Age 60


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
पता: ब४/२७०२, क्लेओ काउंटी, सेक्टर १२१,, नॉएडा, महिउद्दीन पुर कनावनी, गौतम बुद्ध नगर, उत्तर प्रदेश, 201307
Address: B4/2702, Cleo County, sector 121,, Noida, Mahiuddin Pur Kanawni, Gautam Buddha Nagar, Uttar Pradesh, 201307
Print Date: 13/08/2022
7357 1258 2077
1947
help@uidai.gov.in
www.uidai.gov.in


SJM SUPER SPECIALITY HOSPITAL
NOIDA


भारत सरकार
Government of India
आधार
कपिल भाटिया
Kapil Bhatia
जन्म तिथि / DOB : 28/09/1963
पुरुष / Male
Issue Date: 14/01/2013
7357 1258 2077
मेरा आधार, मेरी पहचान

Mr kapil bhatia

Visit: self
28.09.1963 Male
59 Years

27.08.2023 9:39:56 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

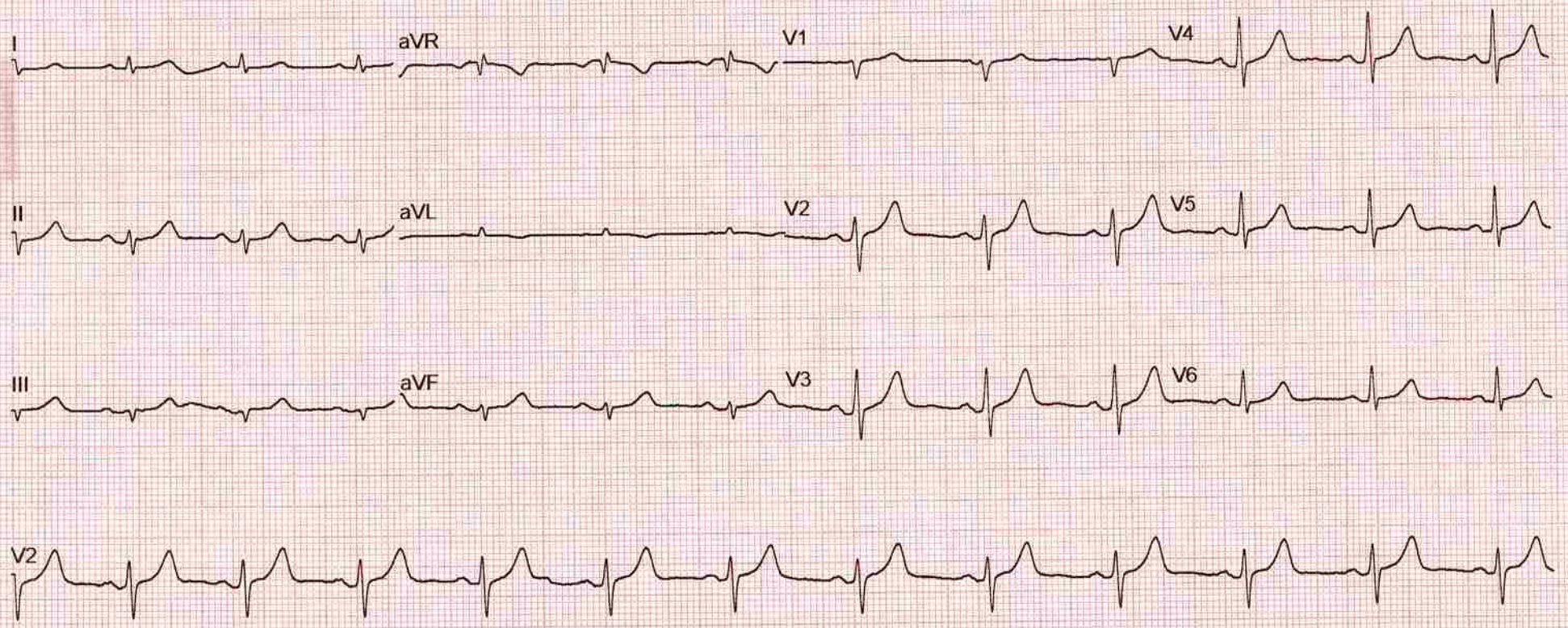
77 bpm
-- / -- mmHg

QRS :	72 ms
QT / QTcBaz :	382 / 432 ms
PR :	158 ms
P :	110 ms
RR / PP :	778 / 779 ms
P / QRS / T :	60 / -13 / 69 degrees

Sinus rhythm with premature supraventricular complexes and premature ventricular complexes or fusion complexes
Otherwise normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

BPL

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.	: LSHHI258135	Mr. No	: 105396	
Patient Name	: Mr. KAPIL BHATIA	Reg. Date & Time	: 27-Aug-2023	01:10 AM
Age / Sex	: 60 Yrs / M	Sample Receive Date	: 27-Aug-2023	01:15 PM
Referred by	: Dr. SELF	Result Entry Date	: 27-Aug-2023	03:23PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 27-Aug-2023	03:23 PM
OPD	: OPD			

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.8	gm/dl	12.5 - 16.0
TLC	8.0	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	65	%	40 - 70
Lymphocyte	28	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	***5.28***	Thousand / UI	3.8 - 5.10
P.C.V	***44.5***	million/UI	00 - 40
M.C.V.	84.3	fL	78 - 100
M.C.H.	28.0	pg	27 - 31
M.C.H.C.	33.3	g/dl	32 - 36
Platelet Count	1.97	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

SJM SUPER SPECIALITY HOSPITAL NOIDA

technician :
Typed By : Mr. BIRJESH

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

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

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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 27-Aug-2023 03:23 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	04	mm/1hr	00 - 22

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)	***141.1***	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.
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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OPD	: OPD			

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE,Serum			
S. Cholesterol	***239.0***	mg/dl	< - 200
HDL Cholesterol	46.1	mg/dl	35.3 - 79.5
LDL Cholesterol	***164.3***	mg/dl	50 - 150
VLDL Cholesterol	28.5	mg/dl	00 - 40
Triglyceride	142.6	mg/dl	00 - 170
Chloestrol/HDL RATIO	***5.18***	%	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	118.6	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

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Referred by	: Dr. SELF	Result Entry Date	: 27-Aug-2023 03:23PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 27-Aug-2023 03:23 PM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	50.9	mg/dL	18 - 55
Serum Creatinine	0.99	mg/dl	0.7 - 1.3
Uric Acid	6.7	mg/dl	3.5 - 7.2
Calcium	9.7	mg/dL	8.8 - 10.2
Sodium (Na+)	140.3	mEq/L	135 - 150
Potassium (K+)	3.98	mEq/L	3.5 - 5.0
Chloride (Cl)	104.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	***23.78***	mg/dL	7 - 18

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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Age/Sex	: 60 Yrs /M	Sample Collection Date	: 27-Aug-2023 01:15 PM
Referred By	: SELF	Sample Receiving Date	: 27-Aug-2023 01:15 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	27-Aug-2023 03:23 PM
OPD/IPD	: OPD		:

TEST NAME	VALUE
ABO	"O"
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 glycoprotien 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

SJM SUPER SPECIALITY HOSPITAL NOIDA

Mr. BIRJESH

27-08-2023

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M.D. (Pathologist)
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Laboratory Report

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Age/Sex	: 60 Yrs /M	Sample Collection Date	: 27-Aug-2023 01:15 PM
Referred By	: SELF	Sample Receiving Date	: 27-Aug-2023 01:15 PM
Doctor Name	: Dr. Vinod Bhat	ReportingTime	27-Aug-2023 03:23 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.

SJM SUPER SPECIALITY HOSPITAL NOIDA

Mr. BIRJESH

27-08-2023

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

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

KAPIL BHATIA

PID NO: P542300422451

Age: 59.0 Year(s) Sex: Male

2300540004004830

Reference: Dr.SELF

Sample Collected At:
S J MEMORIAL HOSPITAL
PLOT NO 2, SEC 63, OPP SHANI MANDIR, CHIJARASI, SEC 63, NOIDA 201301
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 2300540004004830

Registered On:
27/08/2023 07:49 PM
Collected On:
27/08/2023 7:49PM
Reported On:
27/08/2023 09:03 PM

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (HPLC)	5.5	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5

Comments :See Remark 6C. Adv:-Hb-HPLC(A0001) to exclude heamoglobinopathy.

Estimated Average Glucose (eAG) (Calculated)	111.15	mg/dL

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2022, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

SJM SUPER SPECIALITY HOSPITAL NOIDA

Dr. Geeta Chopra .
M.D (Pathology)
(DMC Reg. No. - 5204)

KAPIL BHATIA

PID NO: P542300422451

Age: 59.0 Year(s) Sex: Male

Reference: Dr.SELF

Sample Collected At:
S J MEMORIAL HOSPITAL
PLOT NO 2, SEC 63, OPP SHANI MANDIR, CHIJARASI, SEC 63, NOIDA 201301
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 2300540000404830
Registered On: 27/08/2023 07:49 PM
Collected On: 27/08/2023 7:49PM
Reported On: 27/08/2023 09:03 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (Serum,ECLIA)			
T3 (Total)	99.7	ng/dL	84.6-201.8
T4 (Total)	7.56	µg/dL	5.1-14.1
TSH(Ultrasensitive)	4.45	µIU/mL	0.54-5.3

INTERPRETATION

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 TSHespecially 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"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•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

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

SJM SUPER SPECIALITY HOSPITAL NOIDA

Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2676; Validity till 04-04-2024

Dr. Geeta Chopra .
M.D (Pathology)
(DMC Reg. No. - 5204)

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Sector-63, Noida, NH-09, Near Hindon Bridge
Tel.: 0120-6530900 / 10 Mob.: +91 9599259072

X-Ray Report

PATIENT ID	: 23792 OPD	PATIENT NAME	: MR KAPIL
AGE	: 59Y	SEX	: Male
ACCN	:	MODALITY	: DX
REF. PHY.	:	STUDY	: Chest
STUDY DATE	: 27-Aug-2023	VOUCHER NO	${voucherNo}

RADIOLOGY REPORT

EXAM:X RAY CHEST

CLINICAL HISTORY:

COMPARISON:
None

TECHNIQUE:
Frontal projections of the chest were obtained

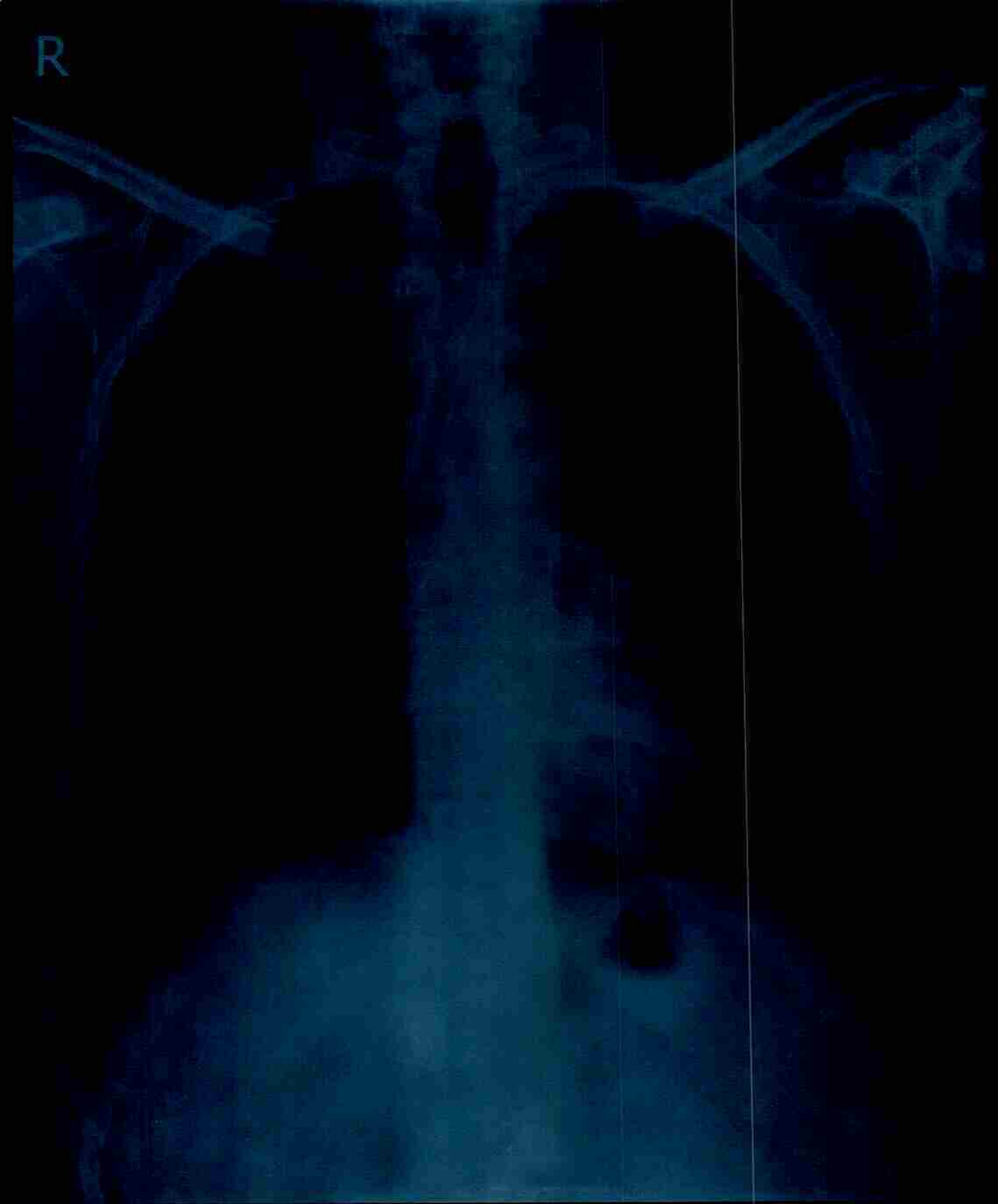
FINDINGS
Mild prominent bronchovascular markings are noted in both lung fields.
Both costophrenic angles appear normal.
The tracheal lucency is centrally placed.
The mediastinal and diaphragmatic outlines appear normal.
The heart shadow is normal.
The bony thoracic cage and soft tissues are normal.

IMPRESSION
Mild prominent bronchovascular markings are noted in both lung fields.

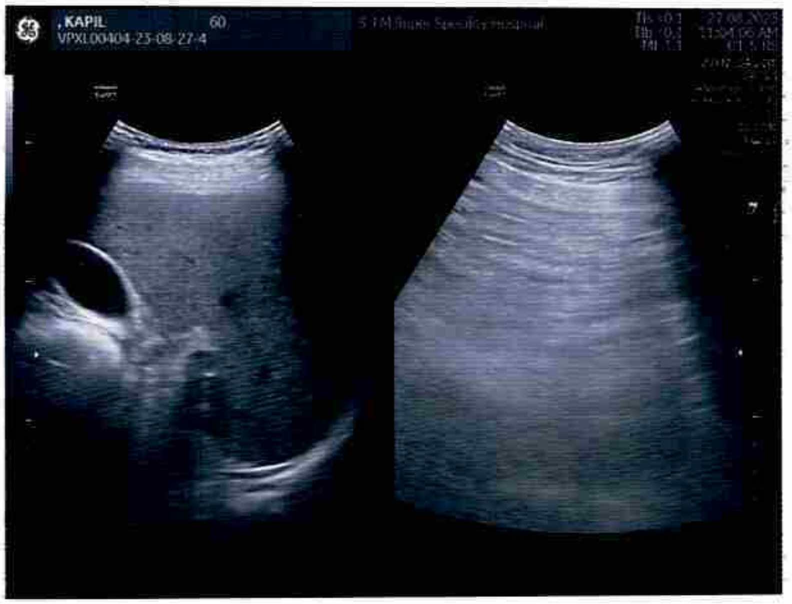
Dr AMIT KHARAT
MBBS, DMRD, DNB, MNAMS, PHD, FICR
Consultant Radiologist
Reg No: 59050

Dr Amit Kharat
27th Aug 2023

SJM SUPER SPECIALITY HOSPITAL NOIDA



MR KAPIL 59 Male
Chest PA 23792 OPD 27/08/2023 9:22:37 AM
S. J. MEMORIAL SUPER SPECIALITY HOSPITAL SEC 63, CHHIJARSI, NOIDA



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

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

Ultrasound Report

Name: Mr. Kapil Bhatia	Age: 60yrs/Male	Date: 27/08/2023

Ultrasound - Male Abdomen

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

KIDNEYS:-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.

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: - Normal Scan.

SJM SUPER SPECIALITY HOSPITAL
Dr. I Kaul
MBL Obst. & Gynae.
Sr Gynaecologist
Reg. No. 51689 (UPMC)

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

Dr. Rakesh Gujjar

Jyoti Bhatia 27/8/23

9210716469

Age 56

CARDIART

Jyoti bhatiya, Mrs
ID: 00

Visit: self
07.08.1967 Female
56 Years

27.08.2023 9:48:00 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

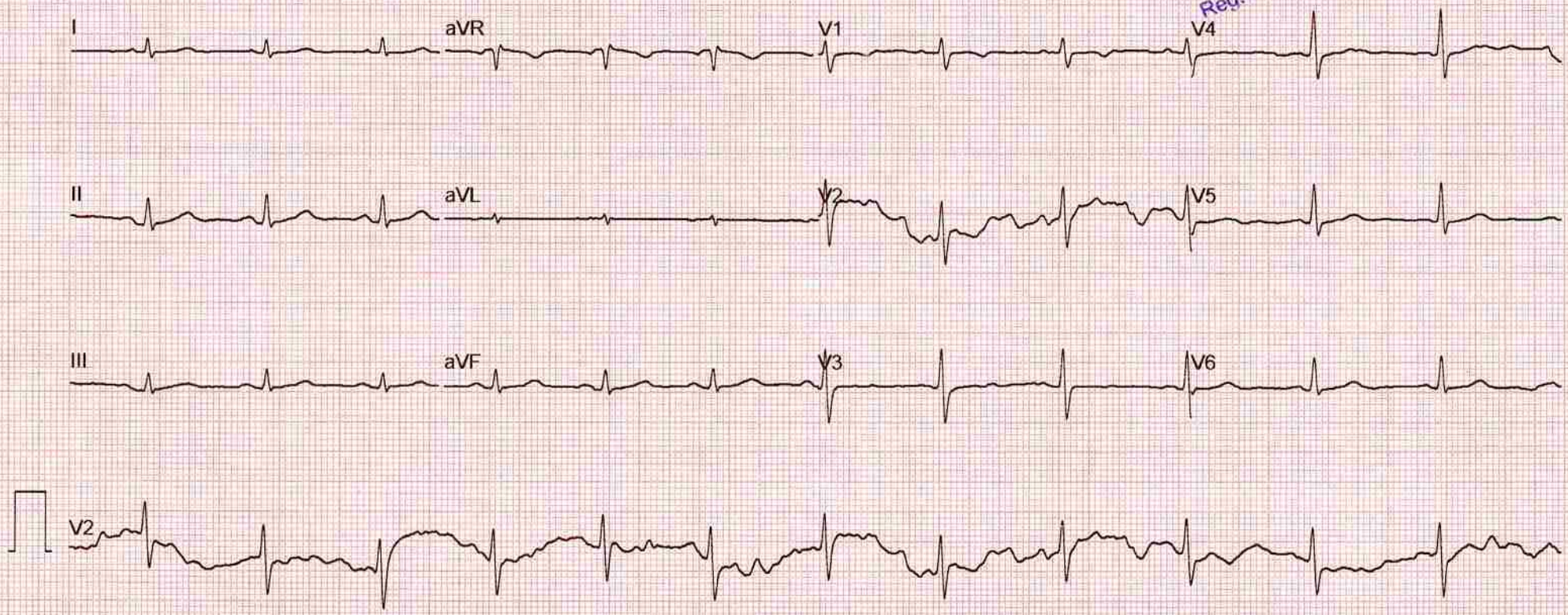
76 bpm
-- / -- mmHg

QRS :	80 ms
QT / QTcBaz :	378 / 425 ms
PR :	140 ms
P :	108 ms
RR / PP :	788 / 789 ms
P / QRS / T :	72 / 62 / 66 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

BPL

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Tel.: 0120-6530900 / 10 Mob.: +91 9599259072
E-mail.: email@sjmhospital.com
Web.: www.sjmhospital.com

Laboratory Report

Lab Serial no.	: LSHHI258136	Mr. No	: 105397
Patient Name	: Mrs. JYOTI BHATIA	Reg. Date & Time	: 27-Aug-2023 01:12 AM
Age / Sex	: 56 Yrs / F	Sample Receive Date	: 27-Aug-2023 01:15 PM
Referred by	: Dr. SELF	Result Entry Date	: 27-Aug-2023 03:00PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 27-Aug-2023 03:00 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.2	gm/dl	12.0 - 16.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	64	%	40 - 70
Lymphocyte	27	%	20 - 40
Eosinophil	***07***	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	***5.13***	Thousand / UI	3.8 - 5.10
P.C.V	***40.7***	million/UI	0 - 40
M.C.V.	79.3	fL	78 - 100
M.C.H.	***23.8***	pg	27 - 32
M.C.H.C.	***30.0***	g/dl	32 - 36
Platelet Count	2.62	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

SJM SUPER SPECIALITY HOSPITAL NOIDA

technician :
Typed By : Mr. BIRJESH

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.	: LSHHI258136	Mr. No	: 105397	
Patient Name	: Mrs. JYOTI BHATIA	Reg. Date & Time	: 27-Aug-2023	01:12 AM
Age / Sex	: 56 Yrs / F	Sample Receive Date	: 27-Aug-2023	01:15 PM
Referred by	: Dr. SELF	Result Entry Date	: 27-Aug-2023	03:00PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 27-Aug-2023	03:00 PM
OPD	: OPD			

HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	16	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)	***139.1***	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.
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	***207.5***	mg/dl	< - 200
HDL Cholesterol	44.9	mg/dl	42.0 - 88.0
LDL Cholesterol	140.7	mg/dl	50 - 150
VLDL Cholesterol	21.8	mg/dl	00 - 40
Triglyceride	109.1	mg/dl	00 - 170
Chloestrol/HDL RATIO	***4.62***	%	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	***244.3***	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

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	28.3	mg/dL	13 - 40
Serum Creatinine	0.64	mg/dl	0.6 - 1.1
Uric Acid	***6.2***	mg/dl	2.6 - 6.0
Calcium	9.5	mg/dL	8.8 - 10.2
Sodium (Na+)	140.1	mEq/L	135 - 150
Potassium (K+)	4.01	mEq/L	3.5 - 5.0
Chloride (Cl)	101.9	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	13.22	mg/dL	7 - 18

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	0.64	mg/dL	0.1 - 2.0
Bilirubin- Direct	***0.23***	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.41	mg/dL	0.2 - 1.2
SGOT/AST	26.5	IU/L	00 - 31
SGPT/ALT	26.1	IU/L	00 - 34
Alkaline Phosphate	88.4	U/L	42.0 - 98.0
Total Protein	7.19	g/dL	6.4 - 8.3
Serum Albumin	4.21	gm%	3.50 - 5.20
Globulin	2.98	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.41	%	

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.

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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 glycoprotien 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

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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: 2-3 /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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27-08-2023

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JYOTI BHATIA

PID NO: P542300422450

Age: 56.0 Year(s) Sex: Female

Reference: Dr.SELF

Sample Collected At:
S J MEMORIAL HOSPITAL
PLOT NO 2, SEC 63, OPP SHANI MANDIR, CHIJARASI, SEC 63, NOIDA 201301
Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 230054000404829

Registered On: 27/08/2023 07:48 PM

Collected On: 27/08/2023 7:48PM

Reported On: 27/08/2023 08:57 PM

HbA1c Glycated Haemoglobin

(EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (HPLC)	6.6	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG) (Calculated)	142.72	mg/dL	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2022, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: eAG(mg/dl) = 28.7*A1c-46.7
6. Interference of Haemoglobinopathies in HbA1c estimation.
   A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
   B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
   C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Dr. Chakshu Bansal
M.D (Pathology)
(DMC Reg. No. - 66994)

JYOTI BHATIA

PID NO: P542300422450

Age: 56.0 Year(s) Sex: Female

Reference: Dr.SELF

Sample Collected At:
S J MEMORIAL HOSPITAL
PLOT NO 2, SEC 63, OPP SHANI MANDIR, CHIJARASI, SEC 63, NOIDA 201301

Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044

VID: 230054000404829

Registered On:
27/08/2023 07:48 PM

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Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (Serum,ECLIA)			
T3 (Total)	92.5	ng/dL	84.6-201.8 Second Trimester : 128.9 - 262.3 First Trimester : 104.8 - 229.8 Third trimesters : 135.4 - 261.7
T4 (Total)	7.53	µg/dL	5.1-14.1 First Trimester : 7.33 - 14.8 Second Trimester : 7.93 - 16.1 Third Trimester : 6.95 - 15.7
TSH(Ultrasensitive)	1.82	µIU/mL	0.54-5.3 First Trimester : 0.33-4.59 Second Trimester : 0.35-4.10 Third trimester : 0.21-3.15

INTERPRETATION

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 TSHespecially 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"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•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

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JYOTI BHATIA PID NO: P542300422450 Age: 56.0 Year(s) Sex: Female	Reference: Dr.SELF Sample Collected At: S J MEMORIAL HOSPITAL PLOT NO 2, SEC 63, OPP SHANI MANDIR, CHIJARASI, SEC 63, NOIDA 201301 **Sample Processed At: Metropolis Healthcare Ltd E-21, B1 Mohan Co-op Ind Estate New Delhi-110044**	VID: 230054000404829 Registered On: 27/08/2023 07:48 PM Collected On: 27/08/2023 7:48PM Reported On: 27/08/2023 08:57 PM

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011,vol. 59

-- End of Report --

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Tests marked with NABL symbol are accredited by NABL vide Certificate no MC-2676; Validity till 04-04-2024

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X-Ray Report

PATIENT ID	: 23791 OPD	PATIENT NAME	: MRS JYOTI
AGE	: 56Y	SEX	: Female
ACCN	:	MODALITY	: DX
REF. PHY.	:	STUDY	: Chest
STUDY DATE	: 27-Aug-2023	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.

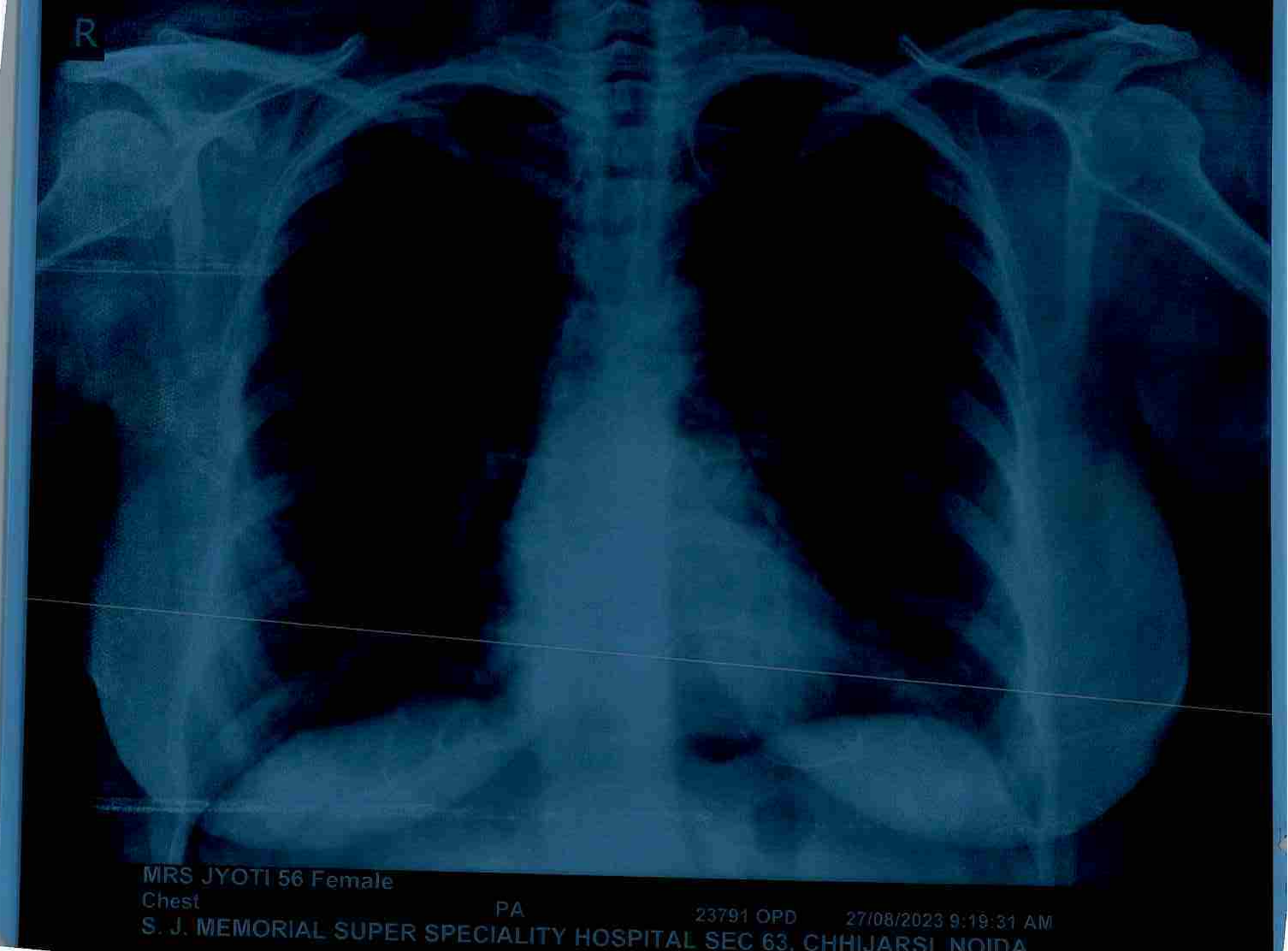
IMPRESSION
1. The study is within normal limits.

Powered by Froala Editor

Dr AMIT KHARAT
MBBS, DMRD, DNB, MNAMS, PhD, FICR
Consultant Radiologist
Reg No: 88050

Dr Amit Kharat
27th Aug 2023

SJM SUPER SPECIALITY HOSPITAL NOIDA


R
MRS JYOTI 56 Female
Chest
PA
23791 OPD
27/08/2023 9:19:31 AM
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Centre for Excellent Patient Care

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Ultrasound Report

NAME: Mrs. Jyoti Bhatia AGE: 56yrs DATE: 27/08/2023

Real time USG of abdomen and pelvis reveals –

LIVER— Liver appears fatty with grade 1 changes. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vine and common bile duct are normal.

GALL BLADDER-Gall bladder is physiologically distended. The wall thickness is normal. There is no evidence of multiple calculi seen in gall bladder.

PANCREAS-Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

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

KIDNEY -Both the kidneys size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both side.

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 bulky. Both ovaries are normal in size, shape and echopattern. No focal lesion is seen. **Endometrium – 4.5mm**. There is no evidence of free fluid seen in the pelvis. There is no evidence of adnexal mass is seen.

IMPRESSION: Fatty Liver Grade 1.
Uterus Bulky.

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