWAR

Age/Sex : 31 Y/Female

Patient ID : 012207230047

Barcode : 10102780

Ref. By : Self

SRF No. :

Aadhar-Nation : - Indian

Registration No : 98718

Registered : 23/Jul/2022

Collection : 23/Jul/2022 02:41PM

Received : 23/Jul/2022 02:49PM

Reported : 23/Jul/2022 04:10PM

Panel : SJM Hospital

Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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HbA1C(Glycosylated Hemoglobin):EDTA

Hb A1C, GLYCOSYLATED Hb ,EDTA Particle enhanced immunoturbidimetric	5.30	%	
Average Glucose Calculated	105.41	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC ADULTS >=18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	>= 6.5
THERAPEUTIC GOALS FOR GLYCEMIC CONTROL	AGE > 19 YEARS GOAL OF THERAPY: <7.0 ACTION SUGGESTED: > 8.0 AGE <19 YEARS GOAL OF THERAPY: <7.5

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.
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

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY



Priyanka
Dr. Priyanka Rana
MD Pathology



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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patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate.

4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications

5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.

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.

7.Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***

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Madhusmita Das

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MD MICROBIOLOGY

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Test Name Value Unit Bio Ref.Interval

THYROID PROFILE.(TFT)SERUM

Test Name	Value	Unit	Bio Ref.Interval
T3 ,Serum	123.00	ng/dl	69-215
T4 ,Serum ECLIA	8.60	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	4.7	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

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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	Raised	Within range	T3 toxicosis
Within range			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 ***

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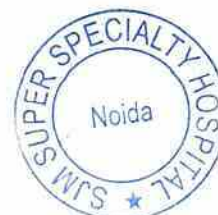


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(100 Bedded Fully Equipped With Modern Facilities)

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

NAME: Mrs. Neevu Panwar AGE: 31yrs DATE: 23/07/2022

Ultrasound Report

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 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 both sides.

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 Retroverted. Both ovaries are normal in size, shape and echopattern. No focal lesion is seen. Endometrium normal. There is no evidence of free fluid seen in the pouch of Douglas. There is no evidence of adnexal mass is seen.

IMPRESSION: Normal Scan.

For SJM Super Speciality Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA



