

 Union Bank
 Name: Bhubesh Sundli
 Employee No: 5702575
 D.O.B: 01.12.1969
 Blood Group: B+
 Emergency No: 9911491001
 Regional Office-Muzaffarnagar
 Date of Issue: 25.10.2023

10/8/2024
 9911491001



Bhupesh sundi
ID: 000

10.08.2024 11:53:39 AM

Location:

69 bpm
--/-- mmHg

54 Years

Male

sim hospital
sector 63
Gautam Budha Nagar, UP-201307

Room:

Order Number:

Indication:

Medication 1:

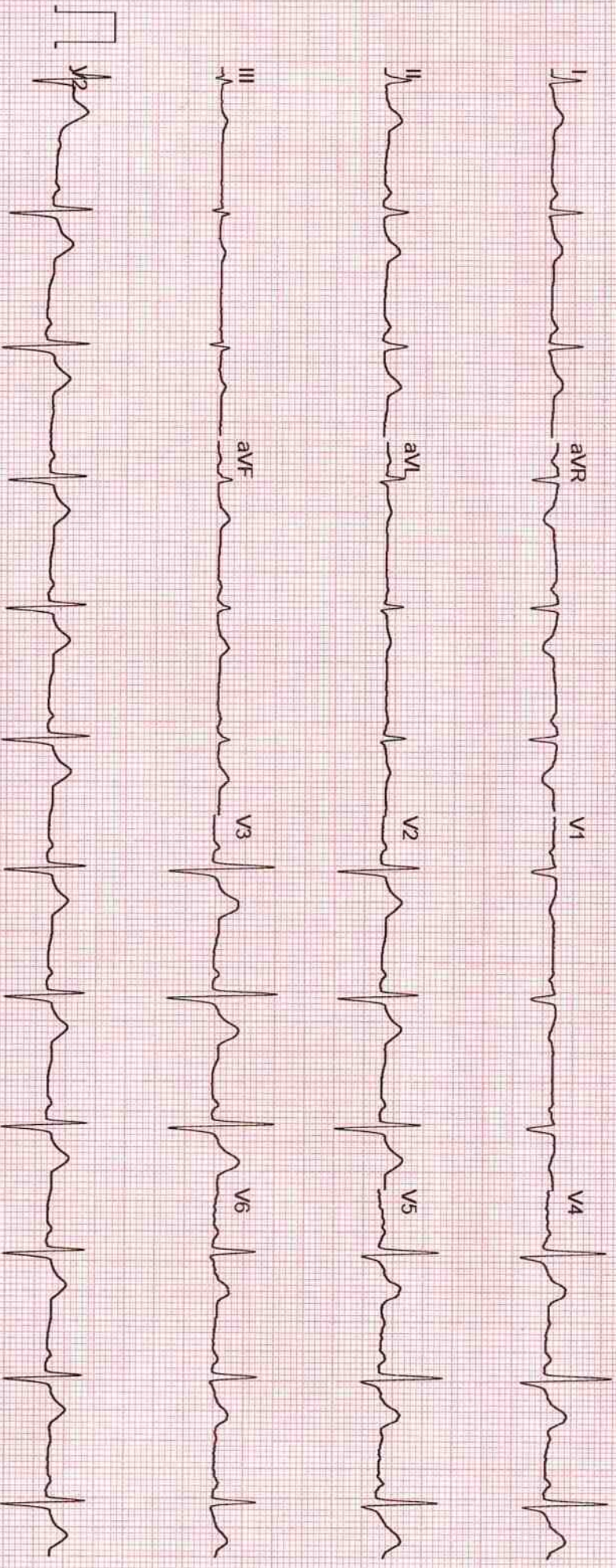
Medication 2:

Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS	96 ms
QT / QTcBaz	400 / 428 ms
PR	140 ms
P	102 ms
RR / PP	866 / 869 ms
P / QRS / T	33 / 28 / 41 degrees

Normal sinus rhythm
Normal ECG



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

Unconfirmed



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)



10/8/24

(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.

Facilities:

- 100 Beds. Private & Public wards
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- Neonatal ICUs (NICU)
- Dental Clinic
- Computerized pathology lab
- Digital X-ray and ultrasound
- Physiotherapy facilities
- 24-Hour Pharmacy
- Cafeteria & Kitchen

Mr. Bhupesh (55y/m)

Vn 6/12P
6/9, N6 c/gla

- Has come for annual checkup

Adm. Detailed
est

!

(B2)
Lubrex Eye Drops - 2T/D
x 2 months

CGHS & AYUSHMAN BHARAT

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

Panels: 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 Parekh 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 Orient 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. : LSHHI295974	Mr. No : 119306
Patient Name : Mr. BHUPESH SUNDLI	Reg. Date & Time : 10-Aug-2024 03:53 AM
Age / Sex : 54 Yrs / M	Sample Receive Date : 10-Aug-2024 03:57 PM
Referred by : Dr. SELF	Result Entry Date : 10-Aug-2024 09:17PM
Doctor Name : Dr. ABHILASH GAUR	Reporting Time : 10-Aug-2024 09:17 PM
OPD : OPD	

HAEMATOLOGY

results unit reference

CBC / COMPLETE BLOOD COUNT

HB (Haemoglobin)	14.1	gm/dL	12.0 - 17.0
TLC	6.90	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	57	%	40 - 70
Lymphocyte	33	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	05	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.76	Thousand / UI	3.8 - 5.10
P.C.V	41.5	million/UI	00 - 40
M.C.V.	87.2	fL	78 - 100
M.C.H.	29.7	pg	27 - 31
M.C.H.C.	34.1	g/dl	32 - 36
Platelet Count	2.88	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



Laboratory Report

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HAEMATOTOLOGY

	results	unit	reference
--	---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	22	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
--	---------	------	-----------

HbA1C / GLYCATED HEMOGLOBIN / GHb

Hb A1C	5.3	%	4.0 - 5.6
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	105.41	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

technician :

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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	18.4	mg/dL	18 - 55
Serum Creatinine	0.73	mg/dl	0.7 - 1.3
Uric Acid	7.4	mg/dl	3.5 - 7.2
Calcium	9.1	mg/dL	8.8 - 10.2
Sodium (Na+)	139.3	mEq/L	135 - 150
Potassium (K+)	4.50	mEq/L	3.5 - 5.0
Chloride (Cl)	106.2	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	8.59	mg/dL	7 - 18
PHOSPHORUS-Serum	3.62	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



Page 1

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

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

Laboratory Report

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OPD : OPD	

BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.80	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.31	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.49	mg/dL	0.2 - 1.2
SGOT/AST	31.4	IU/L	00 - 35
SGPT/ALT	42.9	IU/L	00 - 45
Alkaline Phosphate	80.0	U/L	53 - 128
Total Protein	7.04	g/dL	6.4 - 8.3
Serum Albumin	4.55	gm%	3.50 - 5.20
Globulin	2.49	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.83	%	

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

Dr. Rajeev Goel

Page 1.

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Laboratory Report

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OPD	: OPD		

BIOCHEMISTRY

LIPID PROFILE, Serum

	results	unit	reference
S. Cholesterol	165.0	mg/dl	< - 200
HDL Cholesterol	30.5	mg/dl	35.3 - 79.5
LDL Cholesterol	104.1	mg/dl	50 - 150
VLDL Cholesterol	30.4	mg/dl	00 - 40
Triglyceride	152.1	mg/dl	00 - 170
Chloestrol/HDL RATIO	5.4	%	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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technician :

Typed By : Mr. BIRJESH

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

Dr. Bupinder Zutshi
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Pathologist & Microbiologist

Laboratory Report

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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
BLOOD SUGAR (PP), Serum			
SUGAR PP	142.7	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

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	87.0	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.

technician :

Typed By : Mr. BIRJESH



[Handwritten Signature]

Laboratory Report

Lab Serial No. :
Patient Name : MR. BHUPESH SUNDLI
Age/Sex : 54 Yrs /M
Referred By : SELF
Doctor Name : Dr. ABHILASH GAUR
OPD/IPD : OPD

Reg. No. : 119306
Reg. Date & Time : 10-Aug-2024 03:53 AM
Sample Collection Date : 10-Aug-2024 03:57 PM
Sample Receiving Date : 10-Aug-2024 03:57 PM
Reporting Time : 10-Aug-2024 09:17 PM

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.



Mr. BIRJESH

egw

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

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

8/11/2024
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



Visit ID : IQD131562	Registration	: 10/Aug/2024 12:13PM
UHID/MR No : IQD.0000129300	Collected	: 10/Aug/2024 12:55PM
Patient Name : Mr.BHUPESH SUNDLI	Received	: 10/Aug/2024 01:20PM
Age/Gender : 59 Y 0 M 0 D /M	Reported	: 10/Aug/2024 01:43PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: Iqd2151
Employee Code :	Barcode No	: 240803271



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	0.61-2.81	CLIA
T4	9.6	ug/dl	5.01-12.45	CLIA
TSH	2.51	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. ADEN
 MBBS, MD (Pathologist)
Dr. Prashant Singh
MBBS, MD (Pathology)

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UHID/MR No	: IQD.0000129300	Collected	: 10/Aug/2024 12:55PM
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Age/Gender	: 59 Y 0 M 0 D /M	Reported	: 10/Aug/2024 01:43PM
Ref Doctor	: Dr.SELF	Status	: Final Report
Client Name	: SJM SUPER SPECIALIST HOSPITAL	Client Code	: Iqd2151
Employee Code	:	Barcode No	: 240803271



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bic. 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.Guid lines of the American Thyroid association during pregnancy and Postpartum, 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 - 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.ADESH
MBBS,MD (Pathologist)

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

PATIENT ID	: 29433 OPD	X-Ray Report	PATIENT NAME	: MR. BHUPESH SUNDLI
AGE	: 054Y		SEX	: Male
REF. PHY.	:		STUDY DATE	: 10-Aug-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

TECHNIQUE:

Frontal projections of the chest were obtained.

FINDINGS:

Mildly prominent bronchovascular markings in both lung fields.
Old healed calcified granuloma seen in the left upper and right mid zone.
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:

- Mildly prominent bronchovascular markings in both lung fields.
- Old healed calcified granuloma seen in the left upper and right mid zone.

Suggested clinical correlation.

V.S. Sai Naren

Dr Sai Naren
Consultant Radiologist
MBBS, MD
Regn No: 2017/08/3835

Dr Sai Naren
10th Aug 2024

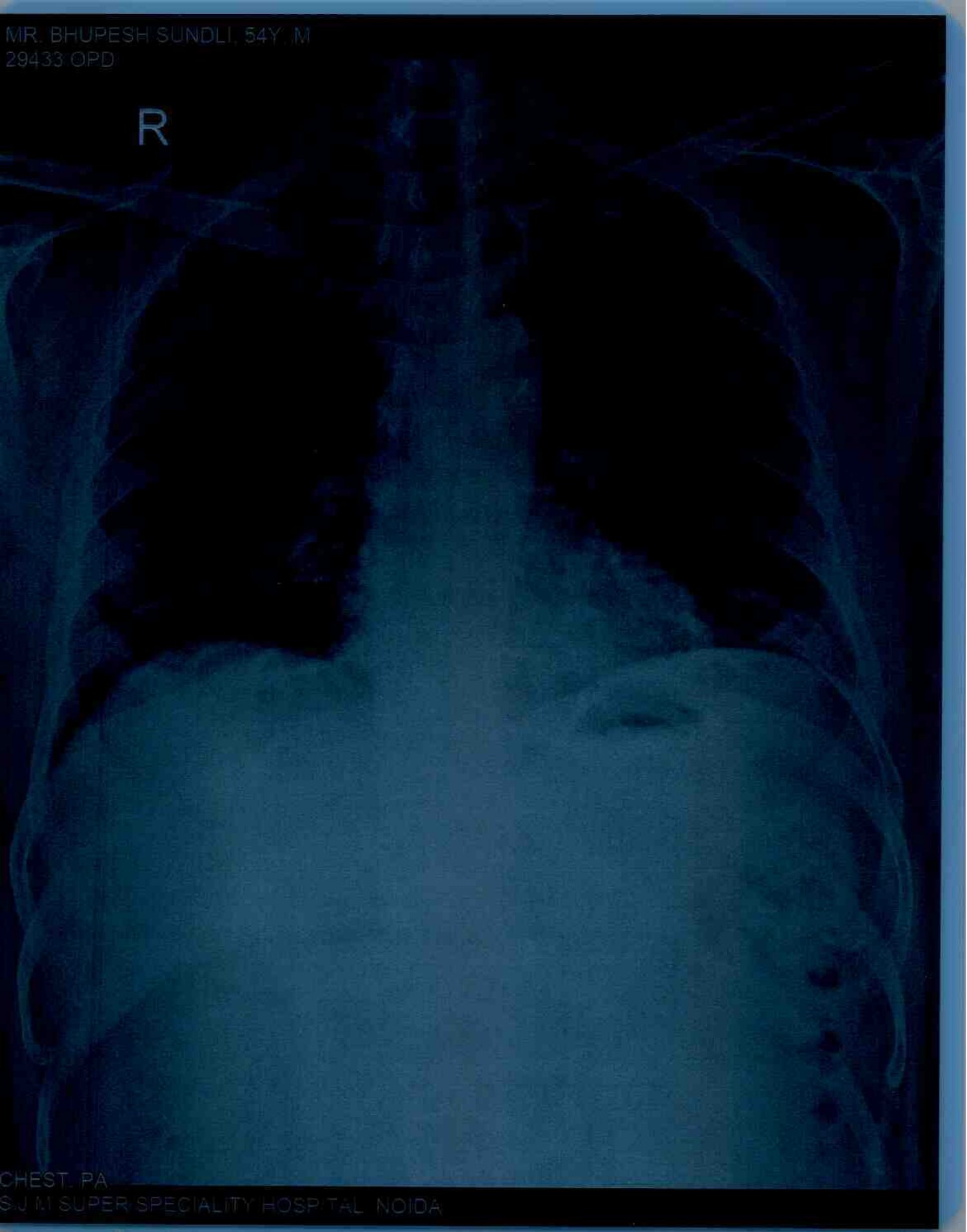
Centre for Excellent Patient Care



MR. BHUPESH SUNDLI, 54Y, M
29433 OPDI

R

CHEST, PA
S. J. M. SUPER SPECIALITY HOSPITAL, NOIDA





भारत सरकार
GOVERNMENT OF INDIA



गीता सुण्डली
Geeta Sundli

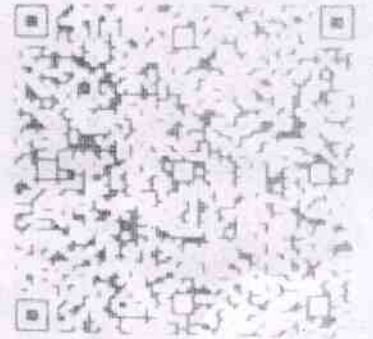
जन्म तिथि / DOB : 08/01/1973

महिला / FEMALE

2111 5133 7906



Geeta Sundli
10/8/2024



आधार - आम आदमी का अधिकार

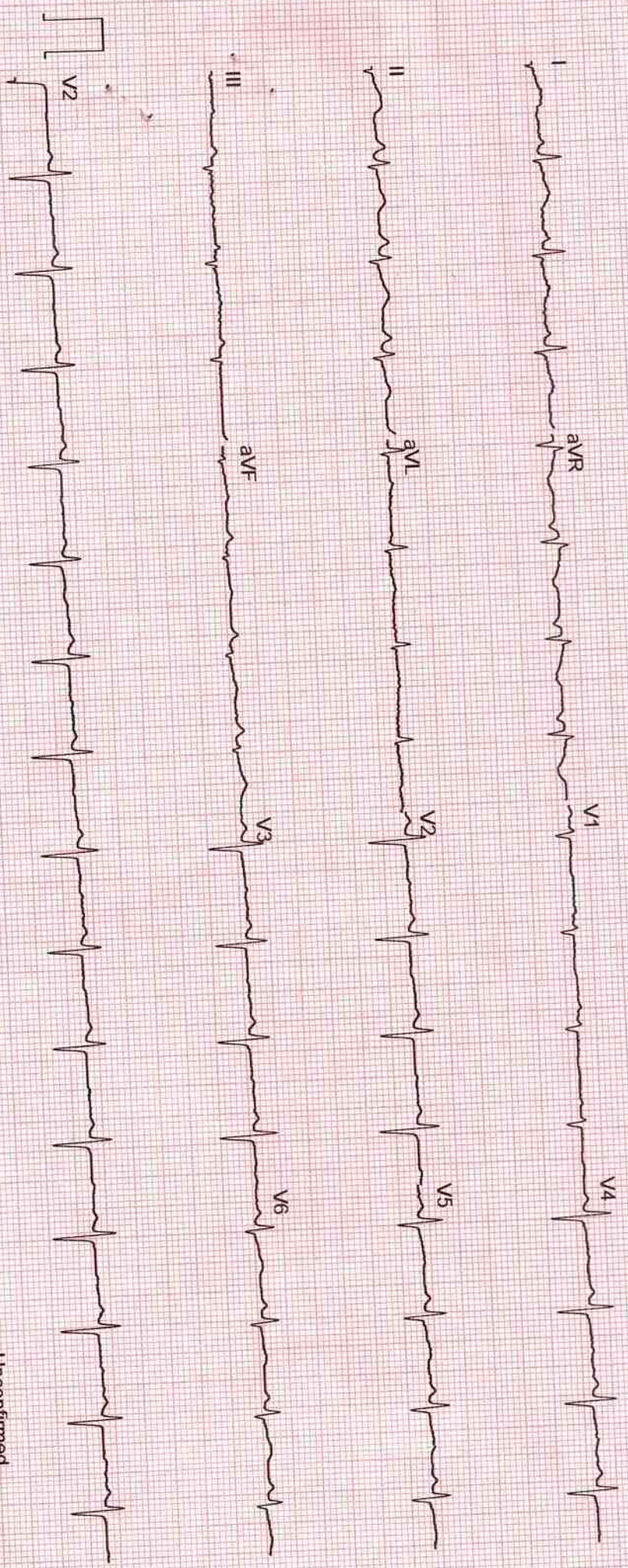
51 Years

Female

QRS : 68 ms
QT / QTcBaz : 380 / 472 ms
PR : 128 ms
P : 96 ms
RR / PP : 642 / 645 ms
P / QRS / T : 53 / -3 / 30 degrees

Normal sinus rhythm
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:





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10/8/24

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Dr. B.P. Gupta, MS (Surgeon)
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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. Sundli (50y/+))

Vn ^{6/12} < 6/198

— Routine checkup

Acc \leftarrow +0.75 DS / +0.50 DS x 80 — 616
+1.00 DS — 616
Add: +2.00 DS N6 (B2)

Glau prescribed.



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) 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 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 Oriental 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
- Laparoscopic & 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

Laboratory Report

Lab Serial no.	: LSHHI295975	Mr. No	: 119307
Patient Name	: Mrs. GEETA SUNIDLI	Reg. Date & Time	: 10-Aug-2024 03:56 AM
Age / Sex	: 51 Yrs / F	Sample Receive Date	: 10-Aug-2024 03:57 PM
Referred by	: Dr. SELF	Result Entry Date	: 10-Aug-2024 09:19PM
Doctor Name	: Dr. ABHILASH GAUR	Reporting Time	: 10-Aug-2024 09:19 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	11.7	gm/dL	12.0 - 16.0
TLC	7.53	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	47	%	40 - 70
Lymphocyte	46	%	20 - 40
Eosinophil	05	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	4.65	Thousand / UI	3.8 - 5.10
P.C.V	36.1	million/UI	0 - 40
M.C.V.	77.5	fL	78 - 100
M.C.H.	25.1	pg	27 - 32
M.C.H.C.	32.4	g/dl	32 - 36
Platelet Count	3.76	Lacs/cumm	1.5 - 4.5

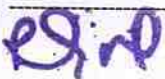
INTERPRETATION:

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

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HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	58	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	8.6	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	200.12	mg/dl	

eAG[Calculated]

INTERPRETATION-

NON DIABETIC	HbA1C 4-6 %
GOOD DIABETIC CONTROL	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

KFT, Serum

	results	unit	reference
Blood Urea	13.8	mg/dL	13 - 40
Serum Creatinine	0.53	mg/dl	0.6 - 1.1
Uric Acid	4.4	mg/dl	2.6 - 6.0
Calcium	8.7	mg/dL	8.8 - 10.2
Sodium (Na+)	135.7	mEq/L	135 - 150
Potassium (K+)	4.75	mEq/L	3.5 - 5.0
Chloride (Cl)	103.3	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	6.44	mg/dL	7 - 18
PHOSPHORUS-Serum	3.12	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

LIVER FUNCTION TEST, Serum

	results	unit	reference
Bilirubin- Total	0.60	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.19	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.41	mg/dL	0.2 - 1.2
SGOT/AST	80.1	IU/L	00 - 31
SGPT/ALT	66.4	IU/L	00 - 34
Alkaline Phosphate	115.0	U/L	42.0 - 98.0
Total Protein	7.84	g/dL	6.4 - 8.3
Serum Albumin	4.24	gm%	3.50 - 5.20
Globulin	3.59	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.18	%	

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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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	192.0	mg/dl	< - 200
HDL Cholesterol	31.5	mg/dl	42.0 - 88.0
LDL Cholesterol	128.9	mg/dl	50 - 150
VLDL Cholesterol	31.6	mg/dl	00 - 40
Triglyceride	158.2	mg/dl	00 - 170
Cholesterol/HDL RATIO	6.1	%	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.

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BIOCHEMISTRY

	results	unit	reference
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BLOOD SUGAR (PP), Serum

SUGAR PP	280.9	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)	136.4	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.



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Laboratory Report

Lab Serial No. :	Reg. No. :	119307
Patient Name : MRS. GEETA SUNIDLI	Reg. Date & Time :	10-Aug-2024 03:56 AM
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Referred By : SELF	Sample Receiving Date :	10-Aug-2024 03:57 PM
Doctor Name : Dr. ABHILASH GAUR	Reporting Time :	10-Aug-2024 09:19 PM
OPD/IPD : OPD		

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
 Color: Yellow
 Transparency: clear

CHEMICAL EXAMINATION

Albumin: (+)
 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>

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8/11/2024
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Visit ID : IQD131561	Registration	: 10/Aug/2024 12:13PM
UHID/MR No : IQD.0000129299	Collected	: 10/Aug/2024 12:56PM
Patient Name : Mrs.GEETA SUNDLI	Received	: 10/Aug/2024 01:20PM
Age/Gender : 51 Y O M O D /F	Reported	: 10/Aug/2024 01:43PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240803270



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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Prashant
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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.98	ng/ml	0.61-1.81	CLIA
T4	10.03	ug/dl	5.01-12.45	CLIA
TSH	7.62	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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*** End Of Report ***



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Page 2 of 2

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

X-Ray Report

PATIENT ID	: 29424	PATIENT NAME	: MRS. GEETA SUNDLI
AGE	: 051Y	SEX	: Female
REF. PHY.	:	STUDY DATE	: 10-Aug-2024

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.

Dr Nirali Patel
Consultant Radiologist
MBBS, MD
Regn No: 2014/083/641

Dr Nirali Patel
10th Aug 2024

Centre for Excellent Patient Care



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R

PA

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