

(BMI) 24.5 Normal



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
संबोधित: प्रवीण कुमार, 16,
वैदरीनरी अस्पताल के पास,
रईसपुर, गाजियाबाद,
गाजियाबाद,
उत्तर प्रदेश - 201001

Address:
D/O: Praveen Kumar, 16, near
veterinary hospital, raispur,
Ghaziabad, Ghaziabad,
Uttar Pradesh - 201001

4286 4142 3102

Aadhaar - Aam Admi ka Adhikar

Divya
(C.K.)

23/03/2024
9810741087



भारत सरकार
GOVERNMENT OF INDIA



दिव्या
Divya
जन्म तिथि/ DOB: 01/11/1990
महिला / FEMALE



4286 4142 3102

आधार - आम आदमी का अधिकार

33yf

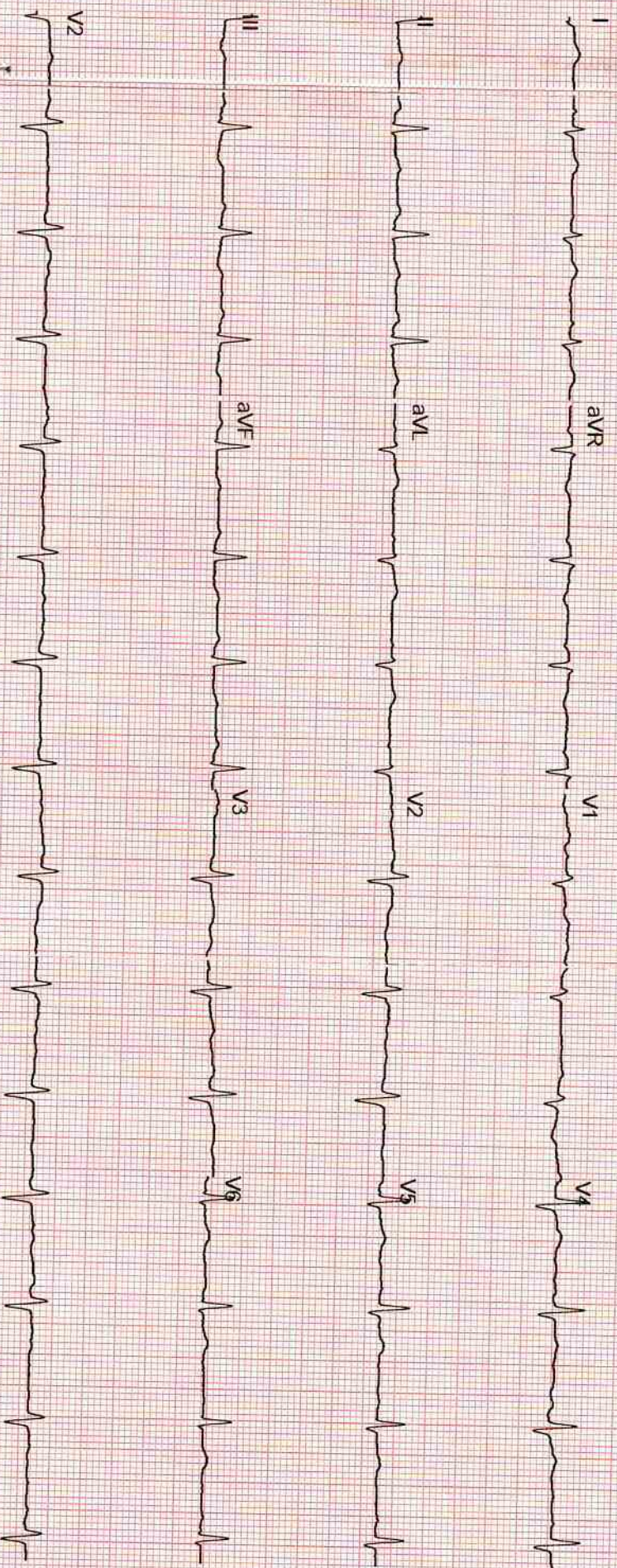
Female

QRS : 82 ms
QT / QTcBaz : 366 / 437 ms
PR : 160 ms
P : 98 ms
RR / PP : 700 / 697 ms
P / QRS / T : 59 / 78 / 40 degrees

Normal sinus rhythm
Normal ECG

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

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

Laboratory Report

Lab Serial no. : LSHHI278671	Mr. No : 113332
Patient Name : Mrs. DIVYA	Reg. Date & Time : 23-Mar-2024 04:47 AM
Age / Sex : 34 Yrs / F	Sample Receive Date : 23-Mar-2024 05:13 PM
Referred by : Dr. SELF	Result Entry Date : 24-Mar-2024 03:19PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 24-Mar-2024 03:19 PM
OPD : OPD	

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	12.0	gm/dL	12.0 - 16.0
TLC	6.2	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	54	%	40 - 70
Lymphocyte	38	%	20 - 40
Eosinophil	08	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.58	Thousand / UI	3.8 - 5.10
P.C.V	38.9	million/UI	0 - 40
M.C.V.	86.9	fL	78 - 100
M.C.H.	26.2	pg	27 - 32
M.C.H.C.	30.2	g/dl	32 - 36
Platelet Count	3.68	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



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HAEMATOTOLOGY

	results	unit	reference
ESR / ERYTHROCYTE SEDIMENTATION RATE			
ESR (Erythrocyte Sedimentation Rate)	19	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	4.41	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	96.7	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	107.0	mg/dl	< - 200
HDL Cholesterol	37.3	mg/dl	42.0 - 88.0
LDL Cholesterol	54.2	mg/dl	50 - 150
VLDL Cholesterol	15.5	mg/dl	00 - 40
Triglyceride	77.4	mg/dl	00 - 170
Chloestrol/HDL RATIO	2.9	%	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)	80.1	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 :

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BIOCHEMISTRY

	results	unit	reference
GGT / GAMMA GT			
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.			
KFT,Serum			
Blood Urea	22.2	mg/dL	13 - 40
Serum Creatinine	0.77	mg/dl	0.6 - 1.1
Uric Acid	3.8	mg/dl	2.6 - 6.0
Calcium	9.2	mg/dL	8.8 - 10.2
Sodium (Na+)	137.1	mEq/L	135 - 150
Potassium (K+)	4.01	mEq/L	3.5 - 5.0
Chloride (Cl)	99.8	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	10.37	mg/dL	7 - 18
PHOSPHORUS-Serum	2.81	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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BIOCHEMISTRY

	results	unit	reference
<u>LIVER FUNCTION TEST, Serum</u>			
Bilirubin- Total	0.58	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.2	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.38	mg/dL	0.2 - 1.2
SGOT/AST	18.1	IU/L	00 - 31
SGPT/ALT	10.9	IU/L	00 - 34
Alkaline Phosphate	64.0	U/L	42.0 - 98.0
Total Protein	7.54	g/dL	6.4 - 8.3
Serum Albumin	4.32	gm%	3.50 - 5.20
Globulin	3.22	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.34	%	

INTERPRETATION

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

technician :

Typed By : Mr. BIRJESH




Laboratory Report

Lab Serial No. : LSHHI278671 Reg. No. : 113332
Patient Name : MRS. DIVYA Reg. Date & Time : 23-Mar-2024 04:47 AM
Age/Sex : 34 Yrs /F Sample Collection Date : 23-Mar-2024 05:13 PM
Referred By : SELF Sample Receiving Date : 23-Mar-2024 05:13 PM
Doctor Name : Dr. Vinod Bhat ReportingTime : 24-Mar-2024 03:19 PM
OPD/IPD : OPD

TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

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

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PPBS)

CHEMICAL EXAMINATION

Glucose : Nil



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OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP),Serum			
SUGAR PP	107.1	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

technician :

Typed By : Mr. BIRJESH



Page 1


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

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

Laboratory Report

Lab Serial No.	: LSHHI278671	Reg. No.	: 113332
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Doctor Name	: Dr. Vinod Bhat	ReportingTime	: 24-Mar-2024 03:19 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

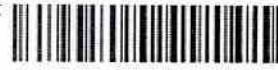
Pus cells: 1-2 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /HPF
Others: nil

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.



Visit ID	IOD91362	Registration	: 24/Mar/2024 01:15PM
UHID/MR No	: IQD.0000089283	Collected	: 24/Mar/2024 01:20PM
Patient Name	Mrs.DIVYA	Received	: 24/Mar/2024 01:30PM
Age/Gender	: 33 Y 0 M 0 D /F	Reported	: 24/Mar/2024 02:33PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code	:	Barcode No	: 240306194



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	1.05	ng/ml	0.61-1.81	CLIA
T4	9.45	ug/dl	5.01-12.45	CLIA
TSH	2.33	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

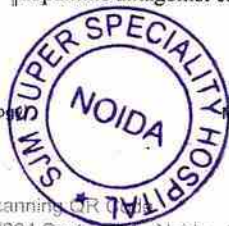
Interpretation:

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)



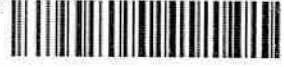
Dr. Anil Rathore
MBBS, MD (Pathology)

Dr. Prashant Singh
MBBS, MD (Pathology)

Page 1 of 2

Authenticity of report can be checked by Scanning QR Code
Test Performed at IQ Diagnostics BLK-003/004, Sector 122, Noida - 201301

Visit ID : IQD91362	Registration : 24/Mar/2024 01:15PM
UHID/MR No : IQD.0000089283	Collected : 24/Mar/2024 01:20PM
Patient Name : Mrs.DIVYA	Received : 24/Mar/2024 01:30PM
Age/Gender : 33 Y 0 M 0 D /F	Reported : 24/Mar/2024 02:33PM
Ref Doctor : Dr.SELF	Status : Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code : iqd2151
Employee Code :	Barcode No : 240306194



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
				other physiological reasons.
3 Normal/Low	Low	Low	Low	(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. Guidelines 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

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

Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Divya

Age /sex: 33Yrs/M

Date:23/03/2024

ECHO WINDOW: FAIR WINDOW

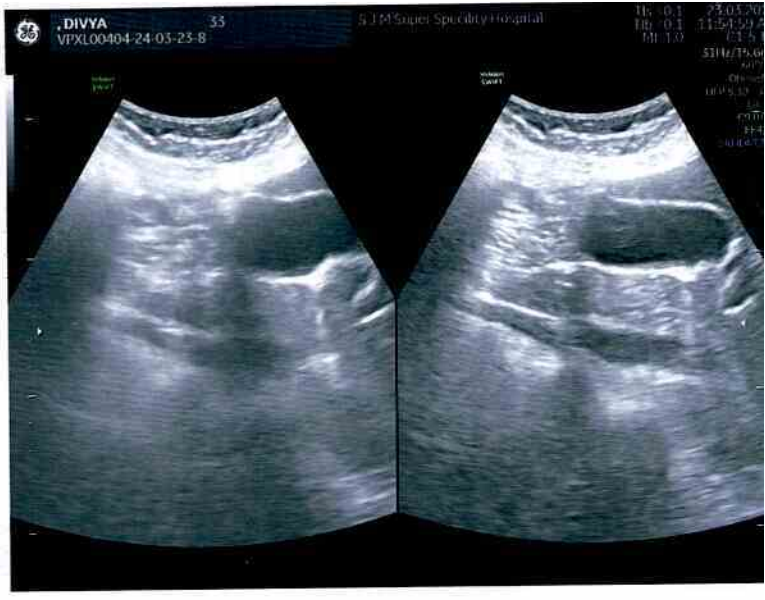
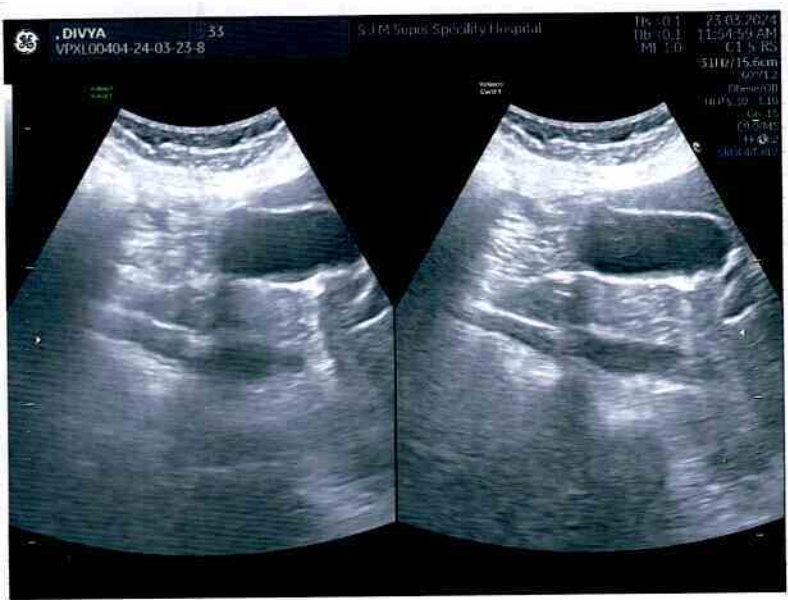
	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.4		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.6		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.1	2.4	(ED =39 -58)
Interventricular Septum	0.7		(ED = 6 -11)
Posterior Wall thickened	0.7		(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

NAME: Mrs. Divya

AGE: 33yrs/f

DATE: 23/03/2024

Real time USG of abdomen and pelvis reveals –

LIVER --Liver appears normal in size and shape, contour and echo pattern. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER-Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

PANCREAS-Pancreas is normal in size, 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: Normal Scan.

For SJM Super Specialty Hospital

DR. PUSHPA KAUL



DR. RAKESH GUJJAR

Ultrasound Report

Name	Mrs. Divya	Date	23/03/2024
Age	33Yrs	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..

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.

IMPRESSION: NO SIGNIFICANT ABNORMALITY NOTED.

Please correlated clinically.

DR. PUSHPA KAUL



DR. P.K GUPTA

PATIENT ID	: 26833 OPD	X-Ray Report	PATIENT NAME	: MRS DIVYA
AGE	: 033Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 23-Mar-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY: NA

COMPARISON:

None.

TECHNIQUE:

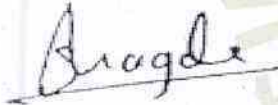
Frontal projections of the chest were obtained.

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.



Dr Sonam Kagde
Consultant Radiologist
MBBS, DMRE
Regn No: 2017/09/4619

Dr Sonam Kagde
23rd Mar 2024



R
PA

