

For Medical Checkup

Dr
11/06/2022

9/02/2022

भारत सरकार
Government of India

राजनी वर्मा
Rajni Verma
जन्म तिथि / DOB : 11/12/1981
महिला / Female

Issue Date: 28/03/2017

5750 1051 5757

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India

पता: नवनील कमर वर्मा, फ्लैट न-ए-८०७,
अजया द्रोणगिरि अपार्टमेंट, सेक्टर-११, वसुंधरा,
वसुंधरा, गज़ियाबाद, उत्तर प्रदेश, 201012
Address: Navneet Kmar Verma, FLAT
NO-A-807, AJPA DRONAGIRI
APARTMENT, SECTOR-11, VASUNDHRA,
Vasundhra, Ghaziabad, Uttar Pradesh,
201012

Print Date: 28/02/2022

5750 1051 5757

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

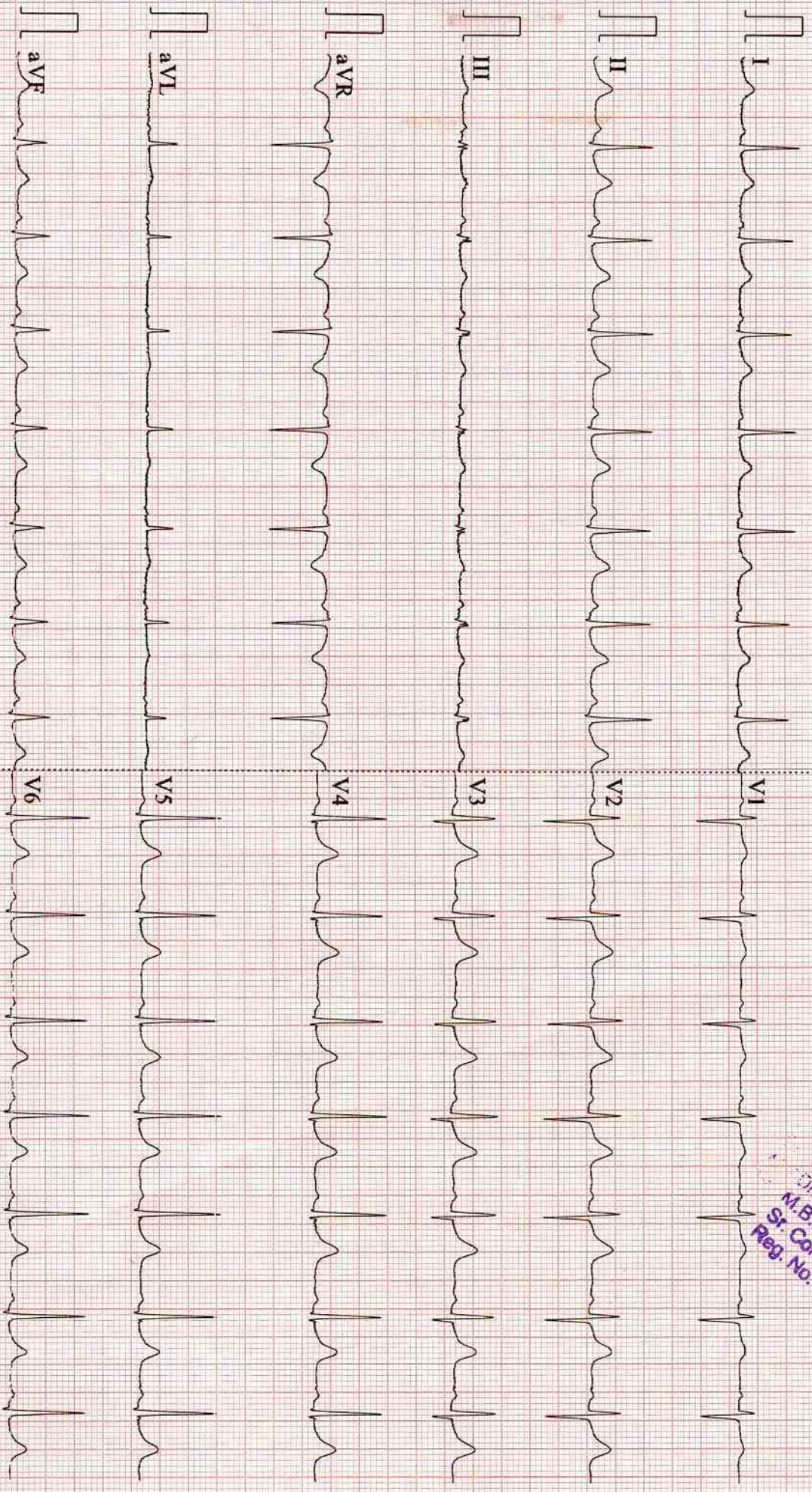
MRS RAJNI VERMA
Female 41Years

HR	: 87	bpm
P	: 88	ms
PR	: 130	ms
QRS	: 76	ms
QT/QTc	: 364/440	ms
P/QRS/T	: 65/34/48	°
RV5/SV1	: 1.395/0.713	mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Report Confirmed by:

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





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)

11-0622

C/O BOB

(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
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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

No Rakhi
No Rajni Verna

Physically and mentally fit

VBhat

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar 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

Panels: 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 Videoon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)



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Name Ragini Sharma Age/Sex 40 Yr Date 11-6-22
B.P.: Temp Pulse
Height Weight UHID No.
C/O bleeding

4th 6/9
6/9

Consolidation of - 0.50
→
- 0.50

Ⓟ Ⓟ



Admission
Refresh

CGHS & AYUSHMAN BHARAT

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

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Ultrasound Report

NAME: Mrs. Rajni Verma

AGE: 40Yrs/F

DATE: 11/06/2022

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal in size. 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 partially contracted post prandial. 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 echo pattern. 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 right side. **Left kidney shows renal calculus meas. 7mm in upper pole.**

RETROPERITONIUM- -There is none 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 normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen

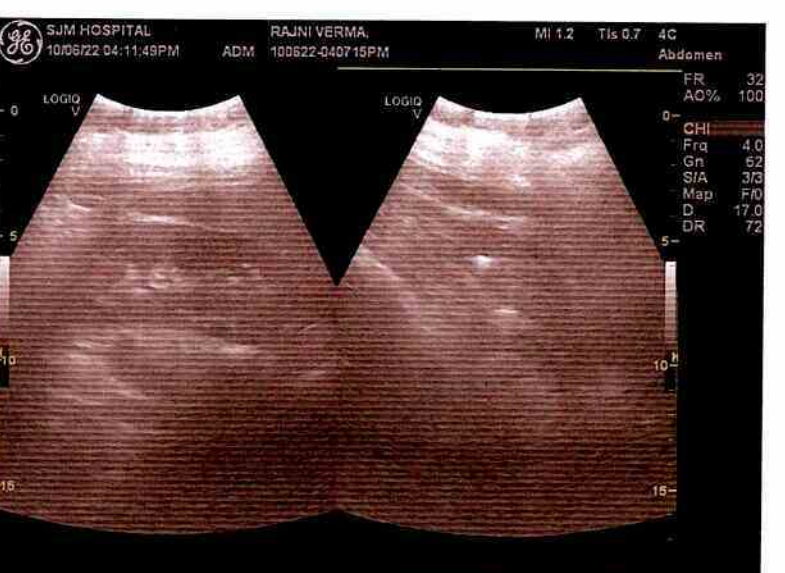
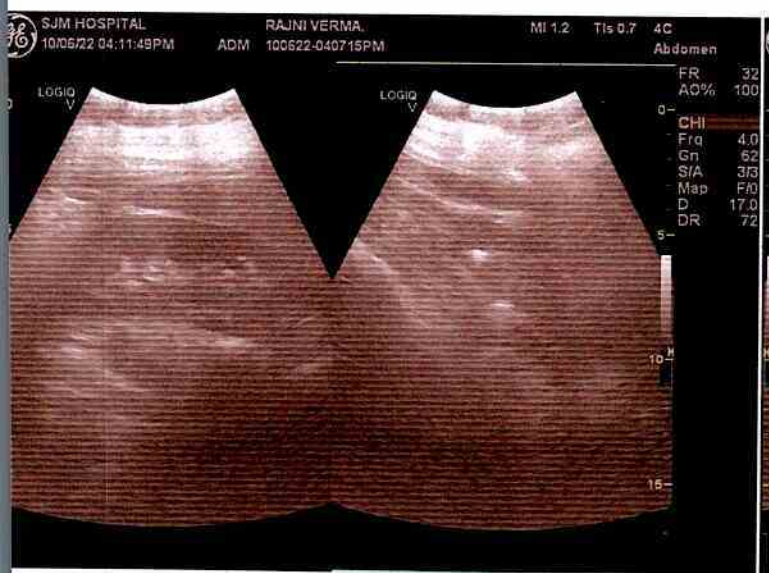
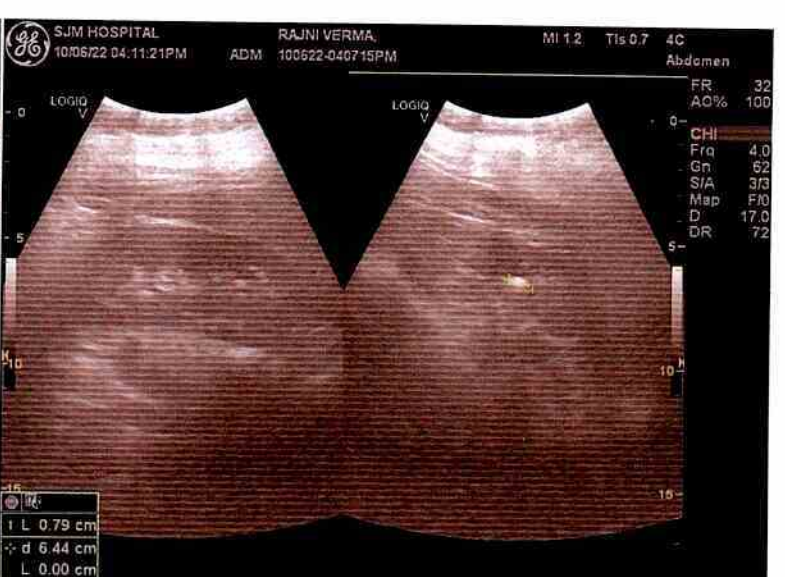
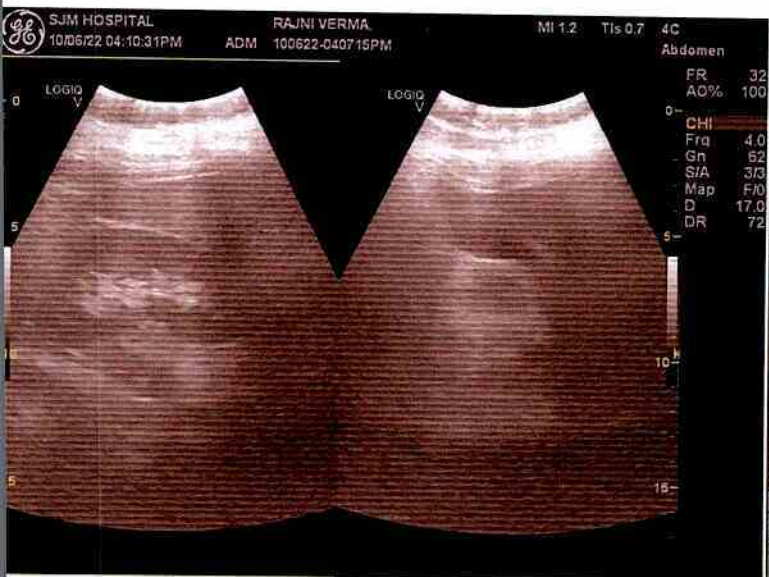
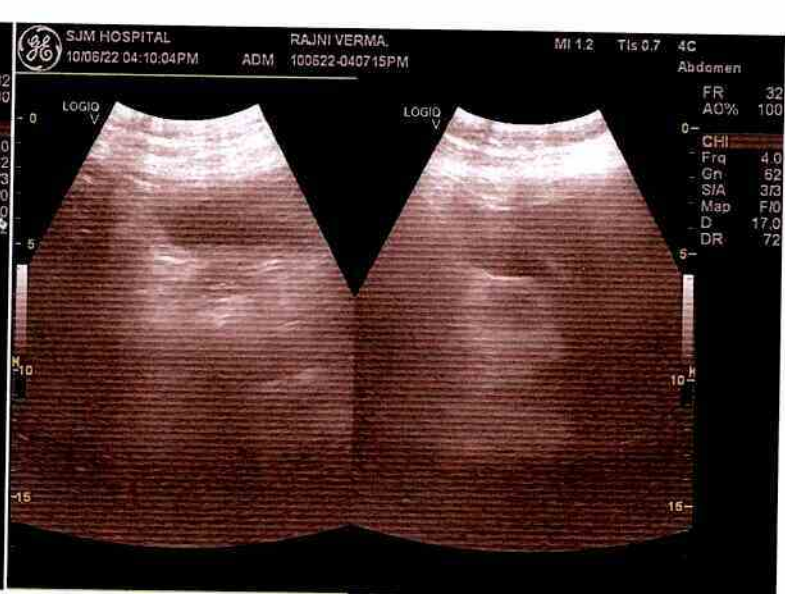
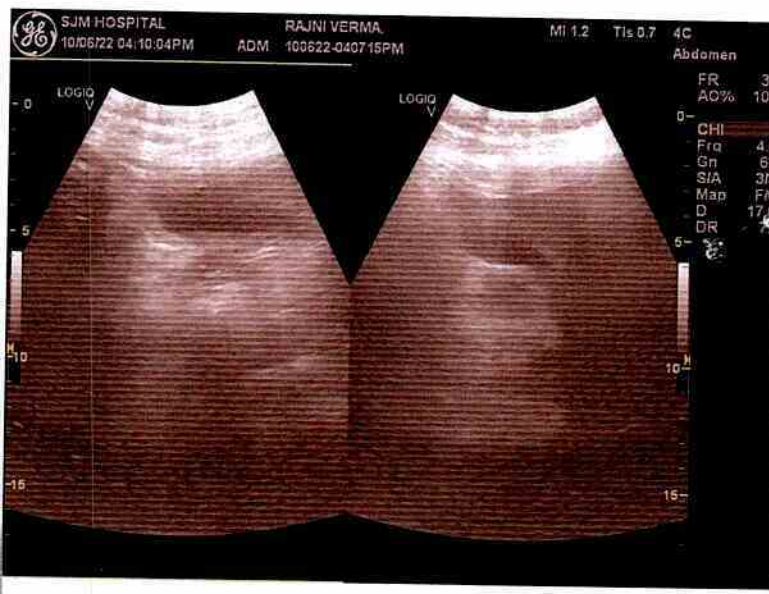
IMPRESSION: - Left Renal calculus.

For SJM Super Speciality Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA





X-Ray Report

Patient ID.	19094(OPD)	Name	RAJNI	Sex/Age	F/41 YR.Y
Date	11-06-2022 03:38 PM	Ref. Physician	DR. VINOD BHAT	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



Laboratory Report

Lab Serial no. : LSHHI221530	Mr. No : 92157
Patient Name : Mrs. RAJNI VERMA	Reg. Date & Time : 11-Jun-2022 04:37 AM
Age / Sex : 40 Yrs / F	Sample Receive Date : 11-Jun-2022 04:51 PM
Referred by : Dr. SELF	Result Entry Date : 11-Jun-2022 07:56PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 11-Jun-2022 07:56 PM
OPD : OPD	

HAEMATOTOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.4	gm/dl	12.0 - 16.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	62	%	40 - 70
Lymphocyte	32	%	20 - 40
Eosinophil	04	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.42	Thousand / UI	3.8 - 5.10
P.C.V	39.1	million/UI	0 - 40
M.C.V.	88.5	fL	78 - 100
M.C.H.	28.1	pg	27 - 32
M.C.H.C.	31.7	g/dl	32 - 36
Platelet Count	1.24	Lacs/cumm	1.5 - 4.5

Comments:

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) **130** mm/1hr 00 - 20

NOTE:-

An erythrocyte sedimentation rate test (ESR) detects inflammation that may be caused by infection and some autoimmune diseases.

BIOCHEMISTRY

results unit reference

BLOOD SUGAR (PP), Serum

SUGAR PP 124.8 mg/dl 80 - 140

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F) **111.6** mg/dl 70 - 110

Comments:

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

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

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

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	136.0	mg/dl	< - 200
HDL Cholesterol	35.3	mg/dl	42.0 - 88.0
LDL Cholesterol	59.1	mg/dl	50 - 150
VLDL Cholesterol	41.6	mg/dl	00 - 40
Triglyceride	208.0	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.9	%	

Comment:

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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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

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	14.0	mg/dL	13 - 40
Serum Creatinine	0.62	mg/dl	0.6 - 1.1
Uric Acid	5.6	mg/dl	2.6 - 6.0
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na ⁺)	138.4	mEq/L	135 - 150
Potassium (K ⁺)	4.16	mEq/L	3.5 - 5.0
Chloride (Cl)	105.7	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	6.54	mg/dL	7 - 18
PHOSPHORUS-Serum	2.59	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	0.34	mg/dL	00 - 2.0
Bilirubin- Direct	0.2	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.14	mg/dL	0.2 - 1.2
SGOT/AST	23.0	IU/L	00 - 31
SGPT/ALT	22.3	IU/L	00 - 34
Alkaline Phosphate	98.0	U/L	42.0 - 98.0
Total Protein	7.68	g/dL	6.4 - 8.3
Serum Albumin	4.06	gm%	3.50 - 5.20
Globulin	3.62	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.12	%	

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

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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 and RH negative.

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URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil

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Patient Name : Mrs. RAJNI VERMA
Age/Sex : 41 Y/Female
Patient ID : 012206110062
Barcode : 10092111
Ref. By : Self
SRF No. :
Aadhar No :

Registration No : 89099
Registered : 11/Jun/2022
Collection : 11/Jun/2022 02:42PM
Received : 11/Jun/2022 03:15PM
Reported : 11/Jun/2022 05:04PM
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	5.70	%	
Average Glucose Calculated	116.89	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



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



Patient Name : Mrs. RAJNI VERMA

Age/Sex : 41 Y/Female

Patient ID : 012206110062

Barcode : 10092111

Ref. By : Self

SRF No. :

Aadhar No :

Registration No : 89099

Registered : 11/Jun/2022

Collection : 11/Jun/2022 02:42PM

Received : 11/Jun/2022 03:15PM

Reported : 11/Jun/2022 05:04PM

Panel : SJM Hospital

Passport No. :

Test Name

Value

Unit

Bio Ref.Interval

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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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.

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Patient Name : Mrs. RAJNI VERMA

Age/Sex : 41 Y/Female

Patient ID : 012206110062

Barcode : 10092111

Ref. By : Self

SRF No. :

Aadhar No :

Registration No : 89099

Registered : 11/Jun/2022

Collection : 11/Jun/2022 02:42PM

Received : 11/Jun/2022 03:15PM

Reported : 11/Jun/2022 04:12PM

Panel : SJM Hospital

Passport No. :

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

T3 ,Serum	119.00	ng/dl	69-215
T4 ,Serum ECLIA	8.70	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	3.2	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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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 ***

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