



# RAMSA

MEDICAL HEALTH CARE

DR. ASHOK KUMAR  
MBBS, DOMS  
Eye Specialist  
Reg. No. : 23091 (BCMR)

Name :- Soni Mridi Kuman  
Age :- 31 Gender : Female

Date : 05/06/2023  
Bill No. :- .....

V/A	Without Glasses		With Glasses		C/O
	DV	NV	DV	NV	
RE	6/60	<del>4/566</del> N/6	6/6	N/6	H/O Diabetes
LE	6/60	<del>2/456</del> -	6/6	N/1	Hypertension
RE					Others
I.O.P					O/E
LE					Ext.

Colour Vision :- within Normal limit

Rx  
Repeat Refraction

Ophthalmoscopy  
Adv  
① Tear plus eye  
1800301  
② Cof Rt 2  
Wol - 20



Glasses Prescribed/Acceptance :-

VA	RE			LE				
	D. Sph	D. Cyl	Axis	VA	D. Sph	D. Cyl	Axis	VA
DV	-2.25			6/6	-2.25			6/6
NV								
ADD								

Dr. Ashok Kumar  
MBBS, DOMS  
Reg. No. - 23091

Ashok  
05/06/23

फीस 15 दिनों के लिए मान्य है, 15 दिन बाद फीस पुनः लगेगी।

Beside Yadav Timber, East of Kanti Factory More, Kankarbagh Main Road, Patna-26

Contact No# ☎ +91 6122356151 📞 +91 9229245090 Email:- Ramsamedicalhealthcare@gmail.com



**RAMSA**  
MEDICAL HEALTH CARE

DR. AMIT SINHA  
B.D.S., M.D.S (DENTAL)  
Reg. No : BCMR-6242/A

Name :- Mimi Kumari  
Age :- 31 Gender :- F

Date :- 8/2/22  
Bill No. :- .....

Advise

- DOPA to be done  
with  $\frac{6}{6}$
- RCT to be done  
with  $\frac{6}{6}$
- coping to be done with  $\frac{6}{6}$
- all sealing to be done
- Hirana mhw mouth  
twice a day  
for 15 days

elr - venous excess  
in left at lower  
buccal region of  
teeth

ole dental caries  
with  $\frac{6}{6}$ .

- Generalized Stomat  
Calculus  
Awards














Dr. Amit Sinha  
B.D.S., M.D.S  
Reg. No.: 6242/A

Signature

फीस 15 दिनों के लिए मान्य है, 15 दिन बाद फीस पुनः लगेगी।

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  <p style="text-align: center;"><b>AADHAAR</b></p> <p style="text-align: center;"><b>भारतीय जनसंख्या पहचान संख्या</b></p> <p style="text-align: center;"><b>भारत</b></p> <hr/> <p><b>प्रमाण संख्या</b> / <b>Proof Number</b>: 3392 9610 8495</p> <p><b>भारत</b> <b>AADHAAR</b>, <b>मेरी पहचान</b></p>	   <p style="text-align: center;"><b>AADHAAR</b></p> <p style="text-align: center;"><b>भारतीय जनसंख्या पहचान संख्या</b></p> <p style="text-align: center;"><b>भारत</b></p> <hr/> <p style="text-align: center;"><b>आधार / INFORMATION</b></p> <ul style="list-style-type: none"> <li>• आधार संख्या एक अनन्य प्रकार की पहचान संख्या है।</li> <li>• आधार संख्या को अपने संचार माध्यमों से आसानी से सांख्यिकीकरण कर सकते हैं।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> <li>• आधार संख्या को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</li> </ul> <p><b>आधार</b> एक प्रामाणिकता के प्रमाण और पहचान का साधन है।</p> <p><b>आधार</b> सुरक्षित और नि:शर्क है।</p> <p>आधार पहचान प्रमाणपत्र (AAD) का उपयोग करके आधार प्रमाणपत्र (AAD) प्राप्त किया जा सकता है।</p> <p>आधार संख्या (Aadhaar) एक अनन्य पहचान संख्या है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p> <p>आधार संख्या (Aadhaar) को एक बार ही बनाया जाता है और इसे बदलना संभव नहीं है।</p>
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mini kumari





**RAMSA**  
MEDICAL HEALTHCARE

Patient Name :-Mrs. Minni Kumari  
Bill No :- 242528119  
Refer By :- Self

Gender :-Female Age:- 31Years  
Date:- 08.03.2025

## 2D Echocardiogram Report

ECHOGENICITY :- Is Adequate.

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO(ed):- 2.6 cm	(2.0 – 4.0 cm )	IVS (Ed):- 1.2 cm	(0.6 – 1.1 cm)
LA(es):- 3.5 cm	(2.0 – 4.0cm )	LVPW (Ed):- 1.1 cm	(0.6 – 1.1 cm)
RVID (ed) :- 2.1 cm	(1.5 – 2.4 cm )	EF:- 62 %	(55-65%)
LVID(ed):- 4.3 cm	(3.3 – 5.4 cm )	% FD:- 32 %	(28% - 42 %)
LVID(es):- 2.9 cm	(2.0 – 4.0 cm )		

### MOROPHOLOGICAL DATA

Mitral Valve:-	AML Normal	Interatrial septum :-	Normal
	PML Normal	Interventricular septum :-	Normal.
Aortic Valves:-	Normal	Pulmonary artery :-	Normal.
Tricuspid valve :-	Normal	Aorta :-	Normal.
Pulmonary valve :-	Normal.	Right atrium :-	Normal.
Right ventricle :-	Normal	Left atrium :-	Normal.

Left ventricle:- LV WALL MOTION ANALYSIS- No RWMA.  
Pericardium:- No echo free space.  
Doppler studies:- Normal flow across valves.  
MV – 80/40 cm/Sec PG – mmHg  
AV – 130 cm/Sec

Impression:-

**NO R.W.M.A**  
**VALVES ARE NORMAL,NORMAL IVC,**  
**NORMAL PA PRESSURE, NO CARDIAC SHUNT**  
**NORMAL LV/RV SIZE & SYSTOLIC FUNCTION, LVEF=62%**  
**NO PE/Veg/ CLOT/Mass**

Consultant Cardiology



# RAMSA

## MEDICAL HEALTHCARE

Patient Name :- Mrs. Minni Kumari  
Bill No :- 24252819  
Referred By :- Self

Gender :- Female  
Date :- 08.3. 2025

Age :- 31 Years

### DEPARTMENT OF RADIOLOGY

#### Whole Abdomen

LIVER : 13.7 cm

Liver is mild hepatomegaly in size and echopattern. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal & measures 8.9 mm in calibre.

GALL BLADDER : Gall bladder appears echofree with normal wall thickness .

Common Bile duct is not dilated & measures 3.9 mm.

PANCREAS : Pancreas is normal in size and echopattern.

SPLEEN : Spleen is mild Splenomegaly in size & echopattern. Its measures 13.8cm.

KIDNEYS :

RIGHT KIDNEY :- Measures 10.4 x 3.52 cm.

LEFT KIDNEY :- Measures 9.23 x 3.97 cm

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact.

URINARY BLADDER : Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass seen.

UTERUS :- Measures 8.7 x 4.7 x 4.3 cm uterus is anteverted, homogenous in echotexture. Normal in size.

Endometrium is central and of normal thickness 6.7mm

RIGHT OVARY : 2.29 x 1.8 cm.

LEFT OVARY : 2.54 x 6.6 cm.

Both ovaries are normal in size and echopattern No free fluid detected in pouch of Douglas (POD).

OTHEP'S :- Visualized parts of retro-peritoneum do not reveal any lymphadenopathy.

No significant free fluid is detected.

**IMPRESSION :- Mild Splenomegaly.**

Greetings of good health from RAMSA Medical Healthcare Patna. We sincerely thanks for the referred

  
Technologist

  
Pawan Kumar Shah DMRD  
Radiologist

Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26  
Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com



# RAMSA

## MEDICAL HEALTHCARE

Patient Name :- Mrs. MINNI KUMARI  
Age/Gender :- 31 Year(s)/Female  
Referred By :- SELF, ....



Bill No// :- BL/2425/2819  
Collection Date :- 08/03/2025  
Reporting Date :- 08/03/2025  
Contact No :- 9031999617

DEPARTMENT OF RADIOLOGY  
Mediwhool Full Body Health Annual Plus Check

### X-RAY CHEST- PA VIEW

Bilateral Lung fields are clear.  
Both cardiophrenic & costophrenic angles are clear.  
Cardiac size & bony cage is normal.

Greetings of good health from Ram Sa Medical Healthcare Patna. We sincerely thanks for the referral.



  
Technician

  
DR. Pawan Kumar Shah  
DMRD, Radiologist

This Report is meant for nothing other than Clinical Opinion. Suggested Clinical Co-relation & Repeat Examination if necessary  
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# RAMSA

## MEDICAL HEALTHCARE

Patient Name :- Mrs. MINNI KUMARI  
Age/Gender :- 31 Year(s)/Female  
Referred By :- SELF, ....



Bill No# :- BL/2425/2019  
Collection Date :- 08/03/2025  
Reporting Date :- 10/03/2025  
Contact No :- 9031990617

### HAEMATOLOGY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
<b>Blood Group &amp; Rh Factor</b>			
Blood Group	"A"		
Rh Factor	Negative		

#### Interpretation:-

When and if following bone marrow or liver transplantation there is disagreement between the results of ABO or Rh results based on testing of RBCs ("forward" testing) and results based on testing of plasma ("reverse" testing), the discrepancy will be reported.

If baby and mother are both Rh Negative on initial testing, weak D testing should be performed on the cord sample and confirm.

#### Erythrocyte Sedimentation Rate (Westergen Method)

First Hour	↑ 24	mm/hr	0 - 20
Second Hour	40	mm/hr	
Ratio	22		

#### Interpretation:-

The erythrocyte sedimentation rate increases with age; the upper limit is not clearly defined for patients > 60 years old.

Technician / Technologist

  
Dr. Manish Jaipuriyar  
MD. (Pathology)



# RAMSA

## MEDICAL HEALTHCARE

Patient Name :-Mrs. MINNI KUMARI  
Age/Gender :-31 Year(s)/Female  
Referred By :- SELF, ....



Bill No# :-BL/2425/2819  
Collection Date :-08/03/2025  
Reporting Date :-09/03/2025  
Contact No :-9031999617

### HAEMATOLOGY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
<b>COMPLETE BLOOD COUNT (C. B. C.)</b>			
<b>Total Leucocyte Count (TLC)</b>	5600	cells/Cu. mm	4000 - 11000
<b>Differential Leucocyte Count (DLC)</b>			
Neutrophil	61	%	60 - 75
Lymphocyte	↑ 36	%	20 - 35
Monocyte	01	%	1.0 - 6.0
Eosinophil	02	%	1.0 - 6.0
Basophil	00	%	0.0 - 1.0
<b>Haemoglobin</b>	↓ 10.3	gm/dl	11.0 - 15.5
Haemoglobin %	70.25	%	
<b>Red Blood Cells (RBC) Count</b>	4.3	million/Cu mm	3.8 - 4.8
PCV / Haematocrit (HCT)	↓ 30.0	%	36 - 46
Mean Cell Volume (MCV)	↓ 69.77	fl	80.0 - 99.0
Mean Cell Haemoglobin (MCH)	↓ 23.95	pg	26.5 - 33.5
Mean Cell Hb. Concentration (MCHC)	34.33	g/dl	32.0 - 36.0
<b>Platelet Count</b>	1.59	Lakh Cell/cum	1.5 - 4.5

Technician / Technologist

  
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MD. (Pathology)

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## MEDICAL HEALTHCARE

Patient Name :-Mrs. MINNI KUMARI  
Age/Gender :-31 Year(s)/Female  
Referred By :- SELF, ....



Bill No# :-BL/2425/2819  
Collection Date :-08/03/2025  
Reporting Date :-09/03/2025  
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### BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Blood Sugar Fasting	88	mg/dl	70 - 110
Blood Sugar Post Prandial (PP)	101	mg/dl	80 - 150

#### Interpretation:-

The Glucose Fasting test is done in the morning after an 8 to 12 hour overnight fast whereas the Glucose Postprandial test is done after a period of 2 hours from the start of the last meal. A healthcare professional will draw a blood sample from a vein in the arm.

Glycosylated Hemoglobin HbA1C 5.3 % 4.0 - 7.0

#### Interpretation:-

**Management of Diabetes:** When using HbA1c assay, the ADA recommended goal for A1c control for adult diabetic patients in general is <7%. In diabetic patients who have experienced recent blood loss, hemolysis, or have elevated reticulocyte counts for other reasons, the HgBA1c level may be lowered and may not reflect actual glycemic control. In pregnant patients with diabetes, the ADA recommends aiming for the range < 6% if it can be achieved without excessive hypoglycemia.

Technician / Technologist

Dr. Manish Jaipuriyar  
MD. (Pathology)



# RAMSA

## MEDICAL HEALTHCARE

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Age/Gender :-31 Year(s)/Female  
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Bill No# :-BL/2425/2819  
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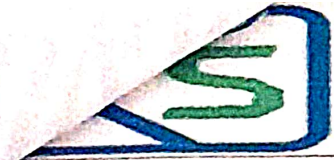
### BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
<b><u>Kidney / Renal Function Test</u></b>			
Blood Urea	27	mg/dl	13.0 - 45.0
Serum Creatinine	0.9	mg/dl	0.5 - 1.2
Serum Uric Acid	5.8	mg/dl	2.5 - 6.0
Sodium (Na)	139	mcg Eq/L	136 - 143
Potassium (K)	3.8	mcg Eq/L	3.5 - 5.6
Chloride (Cl)	102	mcg Eq/L	97.0 - 108.0

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## MEDICAL HEALTHCARE

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Bill No# :-BL/2425/2819  
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### BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
<b><u>Liver Function Test</u></b>			
Bilirubin Total	0.6	mg/dl	0.0 - 1.3
Bilirubin Direct (Conjugated)	0.3	mg/dl	0.0 - 0.60
Bilirubin Indirect (Un Conjugated)	0.3	mg/dl	0.0 - 0.90
Alanine Transaminase (ALT/SGPT)	24	U/L	0.0 - 40.0
Aspartate Transaminase (AST/SGOT)	21	IU/L	0.0 - 37.0
Alkaline Phosphatase	56	U/L	39 - 118
Total Protein	6.5	g/dl	6.0 - 8.3
albumin	4.1	gm/dl	3.5 - 5.0
Globulin	2.4	gm/dl	2.3 - 3.3
A:G Ratio	1.71		0.9 - 2.0

#### **Interpretation:-**

**Aspartate Aminotransferase (AST)** Aspartate Aminotransferase (AST) catalyses conversion of nitrogenous portion of amino acid, essential to energy production in Krebs cycle. AST is released into serum in proportion to cellular damage and most elevated in acute phase of cellular necrosis. Useful in the detection and differential diagnosis of hepatic disease.

**Alanine Aminotransferase (ALT)** Alanine Aminotransferase catalyses reversible amine group transfer in Krebs cycle. Unlike AST, it is mainly in liver cells and is a relatively specific indicator of Hepatocellular damage. It is released early in liver damage and remain elevated for weeks.

**Gamma Glutamyl Transferase (GGT)** Gamma Glutamyl Transferase (GGT) is associated with transfer of amino acids across cell membranes. GGT is most useful when looking for Hepatocellular damage. Increased production of GGT as ductal enzymosis, with increased enzymes produced in response to Hepatocellular damage.

**Total and Direct Bilirubin** determination in Serum is used for the diagnosis, differentiation and follow-up of Jaundice & assess liver function. Elevated Unconjugated Bilirubin occur in hemolytic jaundice. The Conjugated Bilirubin is predominately increased in obstructive jaundice due to regurgitation. Hepatic jaundice is associated with increase in both conjugated and Unconjugated Bilirubin.

**Total Protein** is increased in hypergammaglobulinemias (monoclonal or polyclonal) and hypovolemic states. It is decreased in nutritional deficiency, severe liver damage. Increased loss in Renal, GI disease, severe skin disease and blood loss. Albumin levels generally parallel total protein levels.

The liver **Alkaline Phosphatase** is increased in biliary obstruction. ALP is involved in bone calcification. So elevated level indicate liver or bone diseases or Pregnancy.

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### BIO-CHEMISTRY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
<b>LIPID PROFILE</b>			
Total Cholesterol	185	mg/dl	110 - 240
Serum Triglycerides	135	mg/dl	60 - 160
HDL Cholesterol	48.0	mg/dl	30 - 85
LDL Cholesterol	110	mg/dl	60 - 130
VLDL Cholesterol	27	mg/dl	5 - 40
Total : HDL Cholesterol Ratio	3.85	Ratio	

#### Interpretation:-

NLA - 2014 Recommendation	Total Cholesterol	Triglyceride	LDL Cholesterol	Non HDL Cholesterol	Total : HDL Ratio
Optimal / Low Risk	< 200	< 150	< 100	< 130	3.3 - 4.4
Above Optimal / Average Risk	-	-	100 - 129	130 - 159	4.5 - 7.1
Borderline High / Moderate Risk	200 - 239	150 - 199	130 - 159	160 - 189	7.2 - 11.0
High Risk	>=240	200 - 499	160 - 189	190 - 219	>11.0
Very High Risk	> 400	>=500	>=190	>=220	

- Note:** 1. Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
2. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.
3. Apolipoprotein B is an optional, secondary lipid target for treatment once LDL & Non HDL goals have been achieved.
4. Additional testing for Apolipoprotein B, hsCRP, Lp(a) & LP-PLA2 should be considered among patients with moderate risk for ASCVD for risk refinement.
5. A variety of genetic conditions are associated with accumulation in plasma of specific class of lipoprotein particles, are critical first step, as per Frederickson classification. It is important to consider & rule out secondary causes of hypertriglyceridemia (Obesity, Type 2 DM, Alcoholism, Renal failure, Cushing's syndrome etc.) before making the diagnosis of FHTG.

Technician / Technologist

  
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 MD. (Pathology)



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 Age/Gender :-31 Year(s)/Female  
 Referred By :- SELF, ....



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### ELISA ASSEY EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Serum Tri-Iodothyronine (T3)	1.6	ng/ml	0.50 - 2.00
Serum Thyroxine (T4)	8.6	µg/dl	4.5 - 11
Serum Thyroid Stimulating Hormon (TSH)	1.3	µµ/ml	0.28 - 6.80

#### Interpretation:-

##### Wallach's reference range for Thyroid for Male & Non Pregnant

Age	TSH (µIU/ml)		T4(µg/dl)		T3(ng/ml)	
	From	To	From	To	From	To
1-4 Days*	1.0	39.0	11.08	21.61	0.97	7.42
1-4 Weeks	1.7	9.1	8.29	17.24	1.04	3.45
1-12 Months	0.8	8.2	5.93	16.38	1.04	2.47
1-5 Years	0.7	5.7	7.33	15.04	1.04	2.66
6-10 Years	0.7	5.7	6.40	13.33	0.91	2.40
11-15 Years	0.7	5.7	5.54	11.78	0.84	2.14
15-18 Years	0.7	5.7	4.21	11.86	0.78	2.0

##### Wallach's reference range for Thyroid for Pregnant Female

Pregnancy	TSH		T4		T3	
	From	To	From	To	From	To
1 <sup>st</sup> Trimester	0.3	4.5	0.81	1.90	7.80	14.77
2 <sup>nd</sup> Trimester	0.5	4.6	1.00	2.60	7.14	19.58
3 <sup>rd</sup> Trimester	0.8	5.2	1.00	2.60	8.32	17.02

The **Tri-Iodothyronine (T3)** level may be elevated in the < 5% of hyperthyroid patients in whom the FT4 level is normal (T3 toxicosis). Measurement of T3 is of no value in the diagnosis of hypothyroidism. Total T3 can be affected by changes in thyroid binding protein levels. Measurements of Free T3 better reflect biologically active hormone levels than measurements of total T3.

**Thyroxine (T4)** is the major secretory hormone of the thyroid. Only 0.03% of T4 is unbound and free for exchange with tissues. Thyroid function may be assessed with thyroid stimulating hormone (TSH) and free T4 measured. Although free T4 is generally preferred over total T4 when monitoring thyroid function, the total T4 measurement may be preferred for monitoring of pregnant patients where total T4 reference ranges are available. The total T4 concentrations tend to be stable throughout pregnancy at 150% of the values in non-pregnant subjects and can be useful when the levels are evaluated according to pregnancy specific total T4 reference ranges which are approx. 1.5 times greater than non-pregnant ranges.

**Thyroid Stimulating Hormon (TSH)** is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in Thyroid reserve is the diagnostic of primary hypothyroidism. The expected increase in TSH demonstrates the classical feedback mechanism between pituitary and thyroid gland. Additionally TSH measurement is equally important in differentiating secondary and tertiary (hypothalamic) hypothyroidism. The increase in total T4 and T3 is associated with pregnancy, oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG Concentration, Which can be monitored by Calculating Free Thyroxine Index (FTI) or Thyroid Hormone Binding Ratio (THBR).

- TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4.
- In cases of hyperthyroidism TSH level is severely inhibited and may even be undetectable.
- In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the NFB control of the thyroid hormones has no effect.
- In cases of primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low.
- The TSH assay aids in diagnosing thyroid or hypophysial disorders.
- The T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels and an increase in patients with hyperthyroidism.
- The T3 plays an important part in maintaining euthyroidism.
- TSH, T4 & T3 determination may be associated with other tests such as FT4 & FT3 assay, as well as with the clinical examination of the

Technician / Technologist

Dr. Manish Jaipuriyar  
 MD. (Pathology)

This Report is meant for nothing other than Clinical Opinion. Suggested Clinical Co-relation & Repeat Examination if necessary  
 Beside Yadav Timbar, East of Kanti Factory More Kankarbagh Main Road, Patna - 26  
 Contact No# +91 6122356151 Email:- RamSaMedicalHealthCare@gmail.com



Patient Name :-Mrs. MINNI KUMARI  
Age/Gender :-31 Year(s)/Female  
Referred By :- SELF, ....



Bill No# :-BL/2425/2819  
Collection Date :-08/03/2025  
Reporting Date :-09/03/2025  
Contact No :-9031999617

**SPECIAL TEST**

**Pap Smear Analysis**

PAP SMEAR EXAMINATION.

RECEIVED AIR DRIED SMEAR.

SMEAR SHOW EPITHELIAL CELL  
WITH HEAVY INFILTRATION OF INFLAMMATORY CELL.  
NO DYSPLASTIC CELL SEEN IN THIS SMEAR.

IMP-- NON SPECIFIC CERVICITIS.  
SHE MAY BE PUT ON CALL RECALL PROTOCOL.

Technician / Technologist

Dr. Manish Jaipuriyar  
MB. (Pathology)



# RAMSA

## MEDICAL HEALTHCARE

Patient Name :-Mrs. MINNI KUMARI  
Age/Gender :-31 Year(s)/Female  
Referred By :- SELF, ....



Bill No# :-BL/2425/2819  
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### URINE EXAMINATION

Investigations	Observed Value	Unit	Reference - Range
Urine Sugar Fasting	Nil		

Technician / Technologist

  
Dr. Manish Jaipuriyar  
MD. (Pathology)