



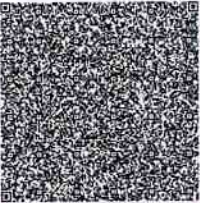





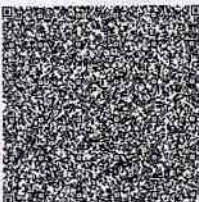


H-156 Cm  
W-58 kg  
B.P-130/80  
P-

 भारत सरकार Government of India	 आधार	 Government of India	 AADHAAR
<b>भारतीय विशिष्ट पहचान प्राधिकरण</b> Unique Identification Authority of India		<b>सूचना / INFORMATION</b>	
नामांकन क्रम/ Enrolment No.: 0013/67005/01800		<ul style="list-style-type: none"><li>आधार पहचान का प्रमाण है, नागरिकता का नहीं।</li><li>आधार विशिष्ट और सुरक्षित है।</li><li>सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान स्थापित करें।</li><li>आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। 12 अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।</li><li>10 साल में कम से कम एक बार आधार अपडेट जरूर करें।</li><li>आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं/सेवाओं का लाभ उठाने में मदद करता है।</li><li>आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।</li><li>आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।</li><li>आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।</li><li>आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।</li><li>Aadhaar is a proof of identity, not of citizenship.</li><li>Aadhaar is unique and secure.</li><li>Verify identity using secure QR code/offline XML/online Authentication.</li><li>All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.</li><li>Update Aadhaar at least once in 10 years.</li><li>Aadhaar helps you avail various Government and Non- Government benefits/services.</li><li>Keep your mobile number and email id updated in Aadhaar.</li><li>Download mAadhaar app on smart phones to avail Aadhaar Services.</li><li>Use the feature of lock/unlock Aadhaar/biometrics to ensure security.</li><li>Entities seeking Aadhaar are obligated to seek due consent.</li></ul>	
To बंदना झा Bandana Jha C/O: Manoj Kumar Jha A-801 Casa Woodstock, Gaur City-2, Plot No-GH-3E Sector-16C Greater Noida West Gautam Buddha Nagar Uttar Pradesh - 201009 9930067584			
Validity unknown			
			
आपका आधार क्रमांक / Your Aadhaar No. : <b>9525 3926 9299</b> VID : 9150 8010 8909 1637 मेरा आधार, मेरी पहचान			
 भारत सरकार Government of India	 आधार	 भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India	 AADHAAR
 बंदना झा Bandana Jha जन्म तिथि/DOB: 14/12/1975 महिला/ FEMALE		पता: द्वारा: मनोज कुमार झा, ए-801, कासा वुडस्टॉक, गौर सिटी-2, प्लॉट नं-जीएच-3ई, सेक्टर-16सी, ग्रेटर नोएडा वेस्ट, गौतम बुद्ध नगर, उत्तर प्रदेश - 201009 Address: C/O: Manoj Kumar Jha, A-801, Casa Woodstock, Gaur City-2, Plot No-GH-3E, Sector-16C, Greater Noida West, Gautam Buddha Nagar, Uttar Pradesh - 201009	
9525 3926 9299 VID : 9150 8010 8909 1637 मेरा आधार, मेरी पहचान		9525 3926 9299 VID : 9150 8010 8909 1637	
		1947   help@uidai.gov.in   www.uidai.gov.in	



Bandana Jha  
4/01/24  
mob- 7666475072



Mrs. BANDANA JHA  
ID: 110160  
Visit: opd  
48 Years

04.01.2024 9:14:33 AM  
sjm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

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

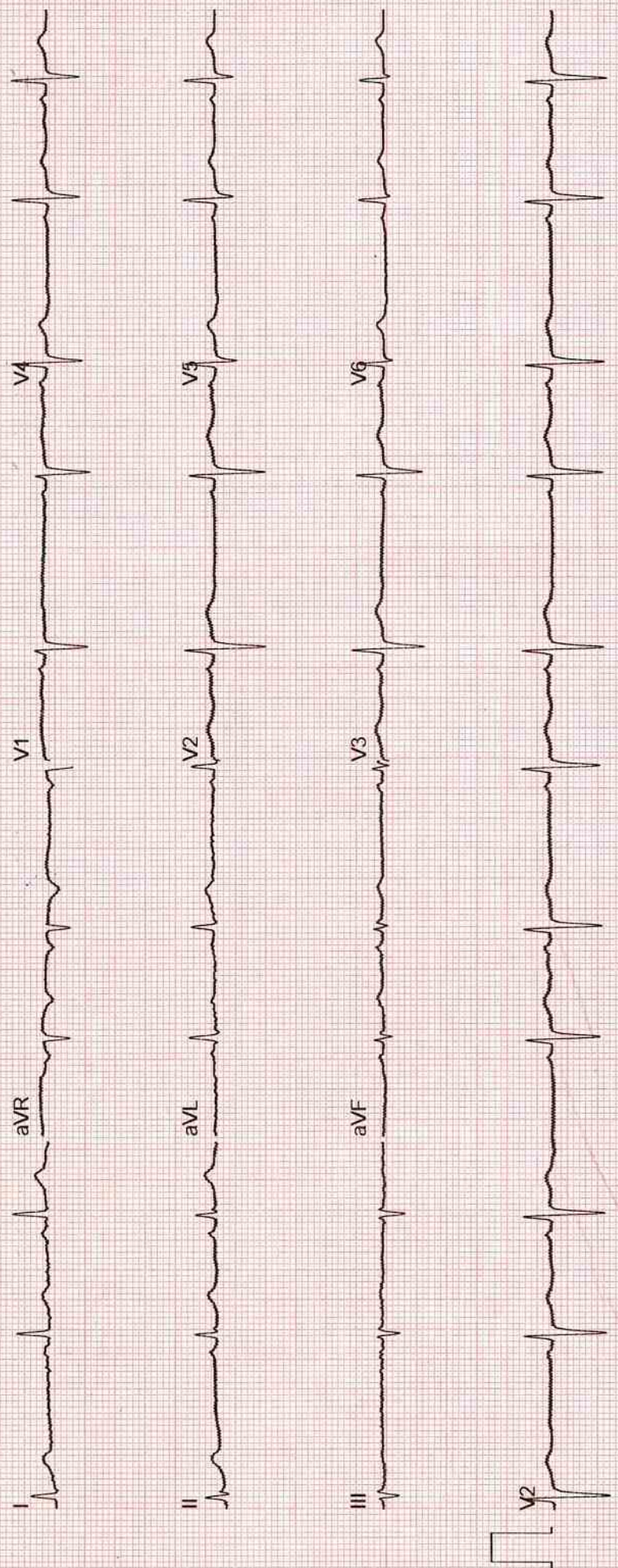
63 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Sinus rhythm with short PR with premature atrial complexes in a pattern of bigeminy  
Cannot rule out inferior infarct, age undetermined  
Abnormal ECG

QRS : 88 ms  
QT / QTcBaz : 404 / 413 ms  
PR : 92 ms  
P : 44 ms  
RR / PP : 944 / 952 ms  
P / QRS / T : 73 / -9 / 17 degrees

**SJM SUPER SPECIALITY HOSPITAL**  
Dr. Vinay Kumar Bhat  
N.B.S. (MD) (Medicine)  
Consultant Physician  
CR. No. 305589 (DMC)  
H-35







# SJM SUPER SPECIALITY HOSPITAL

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)



04.01.24

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  
24-Hour ambulance and emergency  
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

Ms. Bandana Jha

Has come for routine check-up

ECG reveal premature atrial complex

Pt on Estro Thyrox 75mg

Dr. Bhat

Adv cardiologist  
opinion

- Telma AM - 100mg R

SJM SUPER SPECIALITY HOSPITAL

Dr. Vinod Kumar Bhat  
M.B.B.S., M.D (Medicine)  
Consultant Physician  
Reg. No. 30589 (DMC)

Dr.

## CGHS & AYUSHMAN BHARAT

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

**Panel:** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandajam General Insurance Co. Ltd., Liberty Videcon 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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24-Hour Pharmacy  
Cafeteria & Kitchen

Mrs Bandana Jha

(40y/f)

Vncgl 616p  
616p  
NB

H/O HT X 4-syn

c/o Dizziness on 20y

CSG

Handwritten signature

(BE)

Lubsex-Ds Eye Drops - 2 times a day

X 2 months



Handwritten signature

## CGHS & AYUSHMAN BHARAT

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## Laboratory Report

Lab Serial no.	: LSHHI270106	Mr. No	: 110160
Patient Name	: Mrs. BANDANA JHA	Reg. Date & Time	: 04-Jan-2024 09:02 AM
Age / Sex	: 49 Yrs / F	Sample Receive Date	: 04-Jan-2024 09:16 AM
Referred by	: Dr. SELF	Result Entry Date	: 04-Jan-2024 12:37PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 04-Jan-2024 12:53 PM
OPD	: OPD		

### HAEMATOLOGY

results unit reference

#### CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	12.1	gm/dL	12.0 - 16.0
TLC	4.9	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	67	%	40 - 70
Lymphocyte	24	%	20 - 40
Eosinophil	<b>07</b>	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.55	Thousand / UI	3.8 - 5.10
P.C.V	37.2	million/UI	0 - 40
M.C.V.	81.8	fL	78 - 100
M.C.H.	<b>26.6</b>	pg	27 - 32
M.C.H.C.	32.5	g/dl	32 - 36
Platelet Count	2.23	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 : M





## Laboratory Report

Lab Serial no.	: LSHHI270106	Mr. No	: 110160
Patient Name	: Mrs. BANDANA JHA	Reg. Date & Time	: 04-Jan-2024 09:02 AM
Age / Sex	: 49 Yrs / F	Sample Receive Date	: 04-Jan-2024 09:16 AM
Referred by	: Dr. SELF	Result Entry Date	: 04-Jan-2024 12:48PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 04-Jan-2024 12:53 PM
OPD	: OPD		

### HAEMATOLOGY

results unit reference

#### ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate) 15 mm/1hr 00 - 20

##### Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

### BIOCHEMISTRY

results unit reference

#### HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C 4.6 % 4.0 - 6.0

ESTIMATED AVERAGE GLUCOSE 85.32 mg/dl

eAG[Calculated]

##### INTERPRETATION-

	HbA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CONTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

technician :

Typed By : Mr. BIR JESHA



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

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

## Laboratory Report

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### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	23.9	mg/dL	13 - 40
Serum Creatinine	0.76	mg/dl	0.6 - 1.1
Uric Acid	4.4	mg/dl	2.6 - 6.0
Calcium	9.6	mg/dL	8.8 - 10.2
Sodium (Na+)	136.3	mEq/L	135 - 150
Potassium (K+)	4.11	mEq/L	3.5 - 5.0
Chloride (Cl)	104.5	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.17	mg/dL	7 - 18
PHOSPHORUS-Serum	3.34	mg/dl	2.5 - 4.5

**Comment:-**

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

Centre for Excellent Patient Care

technician :

Typed By : Mr. BIRJESH



*eg:nd*  
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OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b><u>LIVER FUNCTION TEST,Serum</u></b>			
Bilirubin- Total	0.29	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.14	mg/dL	0.00 - 0.20
Bilirubin- Indirect	<b>0.15</b>	mg/dL	0.2 - 1.2
SGOT/AST	10.8	IU/L	00 - 31
SGPT/ALT	15.4	IU/L	00 - 34
Alkaline Phosphate	57.0	U/L	42.0 - 98.0
Total Protein	6.94	g/dL	6.4 - 8.3
Serum Albumin	4.22	gm%	3.50 - 5.20
Globulin	2.72	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.55	%	

#### INTERPRETATION

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

technician :

Typed By : Mr. BIR



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## Laboratory Report

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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 04-Jan-2024 12:53 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	<b>231.0</b>	mg/dl	< - 200
HDL Cholesterol	46.6	mg/dl	42.0 - 88.0
LDL Cholesterol	<b>158.8</b>	mg/dl	50 - 150
VLDL Cholesterol	25.6	mg/dl	00 - 40
Triglyceride	128.1	mg/dl	00 - 170
Cholestrol/HDL RATIO	<b>5.0</b>	%	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.

Centre for Excellent Patient Care

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## Laboratory Report

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Patient Name : Mrs. BANDANA JHA	Reg. Date & Time : 04-Jan-2024 09:02 AM
Age / Sex : 49 Yrs / F	Sample Receive Date : 04-Jan-2024 09:16 AM
Referred by : Dr. SELF	Result Entry Date : 04-Jan-2024 01:40PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 04-Jan-2024 12:53 PM
OPD : OPD	

### BIOCHEMISTRY

results unit reference

#### BLOOD SUGAR (PP), Serum

SUGAR PP 101.0 mg/dl 80 - 140

**Comments:**

Accurate measurement if 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) 86.9 mg/dl 70 - 110

**Comments:**

Accurate measurement if 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.

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## Laboratory Report

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Patient Name	: MRS. BANDANA JHA	Reg. Date & Time	: 04-Jan-2024 09:02 AM
Age/Sex	: 49 Yrs /F	Sample Collection Date	: 04-Jan-2024 09:16 AM
Referred By	: SELF	Sample Receiving Date	: 04-Jan-2024 09:16 AM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 04-Jan-2024 12:53 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.

### URINE SUGAR (FBS)

#### CHEMICAL EXAMINATION

Glucose : Nil

### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

1/4/2024

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

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





# SJM SUPER SPECIALITY HOSPITAL

Sector-63, Noida, NH-9, Near Hindon Bridge

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

E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



## Laboratory Report

Lab Serial No. : LSHHI270106	Reg. No. : 110160
Patient Name : MRS. BANDANA JHA	Reg. Date & Time : 04-Jan-2024 09:02 AM
Age/Sex : 49 Yrs /F	Sample Collection Date : 04-Jan-2024 09:16 AM
Referred By : SELF	Sample Receiving Date : 04-Jan-2024 09:16 AM
Doctor Name : Dr. Vinod Bhat	ReportingTime : 04-Jan-2024 12:53 PM
OPD/IPD : OPD	:

### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml

Color: Yellow

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.



Mr. BIRJESH

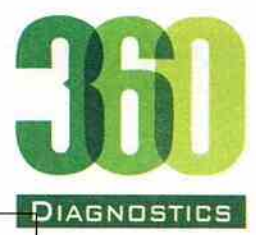
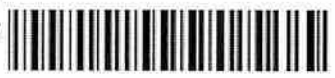
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**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

1/4/2024

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





<b>Patient Name</b> : Mrs. BANDANA JHA	<b>Registration No</b> : 152887
<b>Age/Sex</b> : 48 Y/Female	<b>Registered</b> : 04/Jan/2024
<b>Patient ID</b> : 012401040014	<b>Collection</b> : 04/Jan/2024 03:51PM
<b>Barcode</b> : 10161829	<b>Received</b> : 04/Jan/2024 04:12PM
<b>Ref. By</b> : Self	<b>Reported</b> : 04/Jan/2024 05:03PM
<b>SRF No.</b> :	<b>Panel</b> : SJM Hospital
<b>Aadhar-Nation</b> : - Indian	<b>Passport No.</b> :

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

T3 ,Serum	119.00	ng/dl	69-215
T4 ,Serum ECLIA	7.50	ug/dL	5.2-12.7
TSH(ultrasensitive) ECLIA	8.8	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
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

*J. Bhatia*  
Dr. Jatinder Bhatia  
MD Pathology  
Director



*Madhusmita Das*  
Dr. Madhusmita Das  
MD MICROBIOLOGY

*Chitra Chauhan*  
Dr. Chitra Chauhan  
MBBS, MD Pathology  
(Gold Medalist)







<b>Patient Name</b> : Mrs. BANDANA JHA	<b>Registration No</b> : 152887
<b>Age/Sex</b> : 48 Y/Female	<b>Registered</b> : 04/Jan/2024
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Test Name	Value	Unit	Bio Ref.Interval
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			hyperemesis gravidarum"
Decreased or	Raised	Within range	T3 toxicosis
Within range			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 \*\*\*

Tests Requested: THYROID PROFILE (TFT)

*Jhatia*  
Dr. Jatinder Bhatia  
MD Pathology  
Director



*Madhusmita Das*  
Dr. Madhusmita Das  
MD MICROBIOLOGY

*Chitra Chauhan*  
Dr. Chitra Chauhan  
MBBS, MD Pathology  
(Gold Medalist)





## Ultrasound Report

**NAME: Mrs. Bandana Jha**

**AGE/SEX:48yrs/F**

**DATE:04/01/2024**

### 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 in size. 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 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. Rakesh Gujjar**



A handwritten signature in blue ink, appearing to be "Rakesh Gujjar".









## Ultrasound Report

<b>Name</b>	Ms.Bandana Jha	<b>Date</b>	04/01/2024
<b>Age</b>	48Yrs	<b>Sex</b>	Female

### ULTRASOUND OF BOTH BREASTS

#### RIGHT BREAST: -

Right breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 2.3mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Right axilla shows few small lymph nodes with preserved fatty hilum.

#### LEFT BREAST: -

Left breast shows normal parenchymal echotexture on ultrasound.

No abnormal mass noted.

No dilated ducts seen. Ductal caliber measures 1.9mm.

Nipple, areola and retro-areolar structures appear normal.

Skin and subcutaneous tissues appear normal.

Left axilla shows few small lymph nodes with preserved fatty hilum.

**IMPRESSION: NO SIGNIFICANT ABNORMALITY NOTED.**

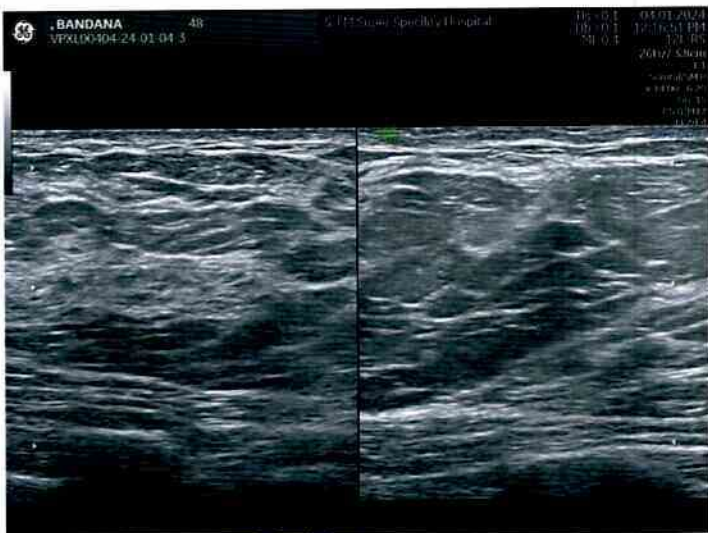
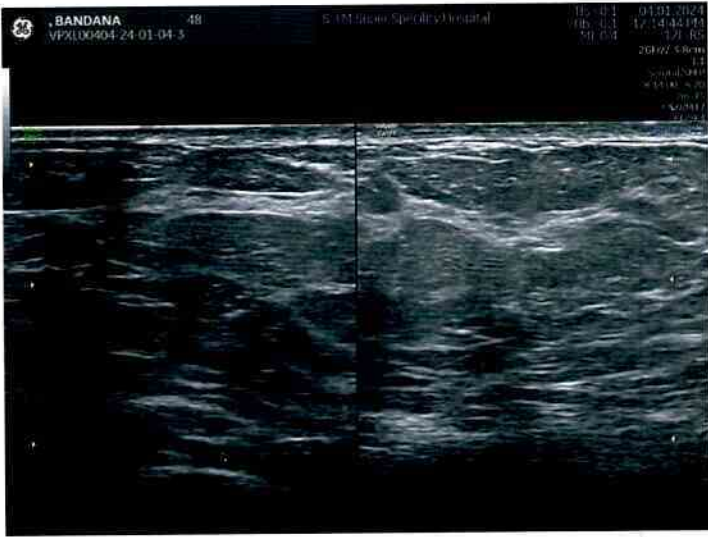
Please correlated clinically.

DR. PUSHPA KAUL



DR. Rakesh Gujjar







## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Bandana	Age /sex:48Yrs/F	Date- 04/01/2024
<b>ECHO WINDOW: FAIR WINDOW</b>		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.6		22-36
Aortic valve Opening			15 -26
Left Atrium size			19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.5	2.7	(ED =39 -58)
Interventricular Septum	0.8		(ED = 6 -11)
Posterior Wall thickened	0.8		(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	



## 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 HYPOKINASIA GLOBAL LVEF 60%
- 2.) No MS\NOMR NO AS/AR, No TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion



  
**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.





## X-Ray Report

PATIENT ID	: 25560 OPD	PATIENT NAME	: MRS BANDANA JHA
AGE	: 49Y	SEX	: Female
ACCN	:	MODALITY	: DX
REF. PHY.	:	STUDY	: CHEST
STUDY DATE	: 04-Jan-2024	VOUCHER NO	:\${voucherNo}

### RADIOLOGY REPORT

#### EXAM:X RAY CHEST

#### CLINICAL HISTORY:

#### COMPARISON:

None

#### TECHNIQUE:

Frontal projections of the chest were obtained

#### FINDINGS:

Both lung fields are clear.  
Both costophrenic angles appear normal.  
The tracheal lucency is centrally placed.  
The mediastinal and diaphragmatic outlines appear normal.  
The heart shadow is normal.  
The bony thoracic cage and soft tissues are normal.

#### IMPRESSION:

1. The study is within normal limits.

*V.S. Sai Naren*

Dr Sai Naren  
Consultant Radiologist  
MBBS, MD  
Regn No: 2017/08/3835

Dr Sai Naren  
04th Jan 2024





R

