

B.P - 110/56

P - 62/min

SpO2 - 99%

W - 59kg

H - 159cm



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता
आत्मजा सत्येन्द्र कुमार फ्लैट न -
A/3 रूपमति अपार्टमेंट नोर्थ ऑफिस
पाडा, लोरेटा कॉन्वेंट विद्यालय के
पास डोरंडा डोरंडा, राँची, राँची,
झारखण्ड 834002

Address
D/O. Satyendra Kumar, Flat No -
A/3.Roopmati Apartment North
Office Para, Near Loreto Convent
School, Doranda, Doranda,
Ranchi, Ranchi, Jharkhand,
834002

5747 0437 4779



1947

help@uidai.gov.in

www.uidai.gov.in

Ritika
11/4/24

7250474474 age-35yf



भारत सरकार
Government of India



रितिका
Ritika
जन्म तिथि / DOB 10/02/1988
महिला / Female



5747 0437 4779

मेरा आधार, मेरी पहचान

35 Years

Female

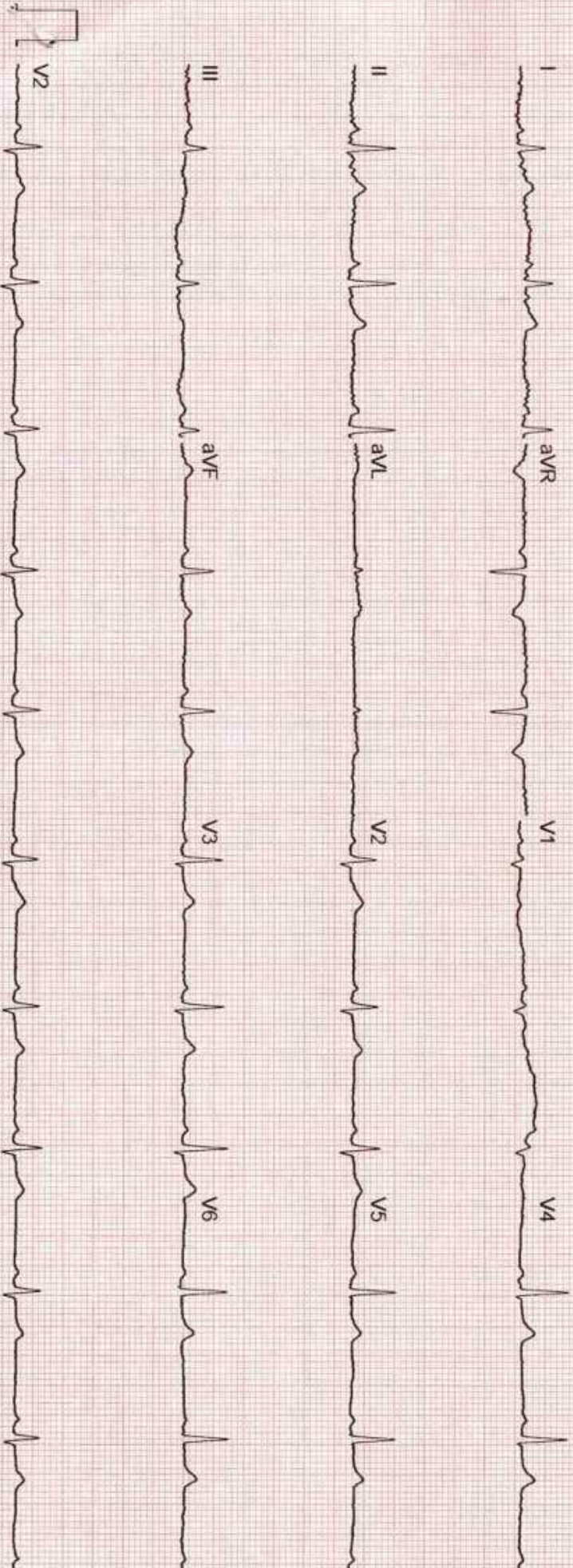
slm hospital
sector 63
Gautam Budhha Nagar, UP-201307

QRS 68 ms
QT / QTcBaz 398 / 407 ms
PR 136 ms
P 68 ms

Normal sinus rhythm
Normal ECG

RR / PP 952 / 952 ms
P / QRS / T 60 / 58 / 52 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:





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)



BOB)

11/4/24

(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 Jaideep Gambhir, M.D(Psychiatrist)
- Consultant Psychiatry, Mob.: 8006888664
- Dr Monica Gambhir, MBBS
- Family Therapist & Relationship Counsellor
- Mob.: 8006888663
- Dr. B.P. Gupta, MS (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.

Mrs. Ritika (35y/H)

616
Vn < 616,
N6

— No complaints

↓

(BE)
Lubrex-DS Eye Drops - 2 T/D
X 2 months

Acc < — Plano — 616
— Plano — 616,
N6

Blue cut lenses



Facilities:

- 100 Beds. Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
- 24-Hour ambulance and emergency
- 3 Operation theatres
- Laposcopic & 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

CGHS & AYUSHMAN BHARAT

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

Partners: 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 Parakh 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)

Laboratory Report

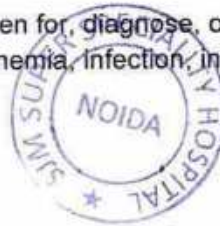
Lab Serial no. : LSHHI280877	Mr. No : 114097
Patient Name : Mrs. RITIKA	Reg. Date & Time : 11-Apr-2024 12:37 PM
Age / Sex : 36 Yrs / F	Sample Receive Date : 11-Apr-2024 04:54 PM
Referred by : Dr. SELF	Result Entry Date : 12-Apr-2024 07:34AM
Doctor Name : Dr. Pushpa Kaul	Reporting Time : 12-Apr-2024 07:35 AM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	10.8	gm/dL	12.0 - 16.0
TLC	3.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	52	%	40 - 70
Lymphocyte	37	%	20 - 40
Eosinophil	7	%	02 - 06
Monocyte	4	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	3.78	Thousand / UI	3.8 - 5.10
P.C.V	35.7	million/UI	0 - 40
M.C.V.	94.4	fL	78 - 100
M.C.H.	28.6	pg	27 - 32
M.C.H.C.	30.3	g/dl	32 - 36
Platelet Count	1.11	Lacs/cumm	1.5 - 4.5
ESR (Erythrocyte Sedimentation Rate)	53	mm/1hr	00 - 20

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer



technician :

Typed By : Mr. BIRJESH



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

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

Laboratory Report

Lab Serial no. : LSHHI280877	Mr. No : 114097
Patient Name : Mrs. RITIKA	Reg. Date & Time : 11-Apr-2024 12:37 PM
Age / Sex : 36 Yrs / F	Sample Receive Date : 11-Apr-2024 04:54 PM
Referred by : Dr. SELF	Result Entry Date : 12-Apr-2024 07:34AM
Doctor Name : Dr. Pushpa Kaul	Reporting Time : 12-Apr-2024 07:35 AM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
<u>HbA1C / GLYCATED HEMOGLOBIN / GHB</u>			
Hb A1C	4.5	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	82.45	mg/dl	

INTERPRETATION-

NON DIABETIC	HBA1C 4-6 %
GOOD DIABETIC CINTROL	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

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no.	: LSHHI280877	Mr. No	: 114097
Patient Name	: Mrs. RITIKA	Reg. Date & Time	: 11-Apr-2024 12:37 PM
Age / Sex	: 36 Yrs / F	Sample Receive Date	: 11-Apr-2024 04:54 PM
Referred by	: Dr. SELF	Result Entry Date	: 12-Apr-2024 07:34AM
Doctor Name	: Dr. Pushpa Kaul	Reporting Time	: 12-Apr-2024 07:35 AM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
<u>KFT,Serum</u>			
Blood Urea	23.60	mg/dL	13 - 40
Serum Creatinine	0.61	mg/dl	0.6 - 1.1
Uric Acid	3.60	mg/dl	2.6 - 6.0
Calcium	8.9	mg/dL	8.8 - 10.2
Sodium (Na+)	138.3	mEq/L	135 - 150
Potassium (K+)	4.24	mEq/L	3.5 - 5.0
Chloride (Cl)	111.20	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	11.03	mg/dL	7 - 18
PHOSPHORUS-Serum	2.92	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

Laboratory Report

Lab Serial no. : LSHHI280877	Mr. No : 114097
Patient Name : Mrs. RITIKA	Reg. Date & Time : 11-Apr-2024 12:37 PM
Age / Sex : 36 Yrs / F	Sample Receive Date : 11-Apr-2024 04:54 PM
Referred by : Dr. SELF	Result Entry Date : 12-Apr-2024 07:34AM
Doctor Name : Dr. Pushpa Kaul	Reporting Time : 12-Apr-2024 07:35 AM
OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP),Serum			
SUGAR PP	128.17	mg/dl	80 - 140

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	90.29	mg/dl	70 - 110
-----------------	-------	-------	----------

Comments:

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

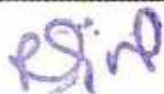
High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

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



technician :

Typed By : Mr. BIRJESH



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

Page 1

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

Laboratory Report

Lab Serial No. :	Reg. No. :	114097
Patient Name : MRS. RITIKA	Reg. Date & Time :	11-Apr-2024 12:37 PM
Age/Sex : 36 Yrs /F	Sample Collection Date :	11-Apr-2024 04:54 PM
Referred By : SELF	Sample Receiving Date :	11-Apr-2024 04:54 PM
Doctor Name : Dr. Pushpa Kaul	Reporting Time :	12-Apr-2024 07:35 AM
OPD/IPD : OPD		

TEST NAME

VALUE

ABO

"A"

Rh

POSITIVE

Comments:

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



Mr. BIRJESH



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

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

4/12/2024

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

Laboratory Report

Lab Serial no.	: LSHHI280877	Mr. No	: 114097
Patient Name	: Mrs. RITIKA	Reg. Date & Time	: 11-Apr-2024 12:37 PM
Age / Sex	: 36 Yrs / F	Sample Receive Date	: 11-Apr-2024 04:54 PM
Referred by	: Dr. SELF	Result Entry Date	: 12-Apr-2024 09:22AM
Doctor Name	: Dr. Pushpa Kaul	Reporting Time	: 12-Apr-2024 09:31 AM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	36.00	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.

Centre for Excellent Patient Care



technician :

Typed By : Mr. BIRJESH

Laboratory Report

Lab Serial no.	: LSHHI280877	Mr. No	: 114097
Patient Name	: Mrs. RITIKA	Reg. Date & Time	: 11-Apr-2024 12:37 PM
Age / Sex	: 36 Yrs / F	Sample Receive Date	: 11-Apr-2024 04:54 PM
Referred by	: Dr. SELF	Result Entry Date	: 12-Apr-2024 07:34AM
Doctor Name	: Dr. Pushpa Kaul	Reporting Time	: 12-Apr-2024 09:31 AM
OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	124.0	mg/dl	< - 200
HDL Cholesterol	36.3	mg/dl	42.0 - 88.0
LDL Cholesterol	76.6	mg/dl	50 - 150
VLDL Cholesterol	11.10	mg/dl	00 - 40
Triglyceride	55.0	mg/dl	00 - 170
Chloestrol/HDL RATIO	3.4	%	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



technician :

Typed By : Mr. BIRJESH

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. :	Reg. No. :	114097
Patient Name : MRS. RITIKA	Reg. Date & Time :	11-Apr-2024 12:37 PM
Age/Sex : 36 Yrs /F	Sample Collection Date :	11-Apr-2024 04:54 PM
Referred By : SELF	Sample Receiving Date :	11-Apr-2024 04:54 PM
Doctor Name : Dr. Pushpa Kaul	ReportingTime :	12-Apr-2024 07:35 AM
OPD/IPD : OPD		

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
Glucose: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /HPF
Others: nil

Note:-

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



Mr. BIRJESH

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

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

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

Laboratory Report

Lab Serial No. :	Reg. No. :	114097
Patient Name : MRS. RITIKA	Reg. Date & Time :	11-Apr-2024 12:37 PM
Age/Sex : 36 Yrs /F	Sample Collection Date :	11-Apr-2024 04:54 PM
Referred By : SELF	Sample Receiving Date :	11-Apr-2024 04:54 PM
Doctor Name : Dr. Pushpa Kaul	ReportingTime :	12-Apr-2024 07:35 AM
OPD/IPD : OPD	:	:

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

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

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



MRS. RITIKA

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. :	Reg. No. :	114097
Patient Name : MRS. RITIKA	Reg. Date & Time :	11-Apr-2024 12:37 PM
Age/Sex : 36 Yrs /F	Sample Collection Date :	11-Apr-2024 04:54 PM
Referred By : SELF	Sample Receiving Date :	11-Apr-2024 04:54 PM
Doctor Name : Dr. Pushpa Kaul	ReportingTime :	12-Apr-2024 07:35 AM
OPD/IPD : OPD		

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

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

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

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



Visit ID : IQD96182	Registration : 11/Apr/2024 02:31PM
UHID/MR No : IQD.0000094072	Collected : 11/Apr/2024 02:30PM
Patient Name : Mrs.RITIKA	Received : 11/Apr/2024 02:38PM
Age/Gender : 35 Y O M O D /F	Reported : 11/Apr/2024 03:49PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240402712



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.73	ng/ml	0.61-1.81	CLIA
T4	10.6	ug/dl	5.01-12.45	CLIA
TSH	3.53	uIU/mL	0.35-5.50	CLIA

REFERENCE RANGE :

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

Interpretation:

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and



Dr. Ankita Singhal
MBBS, MD(Microbiology)



Dr. Anil Rathore
MBBS, MD(Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301



Visit ID : IQD96182	Registration : 11/Apr/2024 02:31PM
UHID/MR No. : IQD.0000094072	Collected : 11/Apr/2024 02:30PM
Patient Name : Mrs.RITIKA	Received : 11/Apr/2024 02:38PM
Age/Gender : 35 Y 0 M 0 D /F	Reported : 11/Apr/2024 03:49PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240402712



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method	
3	Normal/Low	Low	Low	Low	other physiological reasons. (1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum, 2011

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.

*** End Of Report ***



Dr. Ankita Singhal
MBBS, MD (Microbiology)



Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 2 of 2

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301

Case ID 103240034033
Patient Name RITIKA
Age/Sex 35 Year /Female
Hospital Location Noida, Uttar Pradesh, India
Hospital Name SJM Hospital and IVF Centre
Physician Name Dr PUSHPA KAUL
Date & Time of Accessioning 12/04/2024 15:33 Hrs
Date & Time of Reporting 13/04/2024 14:00 Hrs



TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/2000/24 Collected on 12/04/2024 at 11:00 Hrs

CLINICAL HISTORY

NA

METHODOLOGY

Cytology

CYTOLOGY REPORT



Satisfactory for Evaluation

Transformation zone: Absent

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.




Dr. Sudhir Jain, MD
Reg. No. DMC 1767



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.
4. Some tests are referred to other laboratories to provide a wider test menu to the customer.
5. Core Diagnostics Pvt. Ltd. shall in no event be liable for accidental damage, loss, or destruction of specimen, which is not attributable to any direct and mala fide act or omission of Core Diagnostics Pvt. Ltd. or its employees. Liability of Core Diagnostics Pvt. Ltd. for deficiency of services, or other errors and omissions shall be limited to fee paid by the patient for the relevant laboratory services.

This report is the property of CORE Diagnostics. The information contained in this report is strictly confidential and is only for the use of those authorized. If you have received this report by mistake, please contact CORE Diagnostics

CORE Diagnostics (Central Reference Lab) - Gurugram (102)

406, Udyog Vihar, Phase III, Gurgaon-122016

CORE Diagnostics Lab - New Delhi (103)

C-13, Green Park Extension, New Delhi-110016

CORE Diagnostics Lab - Bangalore (105)

1st Floor, KMK Tower, 142 KH Road, Bangalore-560027

CORE Diagnostics Lab - Lucknow (109)

J.S. Tower, Plot No. K-702, Sector-K, Ashiyana,
Near Raj Luxmi Sweets, Lucknow-226012

CORE Diagnostics Lab - Bhubaneswar (108)

Plot No. 249, Near Police Academy, AllMS Nagar,
Patrapada, Bhubaneswar-751019

CORE Diagnostics Satellite Lab (110)

New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics and Realab Diagnostics (111)

New Delhi H64, Block H, Bali Nagar, New Delhi, Delhi 110015

CORE Diagnostics Satellite Lab

Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan
Guwahati, Assam - 781005

The test was processed in Lab 103.





SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped With Modern Facilities)

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

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



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Ritika	Age /sex:35Yrs/F	Date:11/04/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.3		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.4		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.4	(ED =39 -58)
Interventricular Septum	0.6		(ED = 6 -11)
Posterior Wall thickened	0.6		(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: -

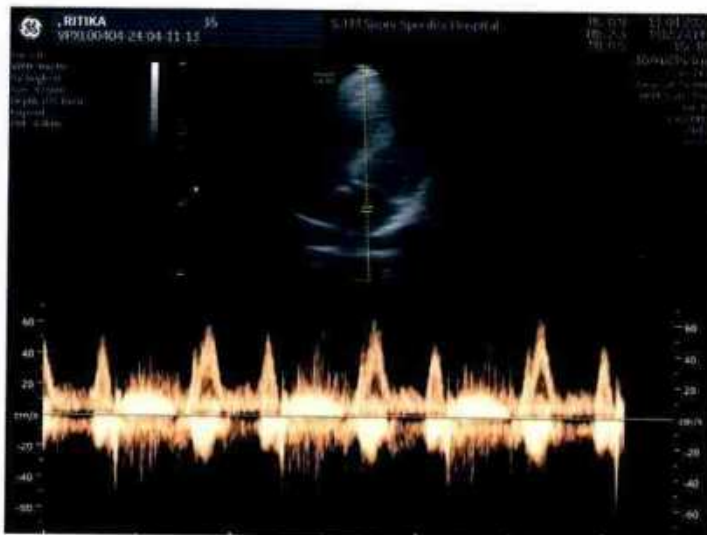
MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

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


DR. AMIT KOTHARI

Non-Interventional Cardiologist.



Ultrasound Report

NAME: Mrs. Ritika

AGE: 35yrs/F

DATE: 11/04/2024

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 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 echopattern. 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 calculi on either side

RETROPERITONIUM- -There is non 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.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA



Ultrasound Report

Name	MRS.RITIKA	Date	11/04/2024
Age	35/Yrs.	Sex	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



X-Ray Report

Name	MRS RITIKA	Age	035Y - F
Date	11/04/2024	Patient Id	27166 OPD
Referring Doctor		Center	SJM HOSPITAL,SECTOR 62,NOIDA

Chest PA View

Technique:-

Radiograph of chest in posteroanterior projection.

Findings:-

Bilateral lung fields appear normal.

Trachea is central.

Mediastinum appears normal.

Cardiac is normal in size.

Bilateral hila appear normal.

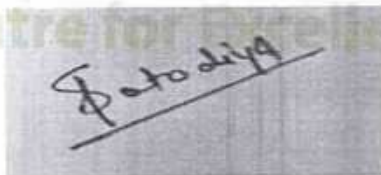
Bilateral costophrenic angles and cardiophrenic angles are normal.

Soft tissues and bony cage appear normal.

Impression:-

- No significant abnormality is seen.

Suggest clinical correlation.



Scan QR to download report

Dr Shyam patodia
M.B.B.S,DNB
RADIODIAGNOSIS
CONSULTANT RADIOLOGIST



R

