



B.P-120/76  
P-767.m  
H-157 cm  
Wt-86kg  
SpO2-98%



4 29/3/2024  
9971671980



29.03.2024 10:26:45 AM

sjm hospital  
sector 63  
Gautam Budhha Nagar, UP-201307

QRS : 70 ms  
QT / QTcBaz : 392 / 414 ms  
PR : 138 ms  
P : 108 ms  
RR / PP : 890 / 895 ms  
P / QRS / T : 42 / 2 / 21 degrees

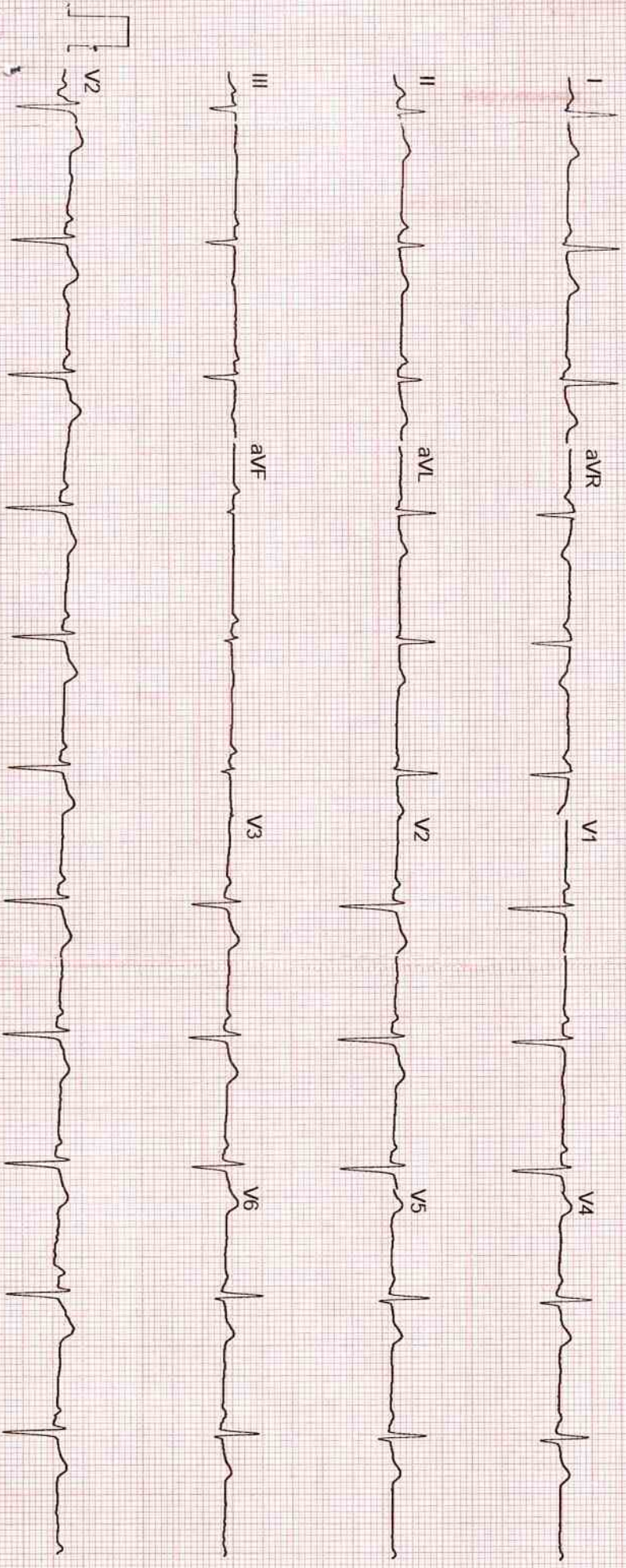
Normal sinus rhythm  
Normal ECG



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

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

67 bpm  
--/-- mmHg





# 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)

29/3/24

**(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.

Ms. Punam Verma (SzyH)

Vnejt < 616p  
616p

- c/o DOV

Acc < +1.50 Dec X 180 - 616  
+1.50 Dec X 10 - 616  
Add: +2.25 As N6 (BE)

Progression.

L. Lejresh Teas E-D - 2π10 x 3 months  
(BE)



## 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) Series 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., IFICO Tokio General Insurance Co. Ltd., IFICO 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 Orienta Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

- 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
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  - Physiotherapy facilities
  - 24-Hour Pharmacy
  - Cafeteria & Kitchen



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E-mail.: email@sjmhospital.com

Web.: www.sjmhospital.com



## Laboratory Report

Lab Serial no. : LSHHI279255	Mr. No : 113529
Patient Name : Mrs. PUNAM VERMA	Reg. Date & Time : 29-Mar-2024 03:44 AM
Age / Sex : 53 Yrs / F	Sample Receive Date : 29-Mar-2024 03:48 PM
Referred by : Dr. SELF	Result Entry Date : 31-Mar-2024 09:28AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 31-Mar-2024 01:29 PM
OPD : OPD	

### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	12.10	gm/dL	12.0 - 16.0
TLC	4.30	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	63	%	40 - 70
Lymphocyte	29	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	03	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.48	Thousand / UI	3.8 - 5.10
P.C.V	38.20	million/UI	0 - 40
M.C.V.	85.30	fL	78 - 100
M.C.H.	27.00	pg	27 - 32
M.C.H.C.	<b>31.70</b>	g/dl	32 - 36
Platelet Count	1.61	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 : Mr. BIRJESH



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

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



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### HAEMATOLOGY

	results	unit	reference
<b>ESR / ERYTHROCYTE SEDIMENTATION RATE</b>			
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
<b>HbA1C / GLYCATED HEMOGLOBIN / GHb</b>			
Hb A1C	6.00	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	125.50	mg/dl	
eAG[Calculated]			

#### 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

technician :

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### BIOCHEMISTRY

	results	unit	reference
<b>KFT,Serum</b>			
Blood Urea	25.80	mg/dL	13 - 40
Serum Creatinine	0.72	mg/dl	0.6 - 1.1
Uric Acid	5.90	mg/dl	2.6 - 6.0
Calcium	8.90	mg/dL	8.8 - 10.2
Sodium (Na+)	140.30	mEq/L	135 - 150
Potassium (K+)	4.32	mEq/L	3.5 - 5.0
Chloride (Cl)	109.70	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	12.05	mg/dL	7 - 18
PHOSPHORUS-Serum	3.27	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.

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Page 1



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### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.72	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.31</b>	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.41	mg/dL	0.2 - 1.2
SGOT/AST	17.90	IU/L	00 - 31
SGPT/ALT	26.80	IU/L	00 - 34
Alkaline Phosphate	96.00	U/L	42.0 - 98.0
Total Protein	<b>6.26</b>	g/dL	6.4 - 8.3
Serum Albumin	3.96	gm%	3.50 - 5.20
Globulin	2.30	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.325	%	

#### 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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Page 1



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OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	120.40	mg/dl	< - 200
HDL Cholesterol	44.00	mg/dl	42.0 - 88.0
LDL Cholesterol	53.90	mg/dl	50 - 150
VLDL Cholesterol	22.50	mg/dl	00 - 40
Triglyceride	112.60	mg/dl	00 - 170
Cholestrol/HDL RATIO	<b>2.74</b>	%	3.30 - 4.40

#### INTERPRETATION:

Lipid profile OF 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.

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Page 1

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Doctor Name : Dr. Vinod Bhat	Reporting Time : 31-Mar-2024 01:29 PM
OPD : OPD	

### BIOCHEMISTRY

	results	unit	reference
<b><u>BLOOD SUGAR (PP),Serum</u></b>			
SUGAR PP	<b>212.10</b>	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)	<b>121.00</b>	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



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## Laboratory Report

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Patient Name : MRS. PUNAM VERMA	Reg. Date & Time : 29-Mar-2024 03:44 AM
Age/Sex : 53 Yrs /F	Sample Collection Date : 29-Mar-2024 03:48 PM
Referred By : SELF	Sample Receiving Date : 29-Mar-2024 03:48 PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 29-Mar-2024 06:30 PM
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.



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

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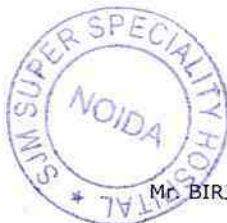
Web.: www.sjmhospital.com

**Laboratory Report**

Lab Serial No. : LSHHI279255	Reg. No. : 113529
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Referred By : SELF	Sample Receiving Date : 29-Mar-2024 03:48 PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 29-Mar-2024 06:30 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 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>

3/31/2024

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Age / Sex	: 53 Yrs / F	Sample Receive Date	: 29-Mar-2024 03:48 PM
Referred by	: Dr. SELF	Result Entry Date	: 02-Apr-2024 09:21AM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 29-Mar-2024 06:30 PM
OPD	: OPD		

### BIOCHEMISTRY

	results	unit	reference
<b>GGT / GAMMA GT</b>			
GAMMA G.G.T.P	11.6	U/l	< - 38

**Comment:-**

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

technician :

Typed By : Mr. BIRJESH



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OPD/IPD : OPD	

**URINE SUGAR (FBS)****CHEMICAL EXAMINATION**

Glucose : Nil

**URINE SUGAR (PPBS)****CHEMICAL EXAMINATION**

Glucose : Nil


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

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**Dr. Bupinder Zutshi**  
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Pathologist & Microbiologist

Case ID: 103240029480  
Patient Name: PUNAM VERMA  
Age/Sex: 53 Year /Female  
Hospital Location: Noida, Uttar Pradesh, India  
Hospital Name: SJM Hospital and IVF Centre  
Physician Name: Dr. Pushpa Kaul  
Date & Time of Accessioning: 29/03/2024 21:30 Hrs  
Date & Time of Reporting: 30/03/2024 14:29 Hrs



### TEST NAME

Pap Smear-LBC

### SPECIMEN INFORMATION

LBC. Lab No C/1706/24 Collected on 29/03/2024 at 17:00 Hrs

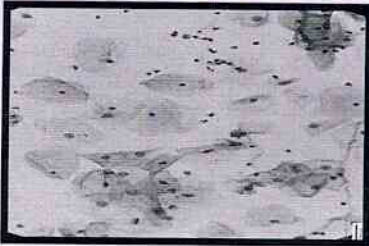
### CLINICAL HISTORY

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



Scan to Connect

## 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.

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#### **CORE Diagnostics Lab - Lucknow (109)**

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Near Raj Luxmi Sweets, Lucknow-226012

#### **CORE Diagnostics Lab - Bhubaneswar (108)**

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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**

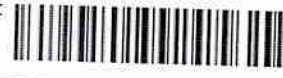
Guwahati Ground Floor, Honuram Boro Path, Shubham Velocity, GS Road, Dispur, Kamrup Metropolitan  
Guwahati, Assam - 781005



The test was processed in Lab 103.



<b>Visit ID</b> : IQD95834	<b>Registration</b> : 10/Apr/2024 10:13AM
<b>UHID/MR No</b> : IQD.0000093725	<b>Collected</b> : 10/Apr/2024 10:28AM
<b>Patient Name</b> : Mrs.PUNAM VERMA	<b>Received</b> : 10/Apr/2024 10:46AM
<b>Age/Gender</b> : 53 Y 0 M 0 D /F	<b>Reported</b> : 10/Apr/2024 11:40AM
<b>Ref Doctor</b> : Dr.SELF	<b>Status</b> : Final Report
<b>Client Name</b> : SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b> : IQD2151
<b>Employee Code</b> :	<b>Barcode No</b> : 240402367



### DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE (T3,T4,TSH)</b>				
<b>Sample Type : SERUM</b>				
T3	0.89	ng/ml	0.61-1.81	CLIA
T4	10.23	ug/dl	5.01-12.45	CLIA
TSH	4.1	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



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Dr. Anil Rathore  
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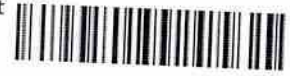
Dr. Prashant Singh  
MBBS, MD (Pathology)

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Test Performed at IQ Diagnostics BLK-003/004, Sector 121, Noida - 201301





Visit ID : IQD95834	Registration : 10/Apr/2024 10:13AM
OHID/MR No : IQD.0000093725	Collected : 10/Apr/2024 10:28AM
Patient Name : Mrs.PUNAM VERMA	Received : 10/Apr/2024 10:46AM
Age/Gender : 53 Y O M O D /F	Reported : 10/Apr/2024 11:40AM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240402367



### 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 \*\*\*



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Page 2 of 2



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## Ultrasound Report

### TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **Mrs. Punam verma**

Age /sex: **53Yrs/F**

Date: **29/03/2024**

**ECHO WINDOW: FAIR WINDOW**

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.7		22-36
Aortic valve Opening			15 -26
Left Atrium size	3.0		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(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 MR NO MS NO AS/AR, NO TR
- 3.) GRADE IDD
- 4.) No Intra cardiac clot, vegetation, pericardial effusion

**DR. AMIT KOTHARI**

Non-Interventional Cardiologist.





## Ultrasound Report

<b>Name</b>	Mrs. Punam verma	<b>Date</b>	29/03/2024
<b>Age</b>	53Yrs	<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.

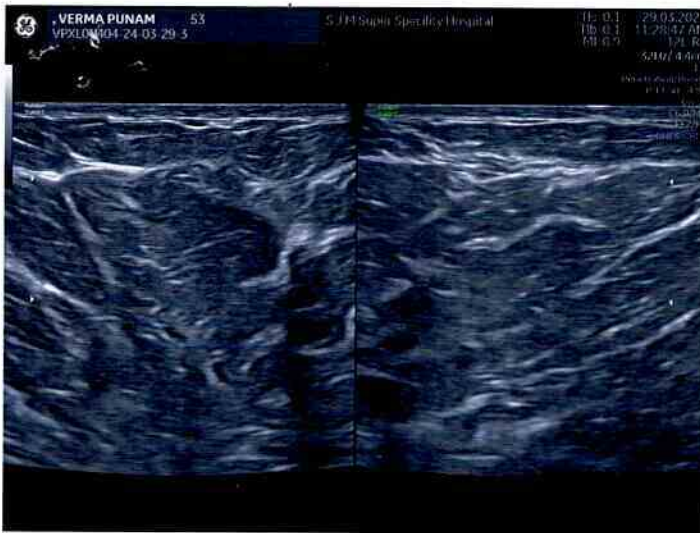
**IMPRESSION:** NO SIGNIFICANT ABNORMALITY NOTED.

*Please correlated clinically.*

**DR. PUSHPA KAUL**



**DR. RAKESH GUJJAR**



## Ultrasound Report

NAME: Mrs. Punam Verma

AGE: 53yrs/f

DATE: 29/03/2024

### Real time USG of abdomen and pelvis reveals –

**LIVER** --Liver appears fatty with grade 1. 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 seen. **There is evidence of single calculi seen in gall bladder measuring 18.5 mm.**

**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 echo pattern. No focal mass lesion is seen in parenchyma.

**KIDNEY** -Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. No focal solid or cystic lesion is seen. There is no evidence of renal calculi on both sides.

**RETROPERITONIUM**- -There is no evidence of ascites or Para – aortic adenopathy seen. Retroperitoneal structures appear normal.

**URINARY BLADDER**- Adequately distended. Walls were regular and thin. Contents are Normal. No stone formation seen.

**UTERUS**-Uterus is normal and both ovaries are normal in size, shape and echo pattern. No focal lesion is seen. Endometrial is normal. 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.**

**Cholelithiasis.**

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR

PATIENT ID	: 26913 OPD	<b>X-Ray Report</b>	PATIENT NAME	: MRS VERMA PUNAM
AGE	: 053Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 29-Mar-2024

## RADIOLOGY REPORT EXAM: X RAY CHEST

### 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:

I. 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  
29th Mar 2024

Centre for Excellent Patient Care





R  
PA

