W - 55kg
H - 155cm
B.P - 120/90
P - 94%, min
SPO2 - 99%

SJM SUPER SPECIALITY HOSPITAL
NOIDA

Jyoti Gahlaut
for Medical
tests

735160006 4

, Jyoti gahlaut
ID: 0000

Female
39 Years

02.04.2024 10:37:16 AM
sjm hospital
sector 63
Gautam Budhha Nagar, UP-201307

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

CARDIART

95 bpm
-- / -- mmHg

QRS :	68 ms
QT / QTcBaz :	356 / 447 ms
PR :	112 ms
P :	74 ms
RR / PP :	632 / 631 ms
P / QRS / T :	49 / 62 / 8 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

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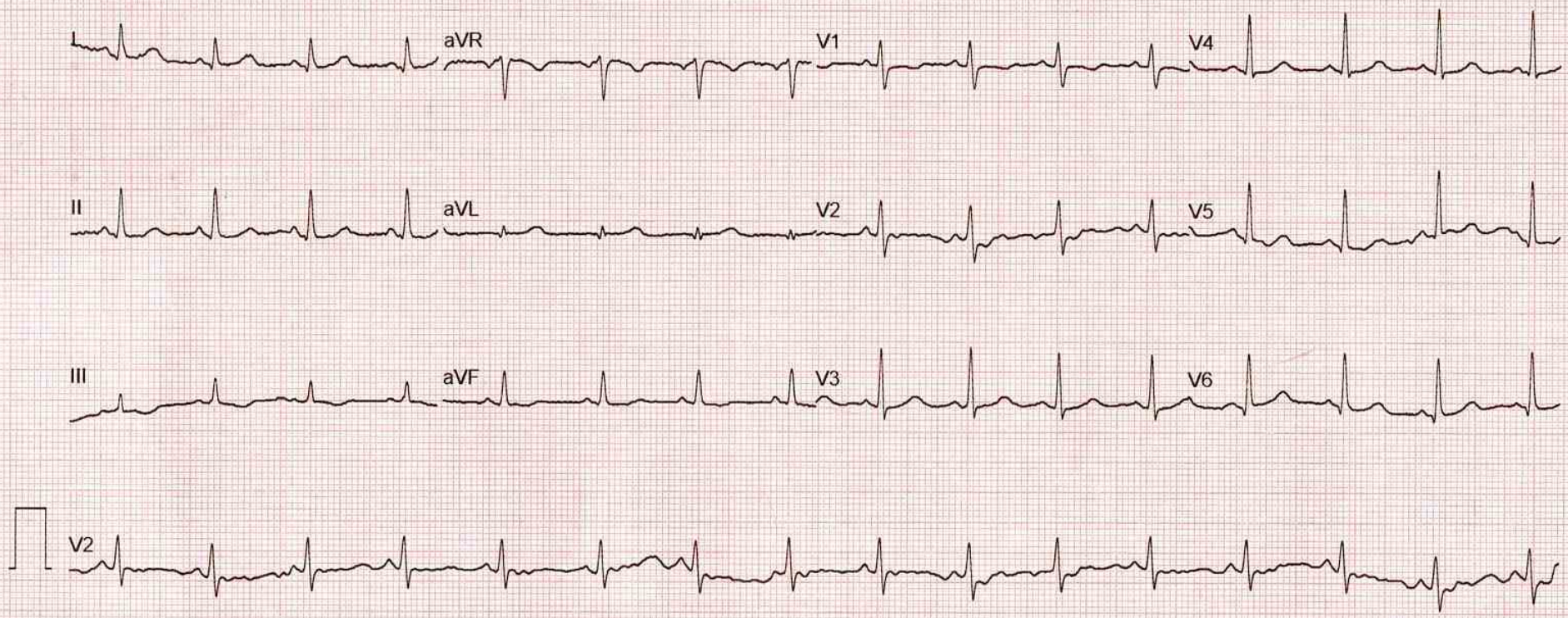

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

1/1

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

Laboratory Report

Lab Serial no.	: LSHHI279732	Mr. No	: 113682	
Patient Name	: Mrs. JYOTI GAHLAUT	Reg. Date & Time	: 02-Apr-2024	09:31 AM
Age / Sex	: 39 Yrs / F	Sample Receive Date	: 02-Apr-2024	09:40 AM
Referred by	: Dr. SELF	Result Entry Date	: 02-Apr-2024	11:51AM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 02-Apr-2024	11:51 AM
OPD	: OPD			

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	***9.3***	gm/dL	12.0 - 16.0
TLC	5.6	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	70	%	40 - 70
Lymphocyte	20	%	20 - 40
Eosinophil	***08***	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.38	Thousand / UI	3.8 - 5.10
P.C.V	33.8	million/UI	0 - 40
M.C.V.	***77.2***	fL	78 - 100
M.C.H.	***21.2***	pg	27 - 32
M.C.H.C.	***27.5***	g/dl	32 - 36
Platelet Count	2.03	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

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

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

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HAEMATOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	***31***	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	4.81	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	99.6	mg/dl	

INTERPRETATION-

	HBA1C
NON DIABETIC	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

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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE,Serum			
S. Cholesterol	121.0	mg/dl	< - 200
HDL Cholesterol	43.4	mg/dl	42.0 - 88.0
LDL Cholesterol	66.5	mg/dl	50 - 150
VLDL Cholesterol	11.1	mg/dl	00 - 40
Triglyceride	55.5	mg/dl	00 - 170
Chloestrol/HDL RATIO	***2.8***	%	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 F, Sodium Fluoride Pla			
Blood Sugar (F)	94.1	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
KFT,Serum			
Blood Urea	***44.3***	mg/dL	13 - 40
Serum Creatinine	0.85	mg/dl	0.6 - 1.1
Uric Acid	3.1	mg/dl	2.6 - 6.0
Calcium	***8.7***	mg/dL	8.8 - 10.2
Sodium (Na+)	***134.7***	mEq/L	135 - 150
Potassium (K+)	3.86	mEq/L	3.5 - 5.0
Chloride (Cl)	106.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	***20.70***	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	0.40	mg/dL	0.1 - 2.0
Bilirubin- Direct	***0.28***	mg/dL	0.00 - 0.20
Bilirubin- Indirect	***0.12***	mg/dL	0.2 - 1.2
SGOT/AST	18.9	IU/L	00 - 31
SGPT/ALT	17.4	IU/L	00 - 34
Alkaline Phosphate	62.0	U/L	42.0 - 98.0
Total Protein	7.22	g/dL	6.4 - 8.3
Serum Albumin	4.27	gm%	3.50 - 5.20
Globulin	2.95	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.45	%	

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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Doctor Name	: Dr. Vinod Bhat	ReportingTime	02-Apr-2024 11:51 AM
OPD/IPD	: OPD		:

TEST NAME	VALUE
ABO	**"AB"**
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.

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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.

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IQ Diagnostics
1st Floor, PK-006, Sector 122, NOIDA,
G.B. Nagar, Uttar Pradesh. Pin code – 201307
+91-8800048080 | support@iqdiagnostics.in | www.iqdiagnostics.in

~~Visit ID~~	~~: IQD93860~~	~~Registration~~	~~: 02/Apr/2024 03:55PM~~
UHID/MR No	: IQD.0000091754	Collected	: 02/Apr/2024 04:18PM
Patient Name	**: Mrs.JYOTI GAHLAUT**	Received	: 02/Apr/2024 05:16PM
Age/Gender	: 39 Y 0 M 0 D /F	Reported	: 02/Apr/2024 06:24PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240400405

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.01	ng/ml	0.61-1.81	CLIA
T4	9.26	ug/dl	5.01-12.45	CLIA
TSH	3.5	ulU/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:

Triiodothyronin e T3 , Thyroxine T4, and Thyroid Stimulatin g Hormone TSH are thyroid hormones wh ich affect almost every ph ysiological process in the body, includ ing growth, development, metabolism, bod y tem perature, and heart rate.
Production of T3 and its prohormone thyroxi ne (T4) is activated by thyroid -stimulati ng hormone (TSH), which is released from the pi tuitary gland. Elevated concen trations 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 hypoth yroidism.
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 sern m TT3 level is a more sensitive test for the diagnosis of hyperthyroid ism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid honnone in blood is bound to transport protei ns. Only a very small fraction of the circulati ng hormone is !Tee and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumi n bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(I) Primary Hypothyroidism (2) Chronic autoimmune Thyroid itis (3) Post Thyroidectomy (4) Post Rad io-Iod ine treatment
2	High	Normal	Normal	Normal	(I)Subcl inical Hypothyroid ism (2) Patien t with insufficien t thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto tbyroid itis (4). Isolated increase in TSH levels can be due to Subclinical inflammation , drugs like amphetamines, Iod ine containing drng and dopamine antagonist e.g. domperidone and

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Dr. Prashant Singh
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Test Performed at IQ Diagnostics BLK-003/004,Sector 121 , Noida - 201301

• State of Art Molecular Biology Lab for COVID PCR Testing
• 24 Hrs. Operational
• The Lab does not verify the Patient's Identity
• Not For Medico Legal Purpose

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Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240400405

DEPARTMENT OF HORMONE ASSAYS

Test Name					Result	Unit	Bio. Ref. Range	Method

					other ph ysiological reasons.
3	Normal/Low	Low	Low	Low	(I) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(I) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatmen t of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacemen t therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(I) Subclinical Hyperthyroidism
6	High	High	High	High	(I) TSH secreting pi tuitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypoth yroid ism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperth yroidism
8	Normal/Low	Norma	Norma	High	(I) T3 thyrotoxicosis (2) Non -Thyroidal i llness
9	Low	High	High	Normal	(I) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

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

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - bindi ng protein . TSH has a diurnal rhyth m, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultrad ian variations.

***** End Of Report *****

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Ultrasound Report

NAME: Mrs. Jyoti Gahlaut **AGE: -39yrs/f** **DATE: 02/04/2024**

Real time USG of abdomen and pelvis reveals –

LIVER--Liver appears normal in size and shape, contour and echopattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veine 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 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 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.

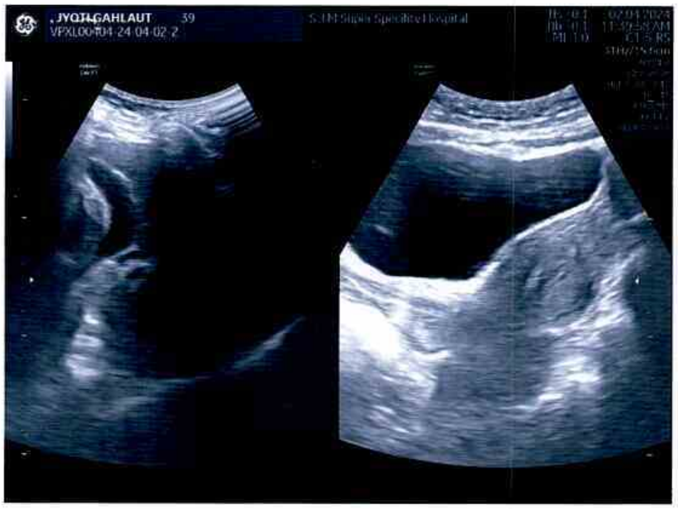
IMPRESSION: NORMAL SCAN

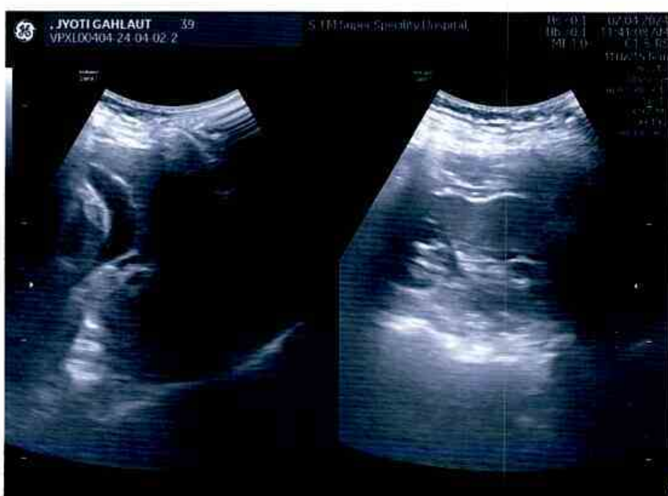
For SJM Super Speciality Hospital

DR.PUSHPA KAUL

SJM SUPER SPECIALITY HOSPITAL NOIDA

DR. RAKESH GUJJAR





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Name	MRS. JYOTI GAHLAUT	Age	039Y - F
Date	02/04/2024	Patient Id	26992 OPD
Referring Doctor		Center	SJM HOSPITAL,SECTOR 62,NOIDA

X-Ray Report

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.

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

Scan QR to download report

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MRS JYOTI GAHLAUT 39Y, F
26992 OPD
2024.04.02 09:52
R
PA
CHEST PA
S J.M. SUPER SPECIALITY HOSPITAL, NOIDA