



INDIAN NON DRIVING LICENCE
CHHATTISGARH STATE

Number: CG07 20000000
 Name: ASHRAFF KUMAR SINGH
 S/D/W of: AM. KUMAR SINGH
 Address: B-2, SAKSHI, CHHATTISGARH, INDIA
 Issued on: 20/12/2018
 DOB: 20/03/1991
 BG: URDU

Vehicle Class	LM	MOGS
Date of Issue	20/12/2018	20/12/2018

Valid till (Non-Transport)
 Valid till (Non-Transport) 20-12-2023

[Handwritten signature]

8447834801

bf - 120/190
 Ht - 180 cm
 Wt - 87 kg

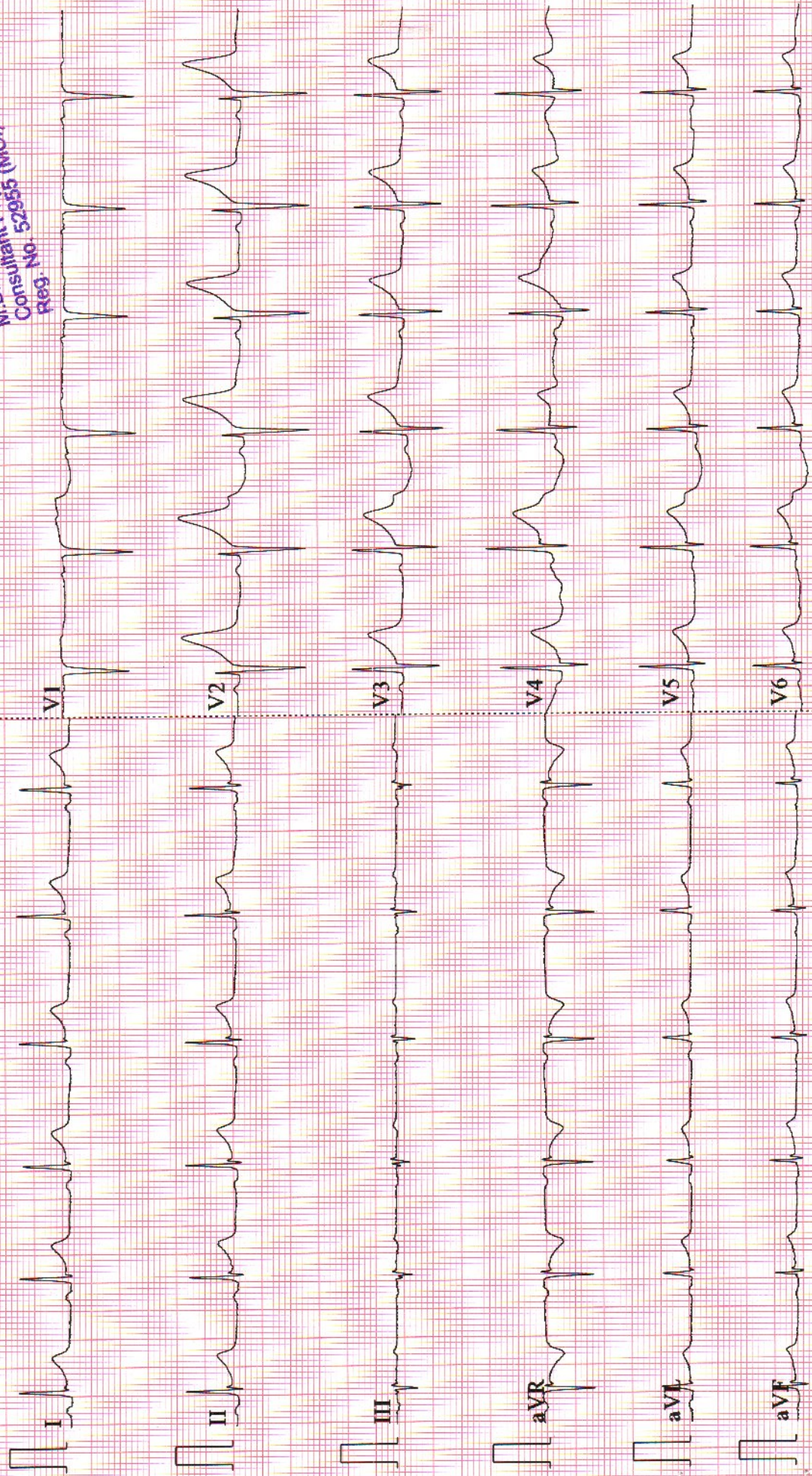
mr.abhinay kumar singh
Male 31Years

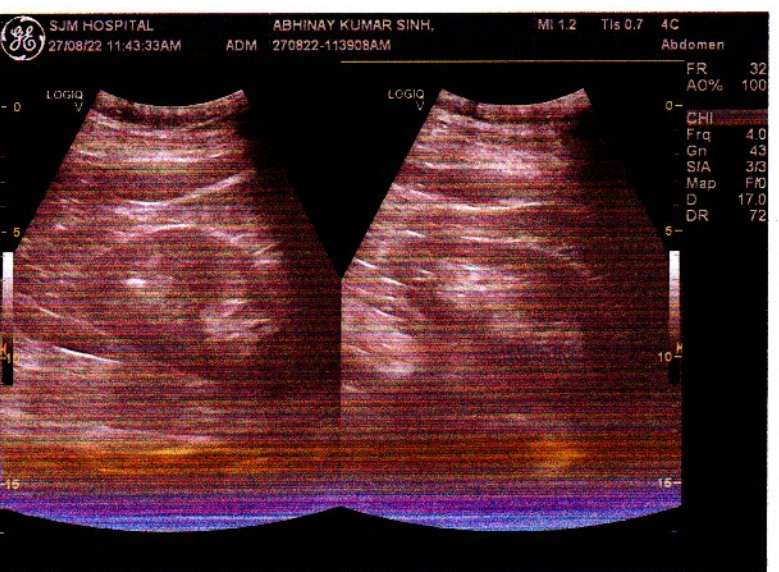
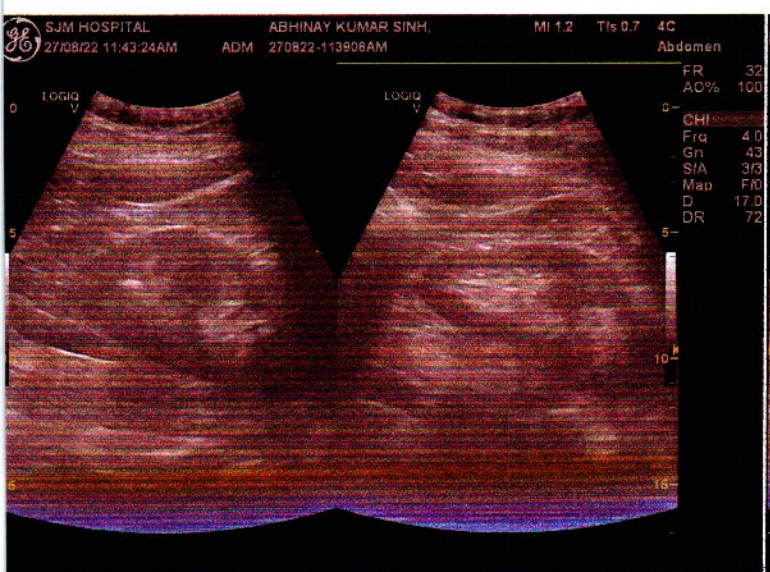
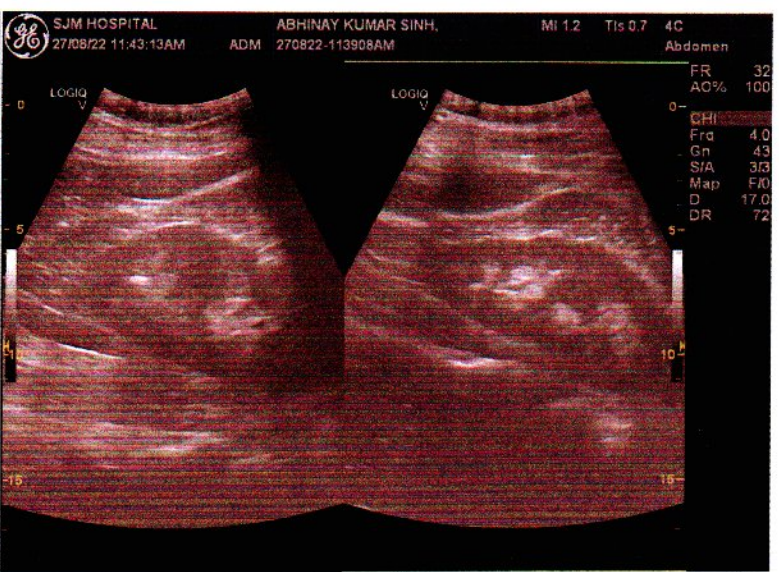
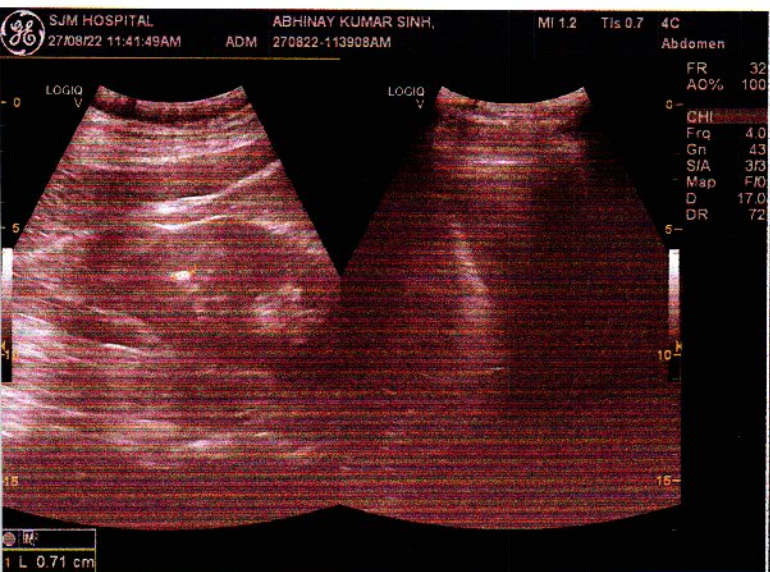
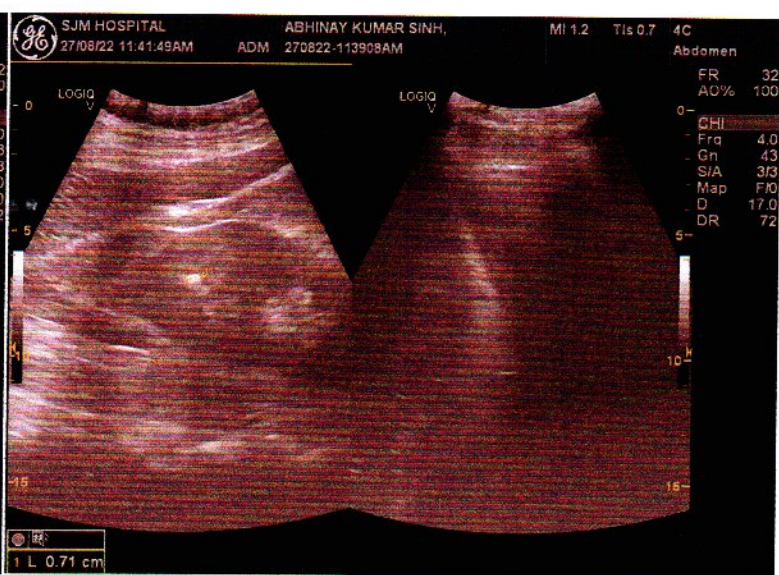
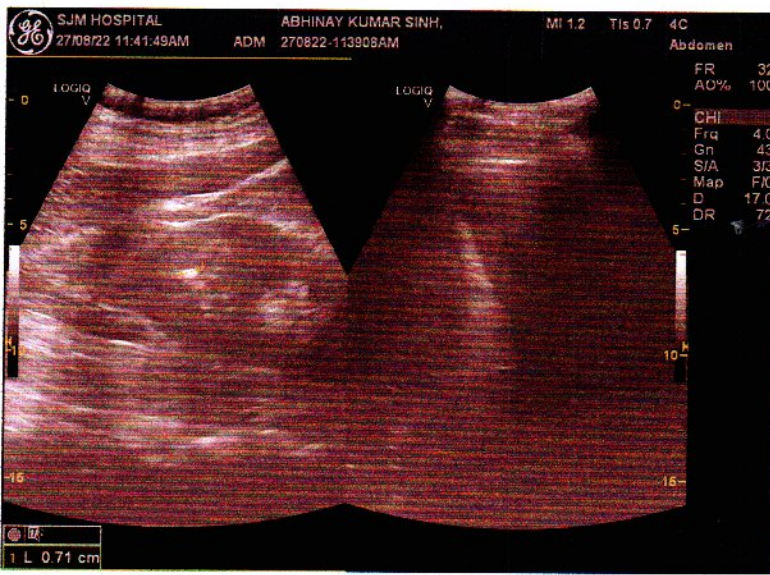
Diagnosis Information:
Sinus Arrhythmia
Abnormal q and Q Wave(III,VI)

HR : 72 bpm
P : 82 ms
PR : 140 ms
QRS : 83 ms
QT/QTc : 366/401 ms
P/QRST : -5/17/32 °
RV5/SV1 : 0.926/1.158 mV

SJM SUPER SPECIALITY HOSPITAL
Dr. Amit Kohari
M.D. (Medicine)
M.B.S. Physician
Consultant Physician
Reg. No. 52955 (MCI)

Report Confirmed by:





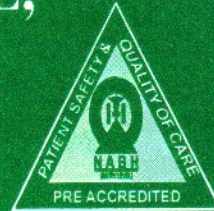


SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE

(125 Bedded Fully Equipped With Modern Facilities)

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

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



Ultrasound Report

Name: Mr. Abhinay Kumar Singh

Age: 31yrs/M

Date:27/08/2022

Ultrasound - Male Abdomen

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 mucocele. 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 is normal in size. No focal mass lesion is seen in parenchyma.

KIDNEYS:- Right kidney is normal in size, shape, position and axis. Parenchymal echopattern is normal . No focal solid or cystic lesion is seen. **Right kidney shows renal calculus meas. 7.1mm in mid pole.** Left kidney no renal calculus.

PARAAORTIC REGIONS: Any mass/ lymph nodes: -- no mass or lymph nodes seen.

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

PROSTATE: - Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

IMPRESSION: - **Right renal calculus.**

DR. PUSHPA KAUL

DR. P.K GUPTA

Laboratory Report

Lab Serial no. : LSHHI227772	Mr. No : 94312
Patient Name : Mr. ABHINAY KUMAR SINGH	Reg. Date & Time : 27-Aug-2022 03:30 AM
Age / Sex : 31 Yrs / M	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:06PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:03 PM
OPD : OPD	

HAEMATOLOGY

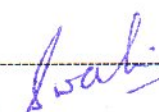
	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	15.1	gm/dl	12.5 - 16.0
TLC	6.5	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	42	%	40 - 70
Lymphocyte	46	%	20 - 40
Eosinophil	10	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.34	Thousand / UI	3.8 - 5.10
P.C.V	44.4	million/UI	00 - 40
M.C.V.	83.1	fL	78 - 100
M.C.H.	28.3	pg	27 - 31
M.C.H.C.	34.0	g/dl	32 - 36
Platelet Count	1.85	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. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

Page 1
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Micrbiologist

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HAEMATOTOLOGY

	results	unit	reference
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ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	18	mm/1hr	00 - 22
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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
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BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	112.8	mg/dl	70 - 110
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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.

technician :

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Page 1
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist

Laboratory Report

Lab Serial no. : LSHH1227772	Mr. No : 94312
Patient Name : Mr. ABHINAY KUMAR SINGH	Reg. Date & Time : 27-Aug-2022 03:30 AM
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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	174.0	mg/dl	< - 200
HDL Cholesterol	41.5	mg/dl	35.3 - 79.5
LDL Cholesterol	112.8	mg/dl	50 - 150
VLDL Cholesterol	19.7	mg/dl	00 - 40
Triglyceride	98.3	mg/dl	00 - 170
Cholestrol/HDL RATIO	4.2	%	

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.

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	23.6	mg/dL	18 - 55
Serum Creatinine	0.65	mg/dl	0.7 - 1.3
Uric Acid	9.1	mg/dl	3.5 - 7.2
Calcium	9.5	mg/dL	8.8 - 10.2
Sodium (Na+)	138.6	mEq/L	135 - 150
Potassium (K+)	4.0	mEq/L	3.5 - 5.0
Chloride (Cl)	101.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.03	mg/dL	7 - 18
PHOSPHORUS-Serum	4.18	mg/dl	2.5 - 4.5

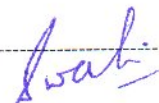
Comment:-

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.

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	1.40	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.53	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.87	mg/dL	0.2 - 1.2
SGOT/AST	56.8	IU/L	00 - 35
SGPT/ALT	58.9	IU/L	00 - 45
Alkaline Phosphate	91.0	U/L	53 - 128
Total Protein	6.82	g/dL	6.4 - 8.3
Serum Albumin	4.32	gm%	3.50 - 5.20
Globulin	2.50	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.73	%	

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 :

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Page 1


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URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

Centre for Excellent Patient Care

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30-08-2022



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Doctor Name	: Dr. AMIT KOTHARI	ReportingTime	: 27-Aug-2022 06:03 PM
OPD/IPD	: OPD		:

TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

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

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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.

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 (M.B.B.S., MD)
 Pathologist & Microbiologist
 27-08-2022



DIAGNOSTICS

Patient Name : Mr. ABHINAV KUMAR SINGH	Registration No	: 105475
Age/Sex : 31 Y/Male	Registered	: 27/Aug/2022
Patient ID : 012208270097	Collection	: 27/Aug/2022 07:30PM
Barcode : 10110812	Received	: 27/Aug/2022 09:05PM
Ref. By : Self	Reported	: 27/Aug/2022 11:57PM
SRF No. :	Panel	: SJM Hospital
Aadhar-Nation : - Indian	Passport No.	:

Test Name	Value	Unit	Bio Ref.Interval
HbA1C(Glycosylated Hemoglobin);EDTA			
Hb A1C, GLYCOSYLATED Hb ,EDTA <small>Particle enhanced immunoturbidimetric</small>	6.30	%	
Average Glucose <small>Calculated</small>	134.11	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

Dr. Jatinder Bhatia
MD Pathology
Director

Dr. Madhusmita Das
MD MICROBIOLOGY

Dr. Priyanka Rana
MD Pathology

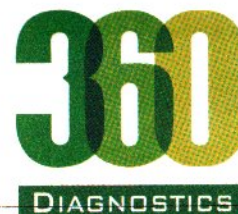
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360 Diagnostics & Health Services Pvt. Ltd.

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

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





Patient Name : Mr. ABHINAV KUMAR SINGH
Age/Sex : 31 Y/Male
Patient ID : 012208270097
Barcode : 10110812
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Registered : 27/Aug/2022
Collection : 27/Aug/2022 07:30PM
Received : 27/Aug/2022 09:05PM
Reported : 27/Aug/2022 11:57PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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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 glycemic 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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MD MICROBIOLOGY

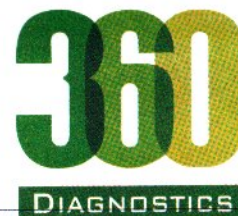
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Patient ID : 012208270097	Collection : 27/Aug/2022 07:30PM
Barcode : 10110812	Received : 27/Aug/2022 09:05PM
Ref. By : Self	Reported : 27/Aug/2022 11:44PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE,(TFT)SERUM			
T3 ,Serum	109.30	ng/dl	69-215
T4 ,Serum ECLIA	6.70	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	3.5	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

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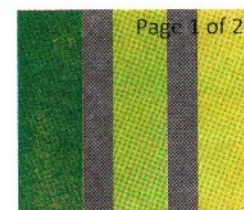
Priyanka
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Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			"Thyroxine 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 U/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 ***

 Dr. Jatinder Bhatia
 MD Pathology
 Director

 Dr. Madhusmita Das
 MD MICROBIOLOGY

 Dr. Priyanka Rana
 MD Pathology

ID : 131
NAME : ABHINAV KUMAR SINGH
AGE / SEX : 31 / MALE

HEIGHT (cm) : 180
WEIGHT (kg) : 87
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

None

Moderate Active

X - Ray

Good (> 10 METS)

No

Hypertensive

Normal

Stress Test is Negative for Inducible Ischemia.


SJM SUPER SPECIALITY HOSPITAL
Dr. Amit Kohli
M.B.B.S., M.D. (Medicine)
Consultant Physician
Reg. No. 52955 (MCI)

Confirmed By: _____

Signature

131 Tested On 27-08-2022, 11:03:02

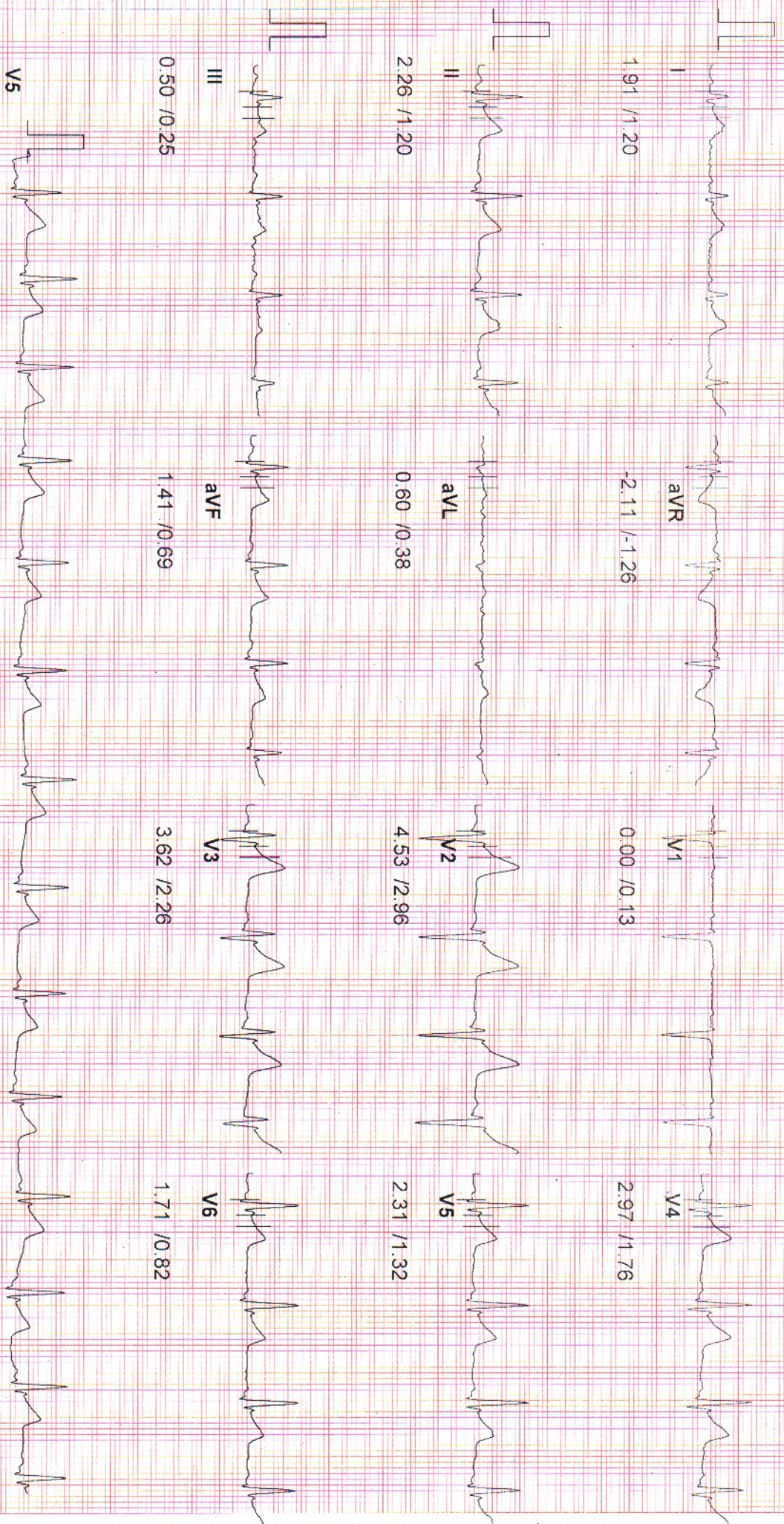
BPL DYNATRAC

ID 131
NAME ABHINAV KUMAR SINGH
Age 31
BP 120/70 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE Pre-Test
RECORDED TIME : 00:32 (min:sec)
STAGE DURATION : 00:32 (min:sec)
HR 86 bpm (45%)

PROTOCOL BRUCE
SPEED 0.0 kmph
GRADE 0.00 %
METS 0.00

DR.VIOND BHAT
Tested On 27-08-2022 11
BPL DYNATRAC



131

20 Hz Filter

10mm/mV, 25mm/Sec

ID: 131
NAME: ABHINAV KUMAR SINGH
Age: 31
BP: 120/70 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE: Pre-Test
RECORDED TIME: 01:02 (min:sec)
STAGE DURATION: 01:02 (min:sec)
HR: 88 bpm (46%)

PROTOCOL: BRUCE
SPEED: 3.0 kmph
GRADE: 0.00 %
METS: 0.00
DR. VIJOND BHAT
Tested On: 27-08-2022, 11
BPL DYNATRAC



131

20 Hz Filter

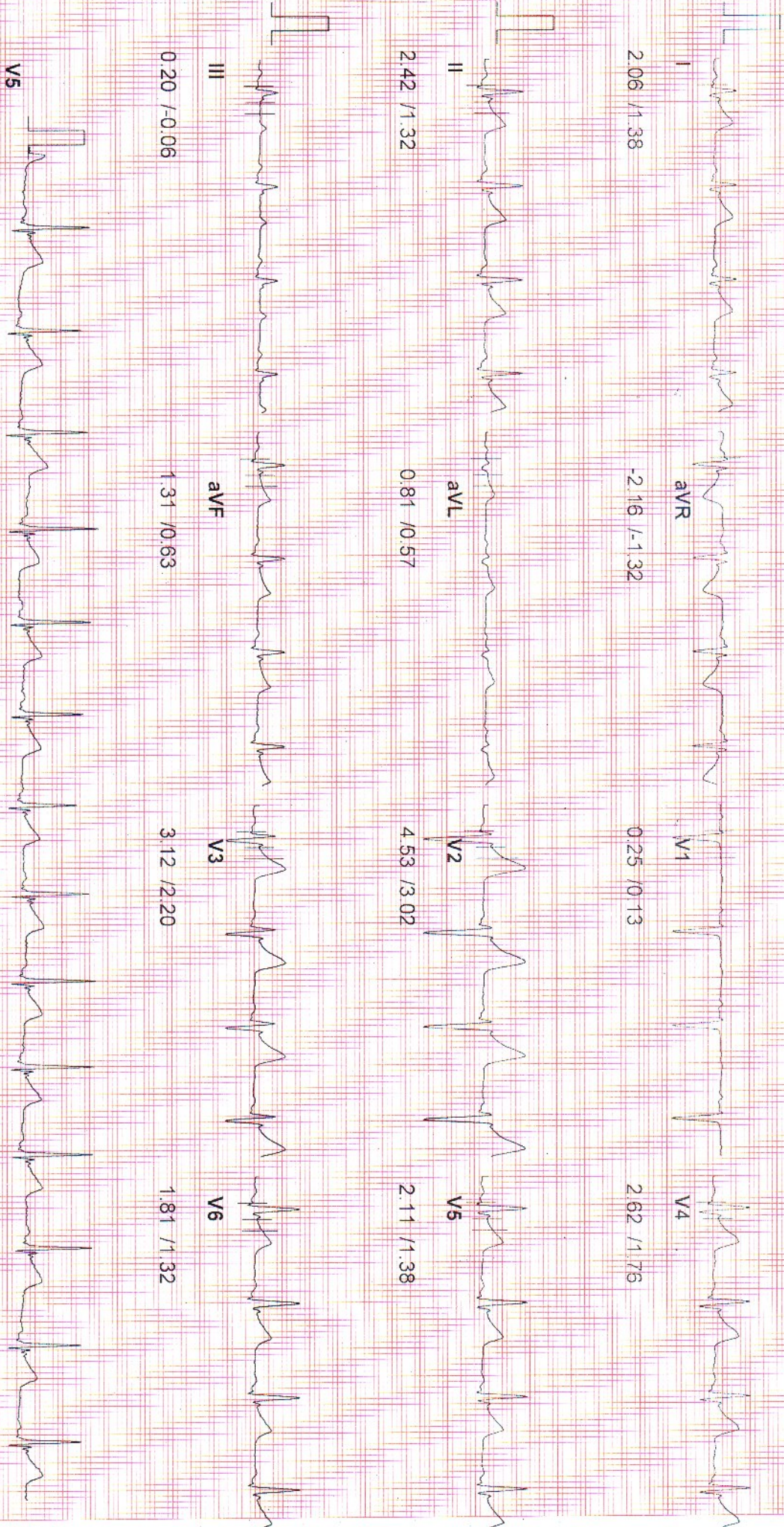
10mm/mV, 25mm/Sec

ID: 131
 NAME: ABHINAV KUMAR SINGH
 AGE: 31
 BP: 120/70 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE: Pre-Test
 RECORDED TIME: 01:12 (min:sec)
 STAGE DURATION: 01:12 (min:sec)
 HR: 88 bpm (48%)

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

DR. VIOND BHAT
 Tested On: 27-08-2022, 11
 BPL DYNATRAC



131

20 Hz Filter

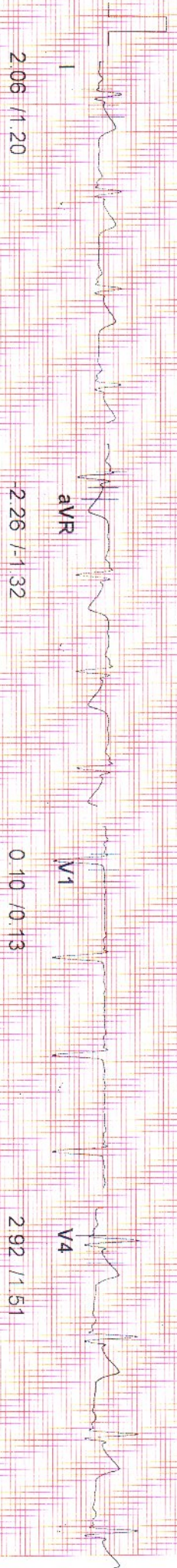
10mm/mV, 25mm/Sec

ID : 131
NAME : AEHINAV KUMAR SINGH
AGE : 31
BP : 120/70 mm-Hg
ST Levels (mm) / ST Slope (mV/s) measured at: 80 ms Post J

STAGE :
RECORDED TIME : 01:26 (min:sec)
STAGE DURATION : 00:13 (min:sec)
HR : 93 bpm (49%)

PROTOCOL :
SPEED : 25 mm/sec
GRADE : 0.00 %
METS : 0.00

DR. VIJND BHAT
Tested On : 27-08-2022 11
BPL DYNATRAC

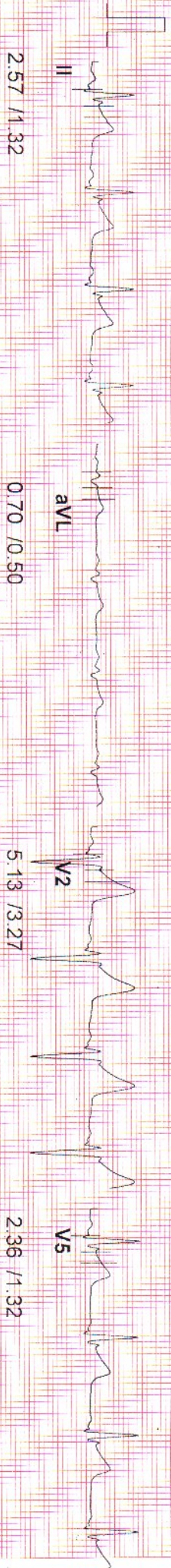


I 2.06 / 1.20

aVR 2.26 / -1.32

V1 0.10 / 0.13

V4 2.92 / 1.51

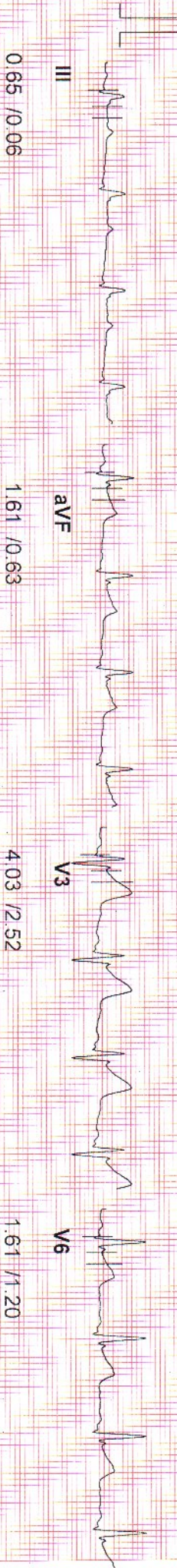


II 2.57 / 1.32

aVL 0.70 / 0.50

V2 5.13 / 3.27

V5 2.36 / 1.32

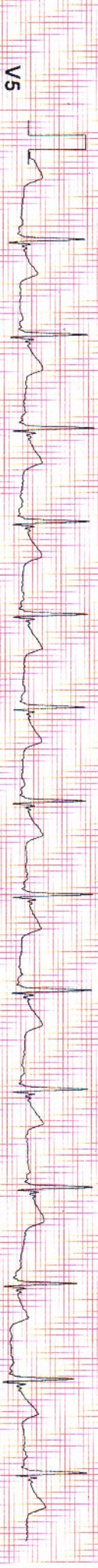


III 0.65 / 0.06

aVF 1.61 / 0.63

V3 4.03 / 2.52

V6 1.61 / 1.20



V5

131

20 Hz Filter

10mm/mV 25mm/Sec

ID : 131
 NAME : ABHINAV KUMAR SINGH
 AGE : 31
 Bp : 120/70 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 80 ms Post J

STAGE : Wait For Exercise
 RECORDED TIME : 02:33 (min sec)
 STAGE DURATION : 00:58 (min sec)
 HR : 105 bpm (55%)
 METS : 0.00

PROTOCOL : BRUCE
 SPEED : 0.0 kmph
 GRADE : 0.00 %
 DR. VIOND BHAT
 Tested On : 27-08-2022 11
 BPL DYNATRAC



131

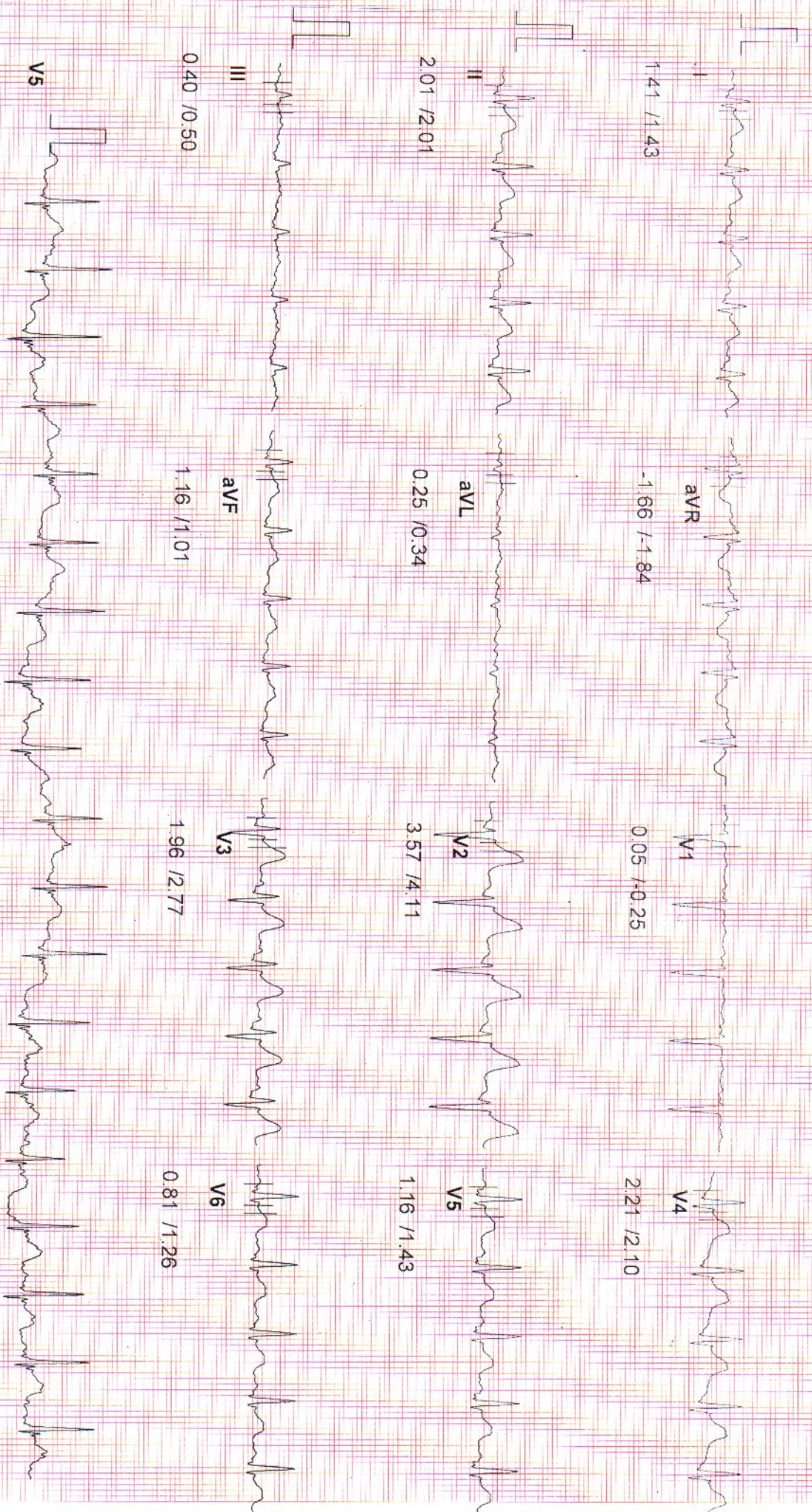
20 Hz Filter

10mm/mV, 25mm/Sec

ID: 131
 NAME: ABHINAV KUMAR SINGH
 AGE: 31
 BP: 120/80 mmHg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE: RECORDED TIME: 03:00 (min:sec)
 STAGE DURATION: 03:00 (min:sec)
 HR: 123 bpm (65%)
 PROTOCOL: Exercise 1
 SPEED: 2.7 kmph
 GRADE: 10.00%
 METS: 5.10

DR. VIJOND BHAT
 Tested On: 27-08-2022, 11
 SPL DYNATRAC



131

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 131
 NAME : ABHINAV KUMAR SINGH
 AGE : 31
 BP : 130/80 mmHg
 ST Levels (mV) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : Exercise2
 RECORDED TIME : 06:00 (min sec)
 STAGE DURATION : 03:00 (min sec)
 HR : 137 bpm (72%)

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

DR. VIJOND BHAT
 Tested On : 27-08-2022, 11
 BPL DYNAMATRAC



131

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 131
 NAME : ABHINAV KUMAR SINGH
 AGE : 31
 BP : 140/100 mm-Hg
 ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : EXERCISE
 RECORDED TIME : 09:22 (min sec)
 STAGE DURATION : 00:22 (min sec)
 HR : 169 bpm (89 %)

PROTOCOL : BRUCE
 SPEED : 6.8 kmph
 GRADE : 16.00 %
 METs : 10.30
 DR. VIJEND BHAT
 Tested On : 27-08-2022, 11
 BPL DYNATRAC

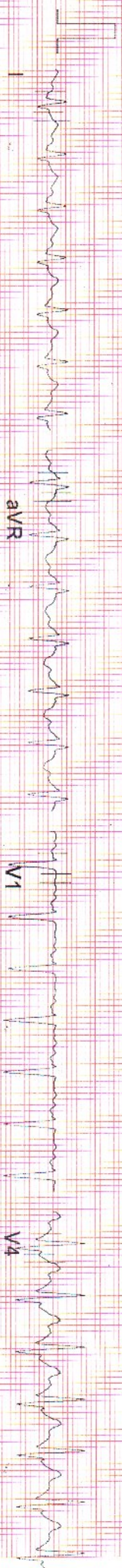


131

20 Hz Filter

10mm/mV, 25mm/Sec

ID	131	STAGE	Exercise3	PROTOCOL	BRUCE
NAME	ABHINAV KUMAR SINGH	RECORDED TIME	09:00 (min:sec)	SPEED	5.5 kmph
AGE	31	STAGE DURATION	03:00 (min:sec)	GRADE	14.00 %
BP	140/100 mmHg	HR	166 bpm (87 %)	METS	10.00
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J		DR. WOND SHAT			
		Tested On 27-08-2022 11			
		BPL DYNATRAC			



0.50 / 1.84

aVR

-0.60 / -2.35

V1

0.50 / 0.08

V4

1.06 / 3.35



0.30 / 2.35

aVL

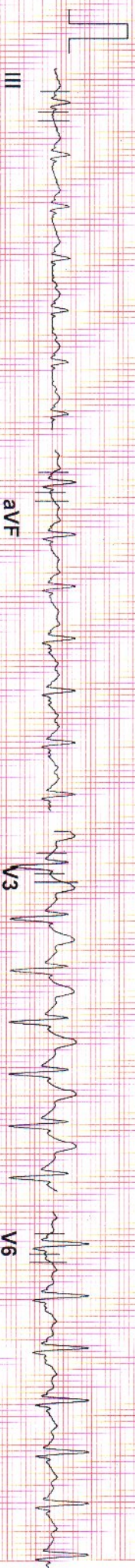
0.50 / 0.59

V2

2.67 / 4.78

V5

0.45 / 2.35



-0.75 / 0.17

aVF

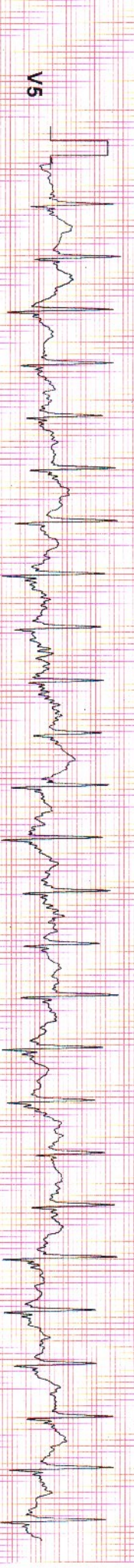
-0.30 / 1.34

V3

2.36 / 4.61

V6

0.15 / 1.76



V5

131

20 Hz Filter

10mm/mV, 25mm/Sec

ID : 131
NAME : ABHINAV KUMAR SINGH
AGE : 31

BP : 140/100 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J

STAGE : BRUCE
RECORDED TIME : 09:28 (min:sec)
STAGE DURATION : 00:06 (min:sec)
HR : 169 bpm (89%)
Exercises(Peak Ex) PROTOCOL : BRUCE
SPEED : 8.1 kmph
GRADE : 18.00 %
METS : 14.30

DR. VIOND BHAT
Tested On : 27-08-2022, 11
BPL DYNATRAC



20 Hz Filter

10mm/mV, 25mm/Sec

ID 131
NAME ABHINAV KUMAR SINGH
AGE 31

STAGE RECORDED TIME
STAGE DURATION

Recovery 1
00:59 (min:sec)
00:59 (min:sec)
179 bpm (94%)

PROTOCOL BRUCE
SPEED 0.0 kmph
GRADE 0.00 %
METS 0.00

DR VIJEND BHAT
Tested On 27-08-2022, 11
BPL DYNATRAC

BP 120/70 mmHg
ST Levels (mm) / ST Slope (mV/s) measured at 60 ms Post J



20 Hz Filter

10mm/mV, 25mm/Sec

ID : 131
 NAME : ABHINAV KUMAR SINGH
 AGE : 31
 BP : 120/70 mmHg

STAGE : RECOVERY 3
 RECORDED TIME : 02:59 (min:sec)
 STAGE DURATION : 02:59 (min sec)
 HR : 108 bpm (57%)

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

DR. VIOND BHAT
 Tested On : 27-08-2022, 11
 SPL DYNATRAC

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



131

20 Hz Filter

10mm/mV, 25mm/Sec

wt - 105 Kg
Ht - 159
BP - 130/80 mm Hg
Pv - 98 / wt
SpO₂ - 98%

Neetu Singh

8506060552



Ultrasound Report

NAME: Mrs. Neetu Singh

AGE/SEX:36yrs/F

DATE: 28/08/2022

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, 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 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 both sides.

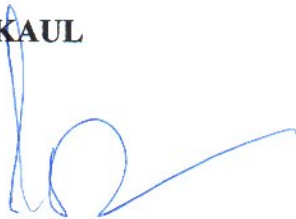
RETROPERITONIUM- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

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

UTERUS-Uterus 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.

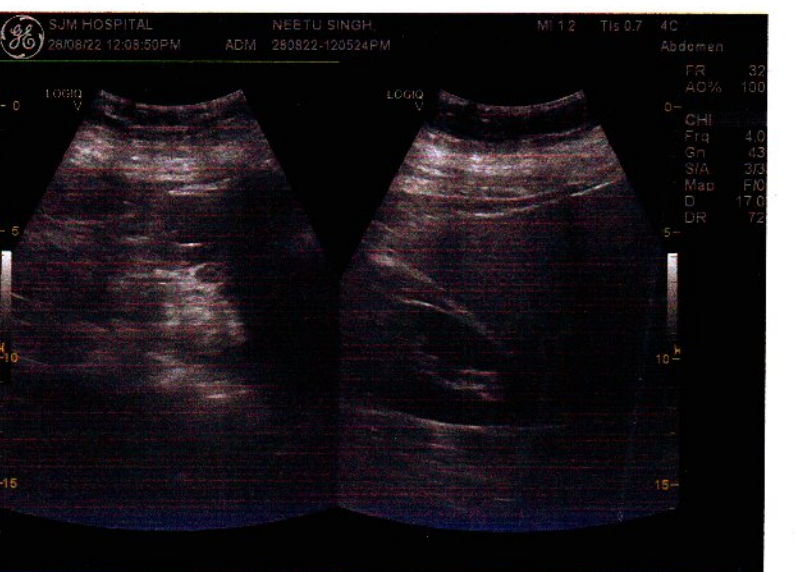
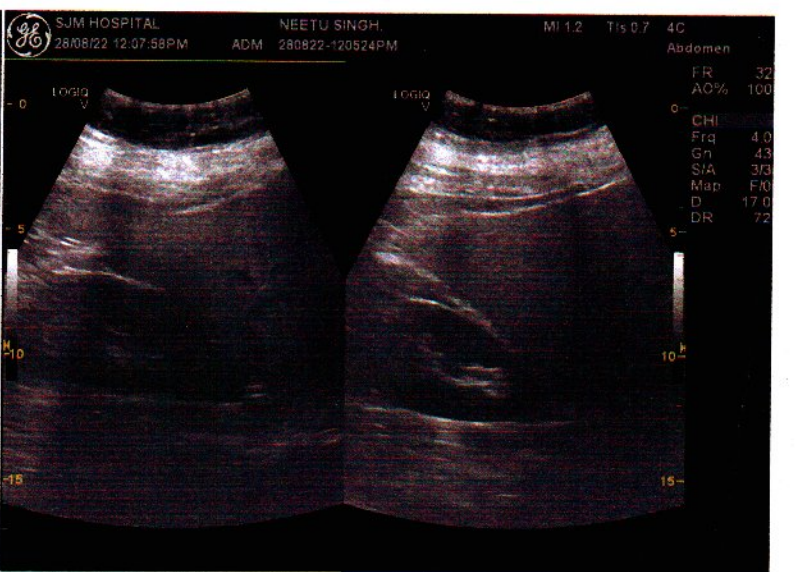
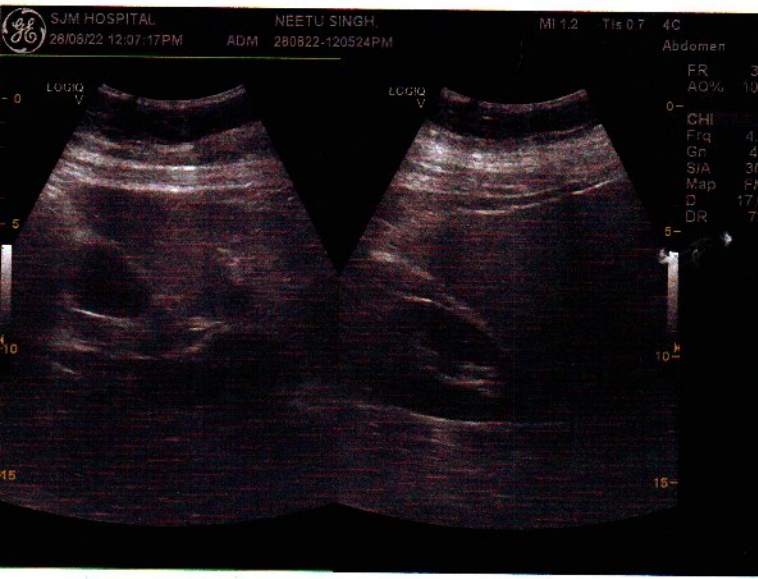
IMPRESSION: Normal Scan.

DR. PUSHPA KAUL



For SJM Super Specialty Hospital
DR. P.K GUPTA





nectun singh
Female 38 Years

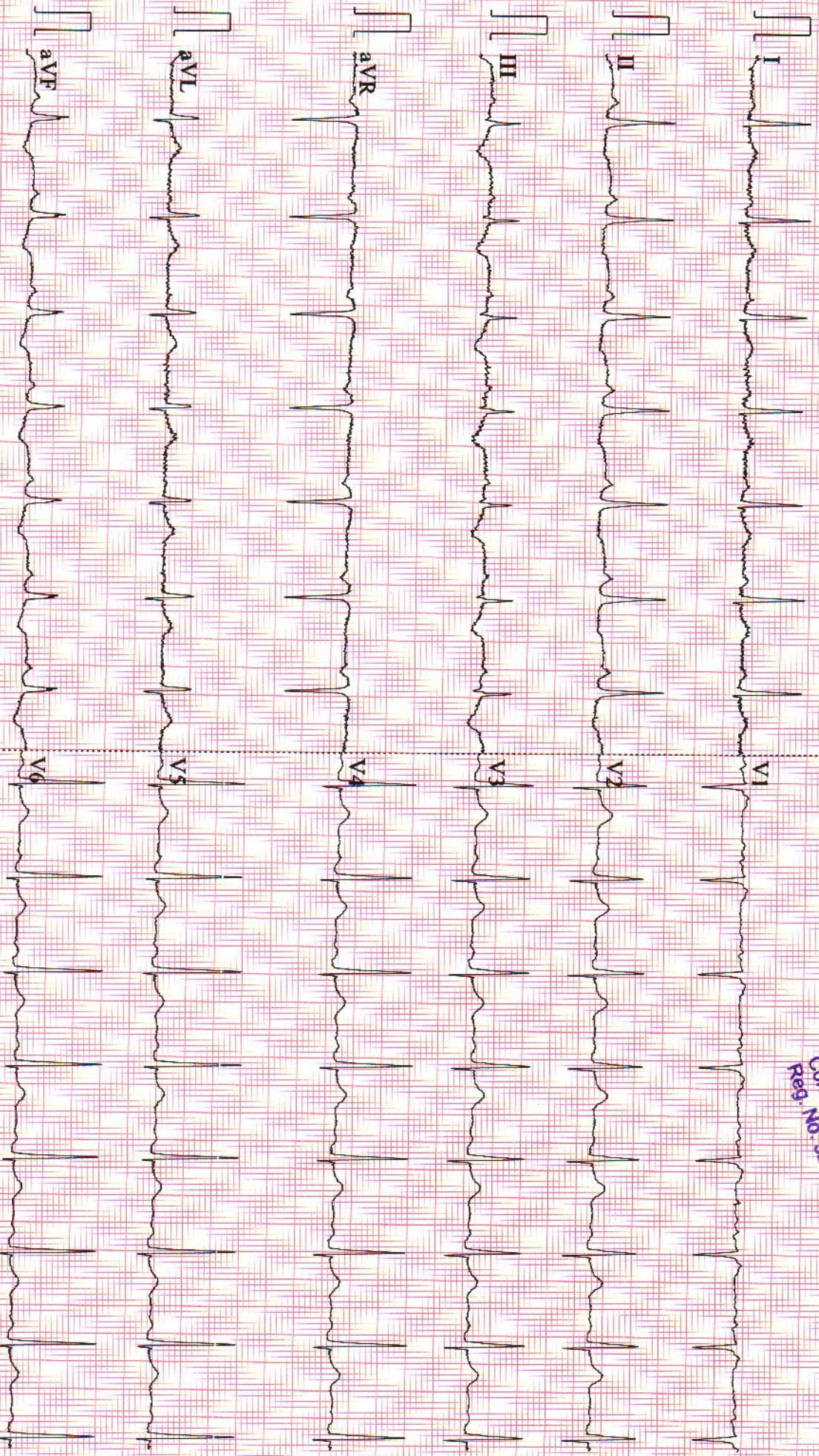
08-16-2022 22:29:20

HR : 89 bpm
P : 98 ms
PR : 148 ms
QRS : 83 ms
QT/QTc : 345/420 ms
P/QRS/T : 52/47/-45 °
RV5/SV1 : 1.546/0.745 mV

Diagnosis Information:
Sinus Rhythm
Inverted T Wave(I,III,aVF)

Report Confirmed by:

SIM SUPER SPECIALITY HOSPITAL
Dr. Amit Kohant
M.B.B.S. M.D. (Medicine)
Consultant Physician
Reg. No. 52955 (MCI)



0.67~100Hz ACS50 25mm/s 10mm/mV 2*5.0s 89 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)

(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
8 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

Neetu Singh

27/8/22

36x/R

teleo Hypothym
(150u)

Cap Artery 60K HLA
x 3mm

Cap Trineve 105
10

Dr. AMIT KOTHARI
M.D. Medicine
Consultant Physician
Timing:-12:00 To 1:00 Pm (Mon To Sat)
4:30 To 5:30 Pm (Tues To Sat)

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) Series 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)

Ultrasound Report
 TRANSTHORASCIC ECHO-DOPPLER REPORT

- **Name: MRS. NEETU SINGH** **Age /sex: 38/Female** **Date: -29/08/2022**
- **POOR ECHO WINDOW**

	Observed values (mm)		Normal values (mm)
Aortic root diameter	3.0		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.5		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.3	3.0	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 - 10)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	55-60	%	55% -80%

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal		
Max velocity	94	Max velocity	130	
Mean PG		Max PG		
Pressure ½ time		Mean velocity		
Acceleration Time		Mean PG		
RVET		LVET		
Mitral valve = Normal		Tricuspid valve = Normal		
E	E>A	108	Max Velocity	68
A		84	Mean Velocity	
DT			Mean PG	
E/E			TAPSE	

Ultrasound Report

Regurgitation: -

MR = Trace		TR = Trace	
Severity		Severity	
Max Velocity		RVSP	17+RAP
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: - (POOR WINDOW)

- 1) No RWMA, LV EF; 55-60 %
- 2) All chambers are normal in size.
- 3) Normal LV diastolic function
- 4) Trace MR, Trace TR(RVSP-17+RAP)
- 5) No AR/PR.
- 6) No Intracardiac clot, vegetation, pericardial effusion
- 7) IVC is normal in size / diameter.

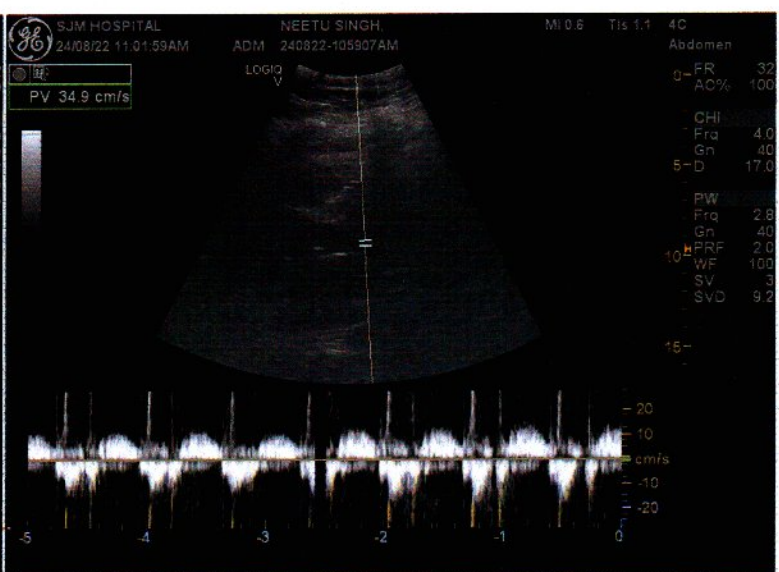
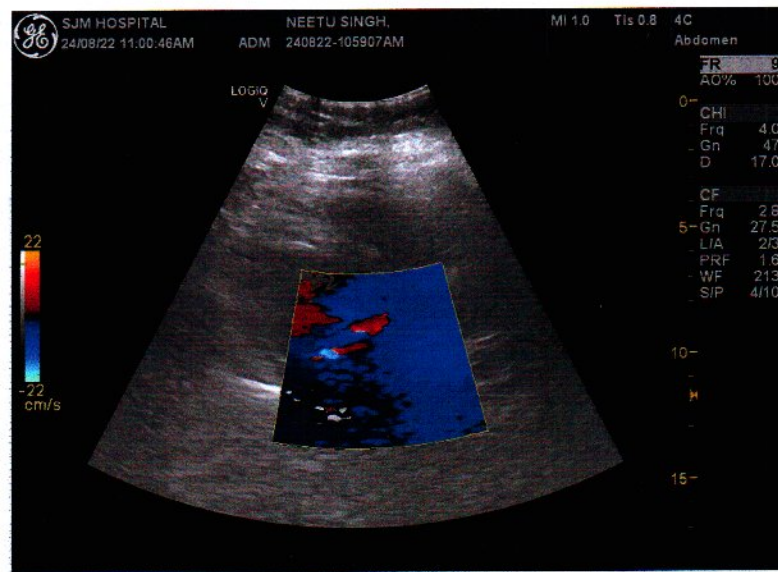

DR. BHUPENDER BHATI

MBBS, MD, PGDCC

Non-Interventional Cardiologist.

Centre for Excellent Patient Care





Laboratory Report

Lab Serial no. : LSHHI227771	Mr. No : 94311
Patient Name : Mrs. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:22PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:22 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.0	gm/dl	12.0 - 16.0
TLC	8.8	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	35	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.53	Thousand / UI	3.8 - 5.10
P.C.V	36.2	million/UI	0 - 40
M.C.V.	79.9	fL	78 - 100
M.C.H.	24.3	pg	27 - 32
M.C.H.C.	30.4	g/dl	32 - 36
Platelet Count	3.72	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



Laboratory Report

Lab Serial no. : LSHHI227771	Mr. No : 94311
Patient Name : Mrs. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:22PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:22 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	129.7	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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	104.9	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

Laboratory Report

Lab Serial no. : LSHHI227771	Mr. No : 94311
Patient Name : Mrs. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:22PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:22 PM
OPD : OPD	

HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) **22** 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

KFT, Serum

Blood Urea	16.9	mg/dL	13 - 40
Serum Creatinine	0.73	mg/dl	0.6 - 1.1
Uric Acid	5.4	mg/dl	2.6 - 6.0
Calcium	9.0	mg/dL	8.8 - 10.2
Sodium (Na+)	136.4	mEq/L	135 - 150
Potassium (K+)	3.9	mEq/L	3.5 - 5.0
Chloride (Cl)	102.3	mmol/L	94 - 110
PHOSPHORUS-Serum	3.12	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.

technician :

Typed By : Mr. BIRJESH

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Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

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



Laboratory Report

Lab Serial no. : LSHHI227771	Mr. No : 94311
Patient Name : Mrs. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age / Sex : 36 Yrs / F	Sample Receive Date : 27-Aug-2022 03:41 PM
Referred by : Dr. SELF	Result Entry Date : 27-Aug-2022 06:22PM
Doctor Name : Dr. AMIT KOTHARI	Reporting Time : 27-Aug-2022 06:22 PM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	190.0	mg/dl	< - 200
HDL Cholesterol	53.0	mg/dl	42.0 - 88.0
LDL Cholesterol	122.4	mg/dl	50 - 150
VLDL Cholesterol	14.6	mg/dl	00 - 40
Triglyceride	72.8	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.6	%	3.30 - 4.40

INTERPRETATION:

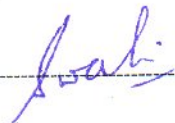
Lipid profile Of lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

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technician :

Typed By : Mr. BIRJESH



Page 1

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MRS. NEETU SINGH

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Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHHI227771	Reg. No. : 94311
Patient Name : MRS. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 27-Aug-2022 03:41 PM
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Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

URINE SUGAR (Fasting)**CHEMICAL EXAMINATION**

Glucose : Nil

URINE SUGAR (PP)**CHEMICAL EXAMINATION**

Glucose : Nil

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 27-08-2022

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**Laboratory Report**

Lab Serial No. : LSHH1227771	Reg. No. : 94311
Patient Name : MRS. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 27-Aug-2022 03:41 PM
Referred By : SELF	Sample Receiving Date : 27-Aug-2022 03:41 PM
Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

TEST NAME**VALUE**

ABO

"A"

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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**Laboratory Report**

Lab Serial No. : LSHHI227771	Reg. No. : 94311
Patient Name : MRS. NEETU SINGH	Reg. Date & Time : 27-Aug-2022 03:27 AM
Age/Sex : 36 Yrs /F	Sample Collection Date : 27-Aug-2022 03:41 PM
Referred By : SELF	Sample Receiving Date : 27-Aug-2022 03:41 PM
Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 27-Aug-2022 06:22 PM
OPD/IPD : OPD	

URINE EXAMINATION TEST**PHYSICAL EXAMINATION**

Quantity: 20 ml

Color: Straw

Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil

Glucose: nil

PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF

RBC's: nil

Crystals: nil

Epithelial cells: 0-1 /HPF

Others: nil

Note:-

A **urinalysis** is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.



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 Pathologist & Microbiologist
 27-08-2022



Patient Name : Mrs. NEETU SINGH
 Age/Sex : 39 Y/Female
 Patient ID : 012208270098
 Barcode : 10110813
 Ref. By : Self
 SRF No. :
 Aadhar-Nation : - Indian

Registration No : 105476
 Registered : 27/Aug/2022
 Collection : 27/Aug/2022 07:30PM
 Received : 27/Aug/2022 09:06PM
 Reported : 27/Aug/2022 11:45PM
 Panel : SJM Hospital
 Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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THYROID PROFILE.(TFT)SERUM

T3 ,Serum	106.50	ng/dl	69-215
T4 ,Serum ECLIA	6.40	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	5.2	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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 Director

Dr. Madhusmita Das
 MD MICROBIOLOGY



Dr. Priyanka Rana
 MD Pathology



Patient Name : Mrs. NEETU SINGH
Age/Sex : 39 Y/Female
Patient ID : 012208270098
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Ref. By : Self
SRI No. :
Aadhar-Nation : - Indian

Registration No : 105476
Registered : 27/Aug/2022
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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 U/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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Patient Name : Mrs. NEETU SINGH
Age/Sex : 39 Y/Female
Patient ID : 012208270098
Barcode : 10110813
Ref. By : Self
SRF No. :
Aadhar-Nation : - Indian

Registration No : 105476
Registered : 27/Aug/2022
Collection : 27/Aug/2022 07:30PM
Received : 27/Aug/2022 09:05PM
Reported : 27/Aug/2022 11:58PM
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	6.20	%	
Average Glucose Calculated	131.24	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

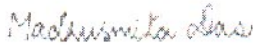
Comment :

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


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REPORT


360
 DIAGNOSTICS

Patient Name : Mrs. NEETU SINGH

Age/Sex : 39 Y/Female

Patient ID : 012208270098

Barcode : 10110813

Ref. By : Self

SRF No. :

Aadhar-Nation : - Indian

Registration No : 105476

Registered : 27/Aug/2022

Collection : 27/Aug/2022 07:30PM

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Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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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-splenctomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***



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NABL ACCREDITED & ICMR APPROVED FOR COVID-19

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