

भारत सरकार

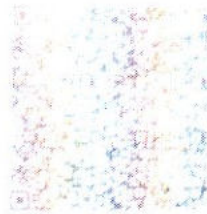
wife - 61:5 kg

Government of India

Ht - 153

B.P. - 110/70

Plus 80/



आपका आधार क्रमांक / Your Aadhaar No

3419 4937 3780

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आपका नाम

विनोद गुप्ता

वर्ग / Gender: Male

आपकी लिंग / Gender: Female



3419 4937 3780

मेरा आधार, मेरी पहचान

Can be gupta
for medi claim
purpose.

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S, M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30839 (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)

12-12-2022

90 Bots

(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
Laprosopic & 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

MA. Kamika Gupta

Physically and Mentally fit

1
VBhat

SJM SUPER SPECIALITY HOSPITAL
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M.B.B.S, M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30935 (ICMC)

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) Scrices 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)

Mrs. Kanika Gupta
ID: 0000

Visit: opd
02.08.1986 153 cm Female
36 Years 61.5 kg

08.12.2022 9:58:06

SJM Super Speciality Hospital
Sector-63, Chhijars, Noida
Gautam Buddha Nagar, UP-201307

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

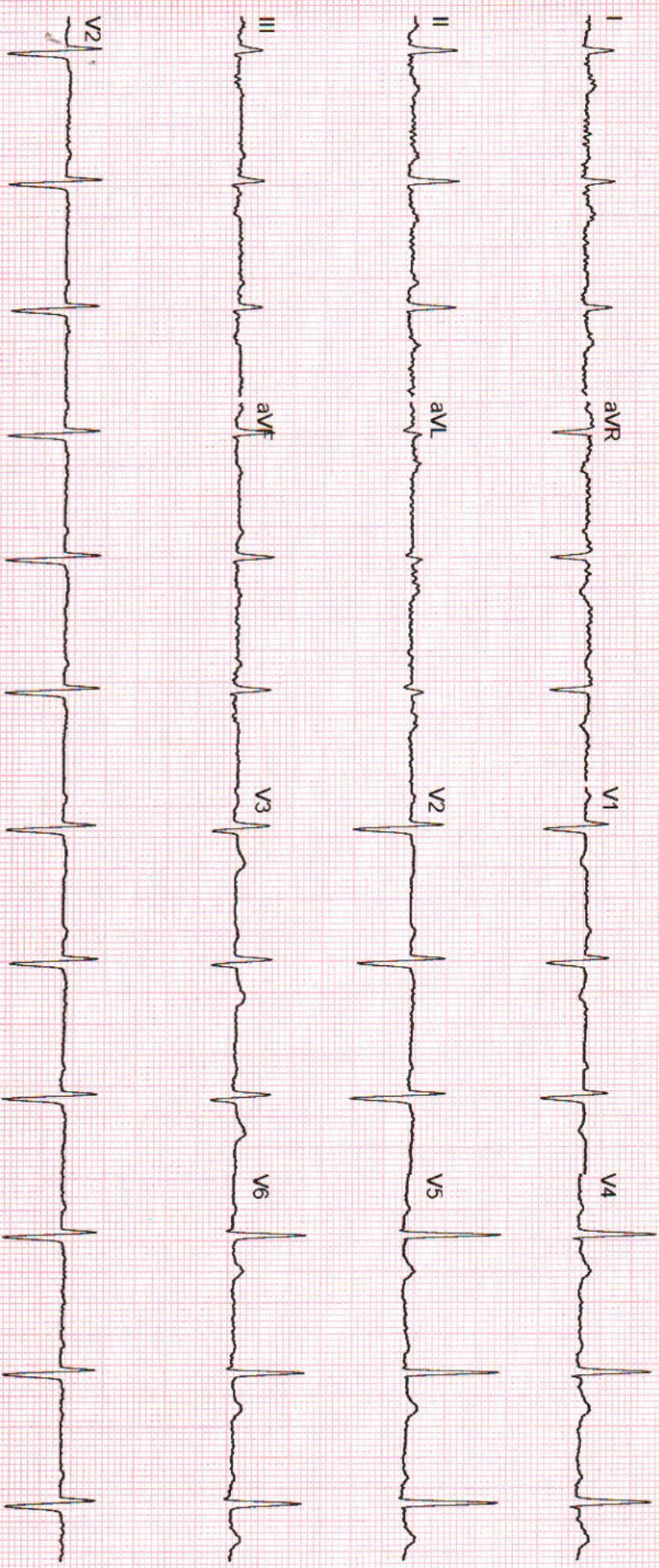
QRS : 72 ms
QT / QTcBaz : 356 / 384 ms
PR : 180 ms
P : 100 ms
RR / PP : 854 / 857 ms
P / QRS / T : 62 / 55 / 19 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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70 bpm
--/-- mmHg



MAC2000 1.1 12SL™ V241

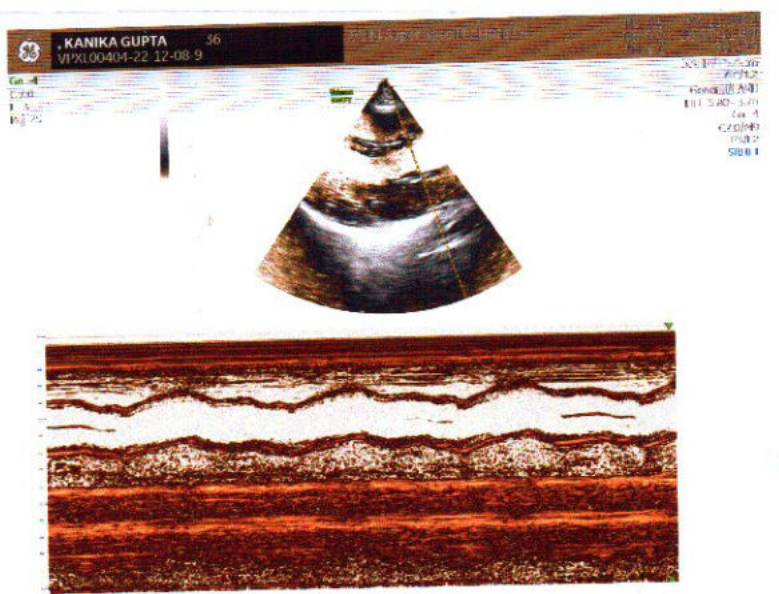
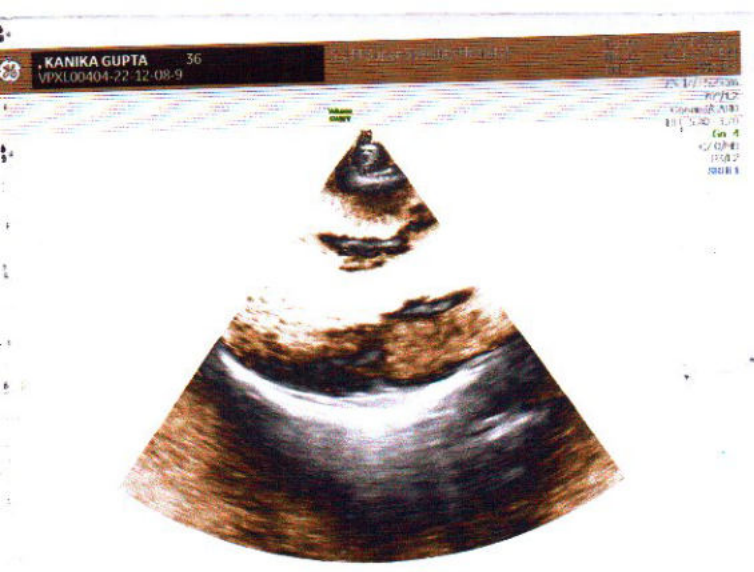
25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

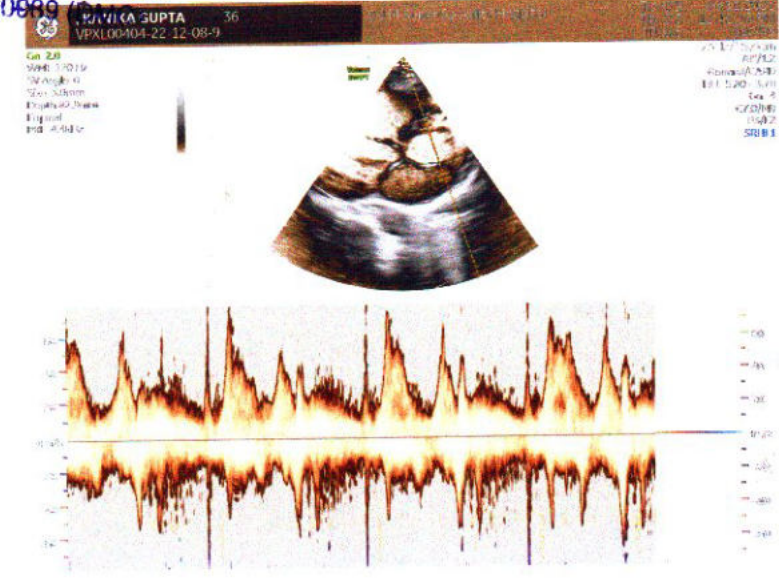
4x2.5x3.25 R1

Unconfirmed

1/1



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Reg. No. 30669



Ultrasound Report TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Kanika Gupta** Age /sex: **36Yrs/F** Date: **25/11/2022**

ECHO WINDOW: FAIR

	Observed values (mm)		Normal values (mm)
Aortic root diameter	2.4		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.7		19 - 40
	End Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.6	2.5	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60 %		55% -65 %

Doppler Velocities (cm / sec)

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

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 Reg. No. 216619 (C.M.C.I.)



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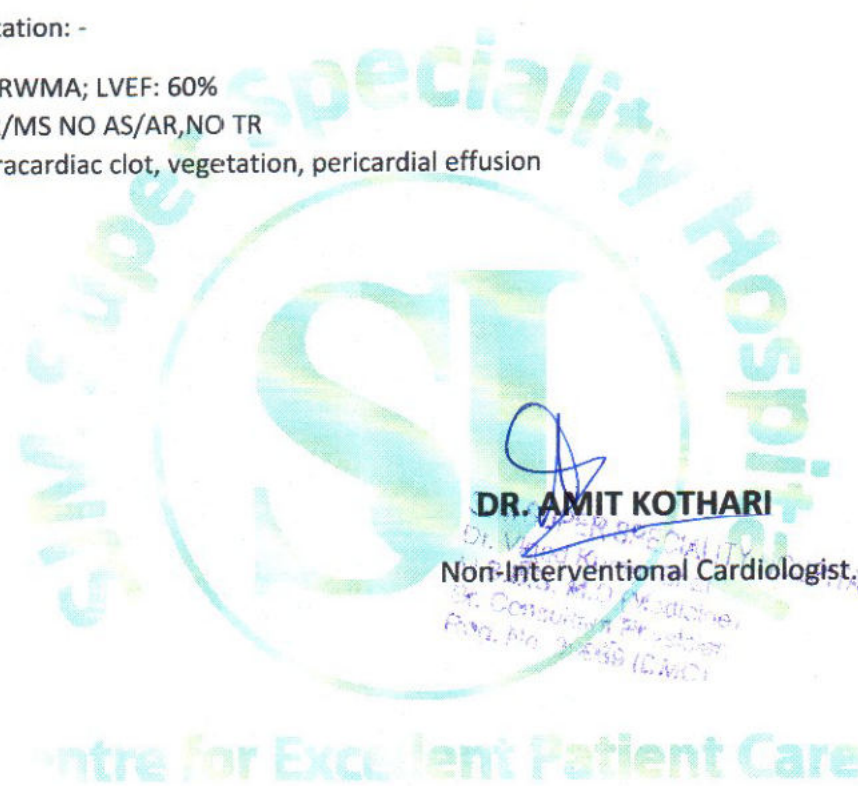
Ultrasound Report

Regurgitation: -

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

Final Interpretation: -

- 1.) No LV RWMA; LVEF: 60%
- 2.) No MR/MS NO AS/AR,NO TR
- 3.) No Intracardiac clot, vegetation, pericardial effusion



DR. AMIT KOTHARI

Non-Interventional Cardiologist.

*Dr. V. K. ...
Dr. ...
Dr. ...
Dr. ...*

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Web.: www.sjmhospital.com

Laboratory Report

Lab Serial no.	: LSHHI236153	Mr. No	: 97294
Patient Name	: Mrs. KANIKA GUPTA	Reg. Date & Time	: 08-Dec-2022 11:11 AM
Age / Sex	: 36 Yrs / F	Sample Receive Date	: 08-Dec-2022 11:13 AM
Referred by	: Dr. SELF	Result Entry Date	: 08-Dec-2022 01:06PM
Doctor Name	: Dr. AMIT KOTHARI	Reporting Time	: 08-Dec-2022 01:06 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	9.8	gm/dl	12.0 - 16.0
TLC	5.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	58	%	40 - 70
Lymphocyte	34	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.81	Thousand / UI	3.8 - 5.10
P.C.V	31.7	million/UI	0 - 40
M.C.V.	65.9	fL	78 - 100
M.C.H.	20.4	pg	27 - 32
M.C.H.C.	30.9	g/dl	32 - 36
Platelet Count	2.32	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

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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

Laboratory Report

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OPD : OPD	

HAEMATOLOGY

results unit reference

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) **38** 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) 106.0 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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 Reg. No. 30069 (DMC)

technician :

Typed By : Mr. BIRJESH

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	181.0	mg/dl	< - 200
HDL Cholesterol	49.7	mg/dl	42.0 - 88.0
LDL Cholesterol	118.1	mg/dl	50 - 150
VLDL Cholesterol	13.2	mg/dl	00 - 40
Triglyceride	66.0	mg/dl	00 - 170
Cholestrol/HDL RATIO	3.7	%	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	128.2	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

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	14.5	mg/dL	13 - 40
Serum Creatinine	0.50	mg/dl	0.6 - 1.1
Uric Acid	6.5	mg/dl	2.6 - 6.0
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na+)	141.0	mEq/L	135 - 150
Potassium (K+)	3.91	mEq/L	3.5 - 5.0
Chloride (Cl)	102.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	6.78	mg/dL	7 - 18
PHOSPHORUS-Serum	4.24	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

SJM SUPER SPECIALITY HOSPITAL

Dr. Swati Chandel
M.D (Medicine)
Consultant Physician
Reg. No. 30689 (BMC)

technician :

Typed By : Mr. BIRJESH

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Doctor Name : Dr. AMIT KOTHARI	ReportingTime : 08-Dec-2022 01:06 PM
OPD/IPD : OPD	:

TEST NAME

VALUE

ABO

"A"

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 and RH negative.

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil

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Mr. BIRJESH

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

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

08-12-2022
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
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OPD/IPD : OPD	:

URINE EXAMINATION TEST**PHYSICAL EXAMINATION**

Quantity: 20 ml
 Color: Straw
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
 PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 6-7 /HPF
 RBC's: nil
 Crystals: nil
 Epithelial cells: 4-5 /HPF
 Others: nil

Note:-

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

Mr. BIRJESH

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

Swati
Dr. Swati Chandel
 Consultant Pathologist
 39292 (MCI)

08-12-2022
Dr. Bupinder Zutshi
 (M.B.B.S., MD)
 Pathologist & Microbiologist



DIAGNOSTICS

Patient Name : Mrs. KANIKA GUPTA
Age/Sex : 36 Y/Female
Patient ID : 012212080039
Barcode : 10127841
Ref. By : Self
SRF No. :
Aadhar-Nation : - Indian

Registration No : 119971
Registered : 08/Dec/2022
Collection : 08/Dec/2022 02:30PM
Received : 08/Dec/2022 02:37PM
Reported : 08/Dec/2022 04:15PM
Panel : SJM Hospital
Passport No. :

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

T3 ,Serum	121.00	ng/dl	69-215
T4 ,Serum ECLIA	8.60	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	1.9	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability. Subclinical Autoimmune Hypothyroidism Intermittent T4 therapy for hypothyroidism Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy, post radioiodine Hypothyroid phase of transient thyroiditis" Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

Jhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY
 Sr. Consultant Physician
 Reg. No. 30989 (DMC)

Priyanka
Dr. Priyanka Rana
 MD Pathology



DIAGNOSTICS

Patient Name : Mrs. KANIKA GUPTA
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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(μIU/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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Jhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka
Dr. Priyanka Rana
 MD Pathology



Patient Name : Mrs. KANIKA GUPTA	Registration No
Age/Sex : 36 Y/Female	Registered : 08/Dec/2022
Patient ID : 012212080039	Collection : 08/Dec/2022 02:30PM
Barcode : 10127841	Received : 08/Dec/2022 02:37PM
Ref. By : Self	Reported : 08/Dec/2022 06:17PM
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 HPLC	5.40	%	
Average Glucose Calculated	108.28	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC	< 6.0 %
GOOD CONTROL	6 - 7 %
FAIR CONTROL	7 - 8 %
ACTION SUGGESTED	FOR MORE THAN 8 %

Result done on : Tosoh Automated Glycohemoglobin Analyzer.

Comment :

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

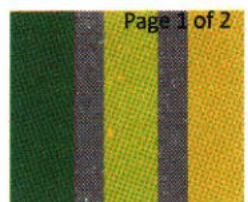
ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

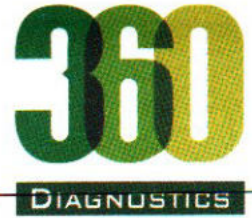
1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration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

Jatinder Bhatia
Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das
Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka Rana
Dr. Priyanka Rana
 MD Pathology





Patient Name : Mrs. KANIKA GUPTA
Age/Sex : 36 Y/Female
Patient ID : 012212080039
Barcode : 10127841
Ref. By : Self
SRF No. :
Aadhar-Nation : - Indian

Registration No : 119971
Registered : 08/Dec/2022
Collection : 08/Dec/2022 02:30PM
Received : 08/Dec/2022 02:37PM
Reported : 08/Dec/2022 06:17PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
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3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting 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 ***

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Ghat
 M.B.B.S., M.D. (Medicine)
 Sr. Consultant Physician
 Reg. No. 30689 (DMC)

Jhatia

Dr. Jatinder Bhatia
 MD Pathology
 Director

Madhusmita Das

Dr. Madhusmita Das
 MD MICROBIOLOGY

Priyanka

Dr. Priyanka Rana
 MD Pathology



cerviCÔRE

Your Test Result

Case ID 103220068203
Patient Name KANIKA GUPTA
Age/Sex 36 Year /Female
Hospital Location Noida, Uttar Pradesh, India
Hospital Name SJM Hospital and IVF Centre
Physician Name Dr. Pushpa Kaul
Date & Time of Accessioning 08/12/2022 20:38 Hrs
Date & Time of Reporting 10/12/2022 12:52 Hrs



TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

Cervicovaginal smear, liquid based cytology (As per 2014 BETHESDA SYSTEM) Collected on 08/12/2022 at 18:15 Hrs

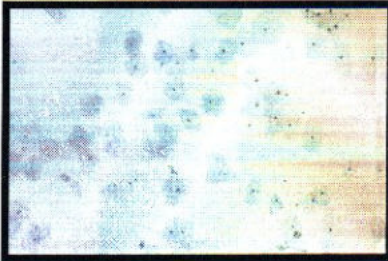
CLINICAL HISTORY

Not provided

METHODOLOGY

Cytology

CYTOLOGY REPORT



Satisfactory for Evaluation
Transformation zone: Present
Squamous cellularity: Adequate
Inflammatory change: Mild
Negative for intraepithelial lesion or malignancy (NILM)

COMMENT

1. The reporting was done as per Bethesda System of Reporting of Cervical Cytology, 2014.

Disclaimer:-PAP test is a screening test for cervical cancer with inherent false negative results.

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Question?

Contact us at **+91 124 4615 615**

Toll Free Helpline **+91 8882899999**

CONDITIONS OF REPORTING

1. The tests are carried out in the lab with the presumption that the specimen belongs to the patient named or identified in the bill/test request form.
2. The test results relate specifically to the sample received in the lab and are presumed to have been generated and transported per specific instructions given by the physicians/laboratory.
3. The reported results are for information and are subject to confirmation and interpretation by the referring doctor.
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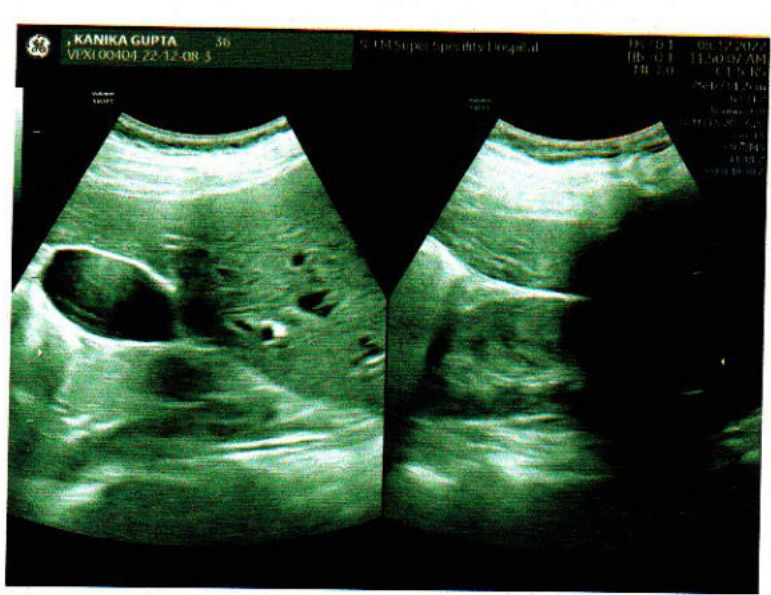
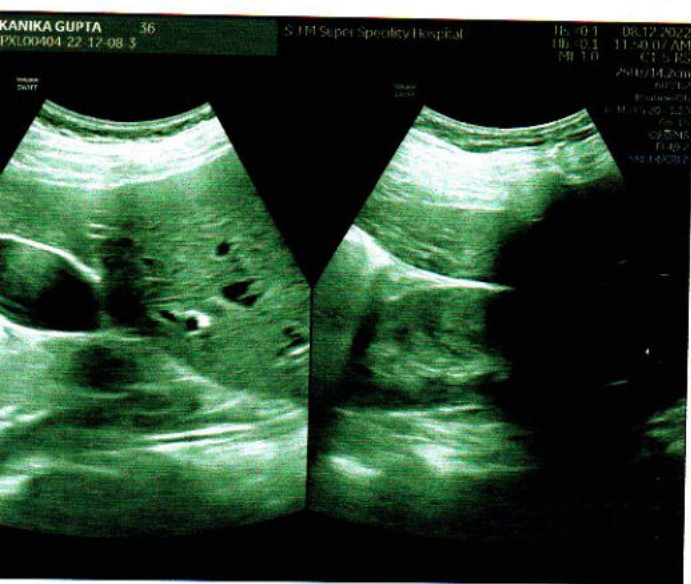
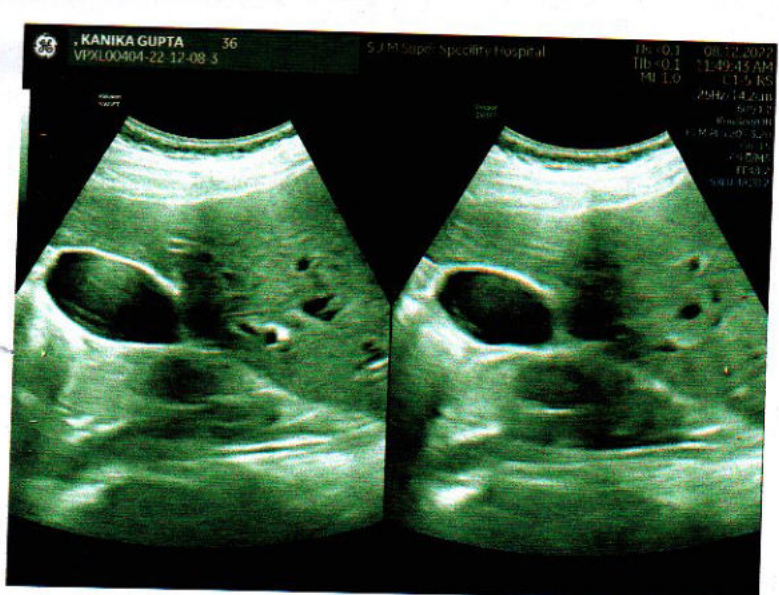
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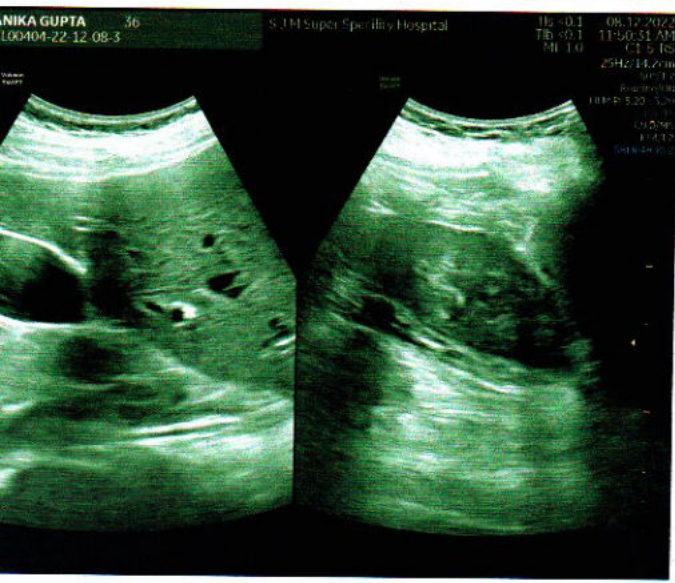
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SJM SUPER SPECIALITY HOSPITAL, IVF & TRAUMA CENTRE

(125 Bedded Fully Equipped With Modern Facilities)

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

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



Ultrasound Report

NAME: Mrs. Kanika Gupta

AGE/SEX:36yrs/F

DATE:08/12/2022

Real time USG of abdomen and pelvis reveals –

LIVER- -Liver appears normal in size and shape, contour and echo pattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER- -Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS- Pancreas is normal in size. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN-Spleen show normal size, shape and homogeneous echo pattern. No focal mass lesion is seen in parenchyma.

KIDNEY -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal 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 echo pattern. No focal lesion is seen. Endometrial appears normal. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION:- Normal Scan.

DR. PUSHPA KAUL

For SJM Super Speciality Hospital

DR. P.K GUPTA

SJM SUPER SPECIALITY HOSPITAL
Dr. Pushpa Kaul
MBBS, MCh (Gynaecology)
Sr. Gynaecology Physician
Reg. No. 00038 (Noida)



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

X-Ray Report

Patient ID.	20505 OPD	Name	MRS.KANIKA GUPTA	Sex/Age	F/36Y
Date	08.12.2022 11:19 AM	Ref. Physician		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. DEEPAK K SOLANKI

MBBS, DNB

CONSULTANT

SJM SUPER SPECIALITY HOSPITAL

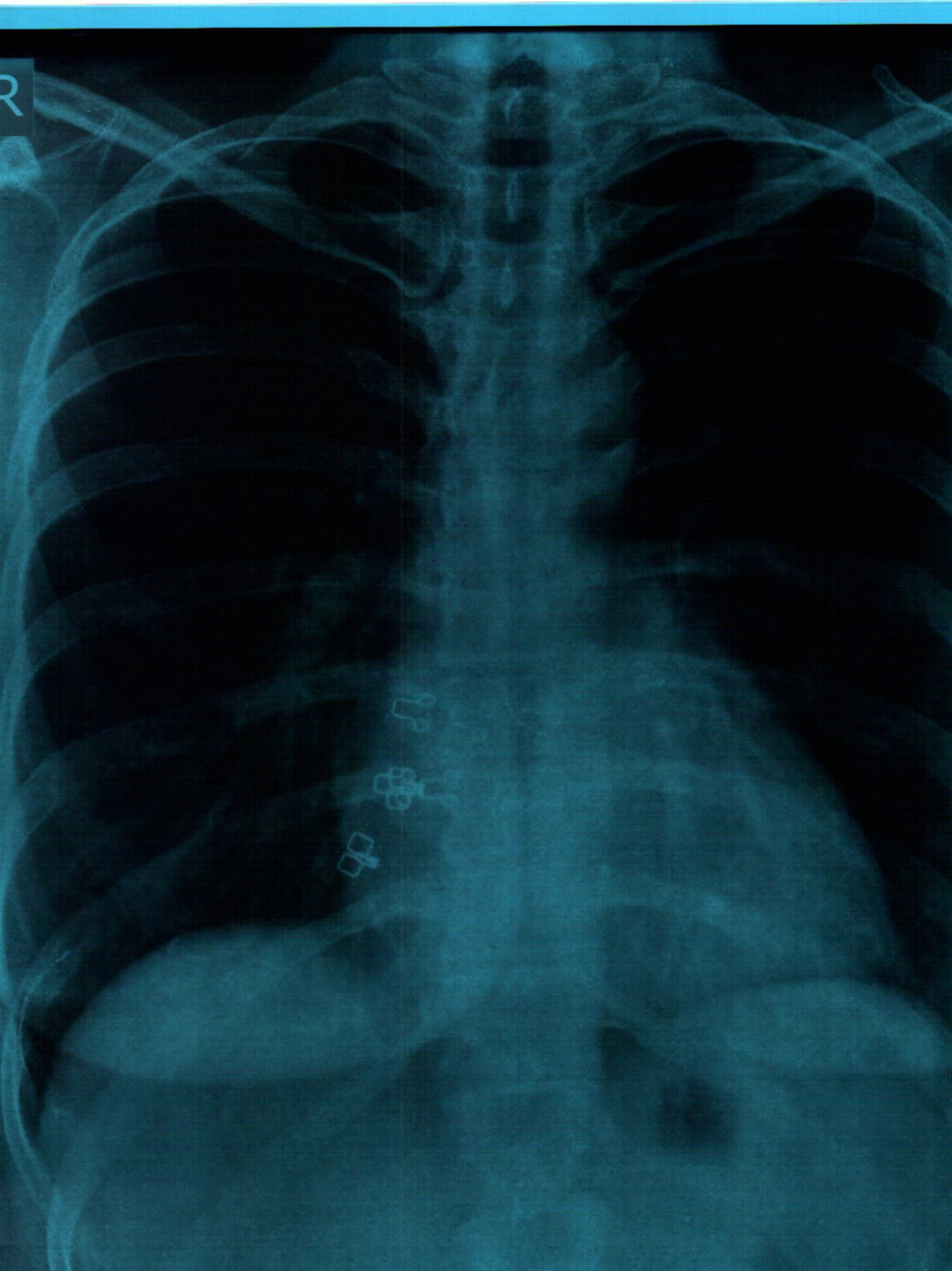
Dr. Vinod Kumar Bhat

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Reg. No. 30969 (DMC)

R



MRS.KANIKA GUPTA 36 Female

CHEST

PA

20505 OPD

08/12/2022 9:03:07 AM

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