



भारत सरकार
Government of India



विनीता गौतम
Vineeta Gautam
जन्म तिथि/DOB: 16/02/1985
महिला/ FEMALE



5794 0322 5640

VID: 9173 1750 1909 5315

मेरा आधार, मेरी पहचान

w-51kg

HT - 150cm

BP - 110/70

P - 80 /m

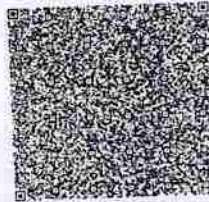
SP2 - 98%



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पत्नी:
W/O पृथ्वी राज सिंह गौतम, ह. नं. सी - 20, गली - 3,
सत्य विहार बुरारी, माखन लाल चौक के पास, बुरारी, उत्तरी
दिल्ली,
पिन - 110084

Address:
W/O Pushp Raj Singh Gautam, H. No. C-
20, Gali - 3, Satya Vihar Burari, Near
Makhan Lal Chauk, Burari, North Delhi,
Delhi - 110084



5794 0322 5640

VID: 9173 1750 1909 5315

Dinellus
7972526606
21/03/24



Female

21.03.2024 10:09:59 AM
SJM Hospital
Sector 63
Gautam Budhha Nagar, UP-201307

BPL-02

Location:

Room:

Order Number:

Indication:

Medication 1:

Medication 2:

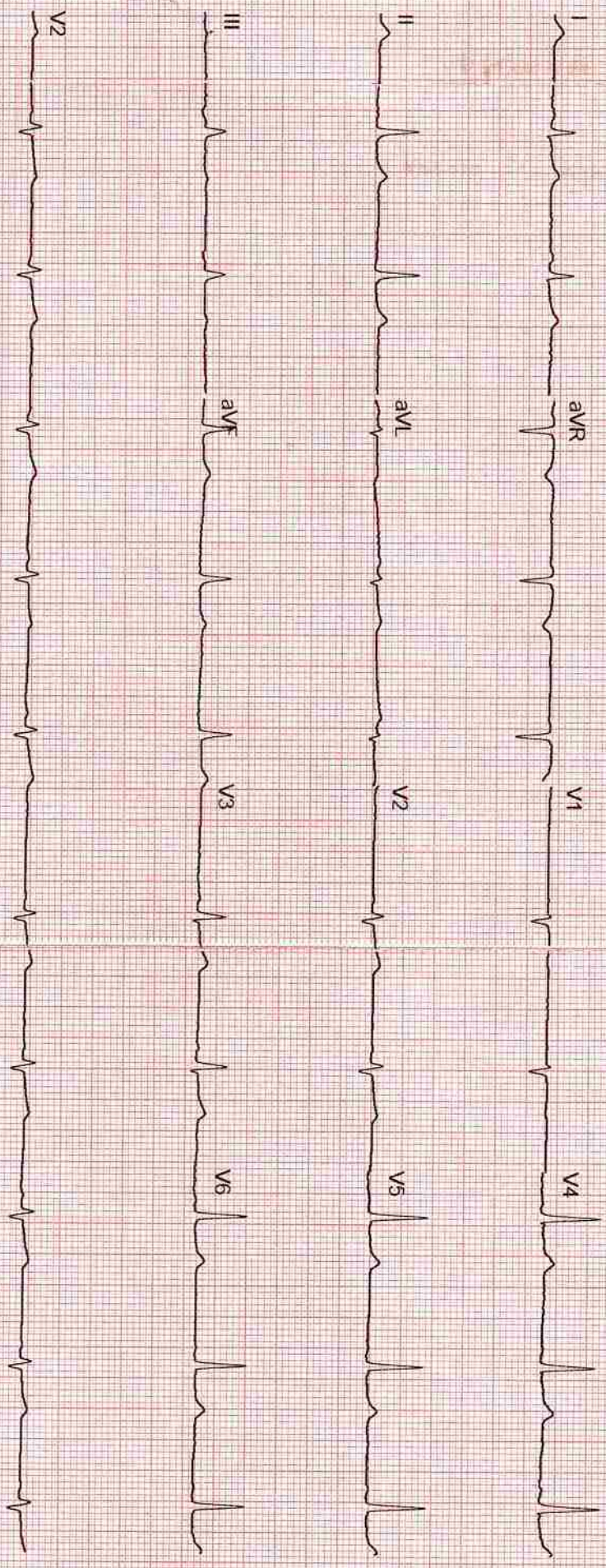
Medication 3:

60 bpm
-/- mmHg

QRS: 72 ms
QT/QTcBaz: 406 / 406 ms
PR: 128 ms
P: 90 ms
RR/PP: 992 / 1000 ms
P/QRS/T: -12 / 57 / 45 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



MAG2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3.25 R1

Unconfirmed



SJM SUPER SPECIALITY HOSPITAL
 Centre for Excellent Patient Care
 Sector-63, Noida, Near NH-24, Hindon bridge
 Tel.: 0120-6530900 / 10, Mob.: 9599259072



Reg. No. *C/o BOB*
 Date *21-03-24*
 Name *Ms. Vinita*
 Age / Sex
 Panel Name / Cash *391F*

UHID No. :
 Doctor Name : Dr. Vinod Bhat
 MBBS, MD
 Regn. No.: 30989 (DMC)
 Department of Medicine

Chief Complaint & Present Illness

Past History

Physically and Mentally fit

Treatment Advised

Provisional Diagnosis

1
BD

Allergies

General Examination

Temp
 Pulse
 B.P.
 R.R.
 SPO2



Investigation

Nutritional Screening

Follow up

Signature of Doctor
 SJM/SSH/MED/OPD/07



SJM SUPER SPECIALITY HOSPITAL



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

(BOB)

21/5/24

(IVF SPECIALIST)

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst. & Gynae)
- Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

- Dr. Pushpa Kaul (IVF)
- M.B.B.S, MD(Obst. & Gynae)
- Dr. Smritee Virmani (Endoscopy)
- MBBS, DGO, DNB, ICOG (Obst. & Gynae)
- Dr. Vinod Bhat
- M.B.B.S, MD (General Medicine)
- Dr. Vineet Gupta, MS (ENT)
- Dr. Naveen Gupta, MS (EYE)
- Dr. Ashutosh Singh, MS (Urology)
- Dr. Rahul Kaul (Spine Surgeon)
- MBBS, MS, (Orthopaedic)
- Dr. Jaideep Gambhir, M.D(Psychiatrist)
- Consultant Psychiatry, Mob.: 8006888664
- Dr. Monica Gambhir, MBBS
- Family Therapist & Relationship Counsellor
- Mob.: 8006888663
- Dr. B.P. Gupta, MS (Surgeon)
- Dr. Deepa Maheshwari
- M.B.B.S., MD, FRM, (IVF Specialist)
- Dr. Vivek Kumar Gupta
- MBBS, MS (General Surgeon)
- M.Ch. (Plastic Surgery)
- Dr. Anand Kumar
- MBBS, MD (Paediatrics)
- Dr. Amit kumar Kothari
- MBBS, MD (Medicine)
- Dr. Amit Aggarwal
- M.B.B.S., M.S. Ortho.

Mrs. Vinita Gautam

(Sdy/f)

Vn 6/16, N6

- No complaints except watery.

[Handwritten signature]

(BE)

- Syon Team E-N - 2T/D x 3 months



[Handwritten signature]

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 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
 - Laprosopic & 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.	: LSHHI278456	Mr. No	: 113257
Patient Name	: Mrs. VINEETA GAUTAM	Reg. Date & Time	: 21-Mar-2024 09:47 AM
Age / Sex	: 39 Yrs / F	Sample Receive Date	: 21-Mar-2024 09:49 AM
Referred by	: Dr. SELF	Result Entry Date	: 21-Mar-2024 12:04PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 21-Mar-2024 12:04 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	10.4	gm/dL	12.0 - 16.0
TLC	5.7	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	51	%	40 - 70
Lymphocyte	40	%	20 - 40
Eosinophil	07	%	02 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	3.42	Thousand / UI	3.8 - 5.10
P.C.V	33.9	million/UI	0 - 40
M.C.V.	99.1	fL	78 - 100
M.C.H.	30.4	pg	27 - 32
M.C.H.C.	30.7	g/dl	32 - 36
Platelet Count	2.53	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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HAEMATOLOGY

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

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	20	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	4.8	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE	91.06	mg/dl	
eAG[Calculated]			

INTERPRETATION-

	HbA1C
NON DIABETIC	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

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

KFT,Serum

Blood Urea	44.8	mg/dL	13 - 40
Serum Creatinine	0.89	mg/dl	0.6 - 1.1
Uric Acid	4.3	mg/dl	2.6 - 6.0
Calcium	8.4	mg/dL	8.8 - 10.2
Sodium (Na+)	138.9	mEq/L	135 - 150
Potassium (K+)	4.36	mEq/L	3.5 - 5.0
Chloride (Cl)	108.7	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	20.93	mg/dL	7 - 18
PHOSPHORUS-Serum	2.74	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

LIVER FUNCTION TEST,Serum

Bilirubin- Total	1.18	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.43	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.75	mg/dL	0.2 - 1.2
SGOT/AST	14.3	IU/L	00 - 31
SGPT/ALT	11.5	IU/L	00 - 34
Alkaline Phosphate	75.0	U/L	42.0 - 98.0
Total Protein	6.66	g/dL	6.4 - 8.3
Serum Albumin	3.90	gm%	3.50 - 5.20
Globulin	2.76	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.41	%	

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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OPD	: OPD		

BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	129.0	mg/dl	< - 200
HDL Cholesterol	41.2	mg/dl	42.0 - 88.0
LDL Cholesterol	74.6	mg/dl	50 - 150
VLDL Cholesterol	13.2	mg/dl	00 - 40
Triglyceride	65.8	mg/dl	00 - 170
Cholestrol/HDL RATIO	3.1	%	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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Age / Sex : 39 Yrs / F	Sample Receive Date : 21-Mar-2024 09:49 AM
Referred by : Dr. SELF	Result Entry Date : 21-Mar-2024 07:28PM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 21-Mar-2024 12:04 PM
OPD : OPD	

BIOCHEMISTRY

BLOOD SUGAR (PP), Serum

	results	unit	reference
SUGAR PP	122.7	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)	94.5	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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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. : LSHHI278456 Reg. No. : 113257
Patient Name : MRS. VINEETA GAUTAM Reg. Date & Time : 21-Mar-2024 09:47 AM
Age/Sex : 39 Yrs /F Sample Collection Date : 21-Mar-2024 09:49 AM
Referred By : SELF Sample Receiving Date : 21-Mar-2024 09:49 AM
Doctor Name : Dr. Vinod Bhat ReportingTime : 21-Mar-2024 12:04 PM
OPD/IPD : OPD :

TEST NAME

VALUE

ABO

"A"

Rh

POSITIVE

Comments:

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

URINE SUGAR (FBS)

CHEMICAL EXAMINATION

Glucose : Nil



Mr. BIRJESH

<http://rcipac3/SJM/Design/Finanace/LabTextReport.aspx>

3/21/2024

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Age/Sex : 39 Yrs /F Sample Collection Date : 21-Mar-2024 09:49 AM
Referred By : SELF Sample Receiving Date : 21-Mar-2024 09:49 AM
Doctor Name : Dr. Vinod Bhat Reporting Time : 21-Mar-2024 12:04 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.



Mr. BIRJESH

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

3/21/2024

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

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



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



Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: Mrs. Vineeta Gautam	Age /sex:39Yrs/F	Date:21/03/2024
ECHO WINDOW: FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.1		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.2		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	3.9	2.2	(ED =39 -58)
Interventricular Septum	0.6		(ED = 6 -11)
Posterior Wall thickened	0.6		(ED = 6- 10)
LV Ejection Fraction (%)	60		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve =Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	





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Ultrasound Report

Regurgitation: -

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

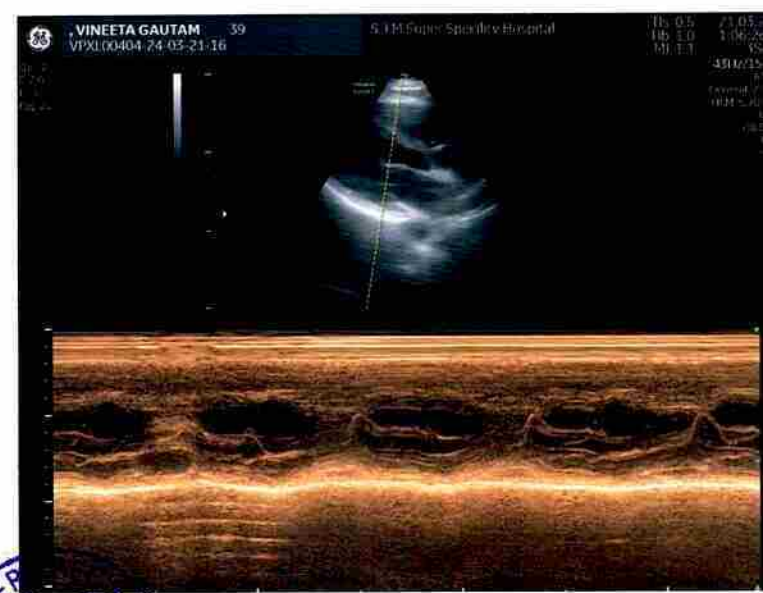
Final Interpretation: -

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

DR. AMIT KOTHARI

Non-Interventional Cardiologist.

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 NOIDA



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Tel.: 0120-6530900 / 10 Mob.: +91 9599259072



Centre for Excellent Patient Care

PATIENT ID	: 26804 OPD	X-Ray Report	PATIENT NAME	: MRS VINEETA
AGE	: 039Y		SEX	: Female
REF. PHY.	:		STUDY DATE	: 21-Mar-2024

RADIOLOGY REPORT EXAM: X RAY CHEST

CLINICAL HISTORY:

COMPARISON:
None.

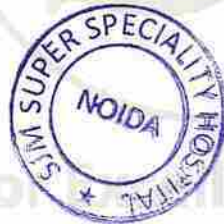
TECHNIQUE:
Frontal projections of the chest were obtained.

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 Sandhya R
Consultant Radiologist
MBBS, MD
Regn No: 117762

Dr Sandhya R
21st Mar 2024



Centre for Excellent Patient Care

R

PA





MC-5642



Case ID	110240006E35
Patient Name	VINEETA GAUTAM
Age/Sex	39 Year /Female
Hospital Location	Noida, Uttar Pradesh, India
Hospital Name	SJM Hospital and IVF Centre
Physician Name	Dr DR PUSHPA KAUL
Date & Time of Accessioning	21/03/2024 15:32 Hrs
Date & Time of Reporting	22/03/2024 13:27 Hrs

TEST NAME

Pap Smear-LBC

SPECIMEN INFORMATION

LBC. Lab No C/1514/24 Collected on 21/03/2024 at 00:00 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.

Alpina
Dr. Alpina Srivastava, MD
DMC 31253



Scan to Connect

Question?

Contact us at +91 124 4615 615

Toll Free Helpline +91 882 299 999

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

406, Udyog Vihar, Phase III, Gurgaon-122016

CORE Diagnostics Lab - New Delhi (103)

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

CORE Diagnostics Lab - Lucknow (109)

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

CORE Diagnostics Satellite Lab (110)

New Delhi 67, Hargobind Enclave, New Delhi - 110092

CORE Diagnostics Lab - Bangalore (105)

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

CORE Diagnostics Lab - Bhubaneswar (108)

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

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.

Visit ID : IQD90687	Registration	: 21/Mar/2024 01:51PM
UHID/MR No : IQD.0000088609	Collected	: 21/Mar/2024 02:04PM
Patient Name : Mr. VINEETA GAUTAM	Received	: 21/Mar/2024 02:12PM
Age/Gender : 39 Y 0 M 0 D /F	Reported	: 21/Mar/2024 02:54PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240305522



DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.92	ng/ml	0.61-1.81	CLIA
T4	6.8	ug/dl	5.01-12.45	CLIA
TSH	2.83	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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Visit ID : IQD90687	Registration	: 21/Mar/2024 01:51PM
UHID/MR No : IQD.0000088609	Collected	: 21/Mar/2024 02:04PM
Patient Name : Mr. VINEETA GAUTAM	Received	: 21/Mar/2024 02:12PM
Age/Gender : 39 Y 0 M 0 D /F	Reported	: 21/Mar/2024 02:54PM
Ref Doctor : Dr.SELF	Status	: Final Report
Client Name : SJM SUPER SPECIALIST HOSPITAL	Client Code	: iqd2151
Employee Code :	Barcode No	: 240305522



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. 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

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

Ultrasound Report

NAME: Mrs. Vineeta Gautam

AGE: 39yrs/f

DATE: 21/03/2024

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