

RAM SA MEDICAL HEALTHCARE

Patient Name: Mrs. RAVISHEE KUMARI 44/F

Resting ECG Report

March 09, 2025

QT / QTc : 0.140 / 0.158 Sec

PR Interval : 0.10 sec

RR Interval : 0.78 sec

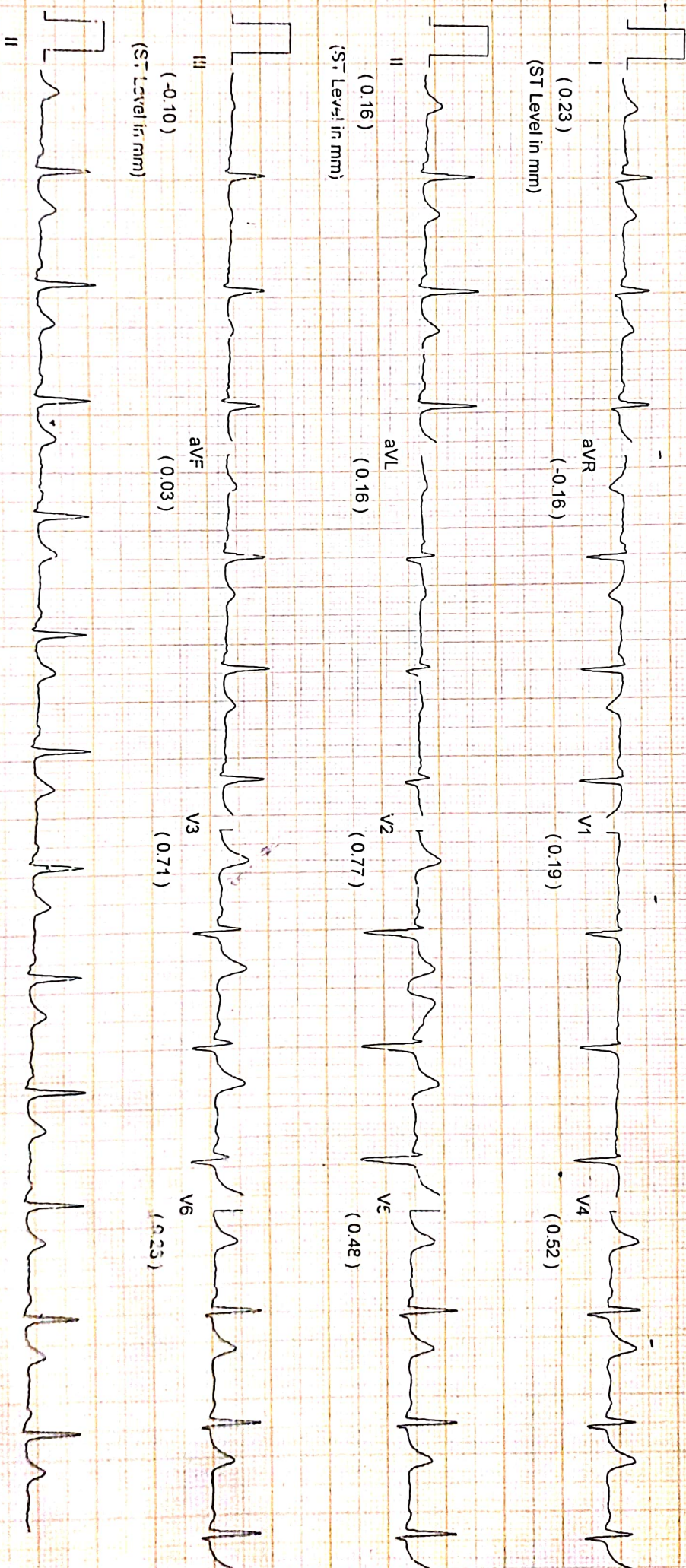
Time: 08:59:47

P-QRS-T Axis (-69) (-238) (-256) deg

QRS Duration : 0.024 Sec

HR : 77 bpm

BP : 0/0 mmHg



Comments :-
Sinus bradycardia
Otherwise Normal ECG



Dr. Sanjay Kishore

MBBS, MD (Medicine)

Reg. No. - 22643

DR
MBBS MD



RAMSA
MEDICAL HEALTH CARE

Dr. SANJAY KISHORE
MBBS, MD (MEDICINE)
Consultant Physician
Reg. No. -22643

Name :- Mr Rawhee Kuanan
Age :- 44y Gender :- P

Date :- 11.3.25
Bill No. :-

Present Complaints :

Other Significant Diseases :-

History of Past Illness :-

Present Illness :-

Provisional Clinical Diagnosis :-

Gr II fatty liver
HbA1c
Rx.

Height
Weight
Temp.
Resp.
Pulse
BP

Adc
1. Consult
Diabetologist

[Signature]
11.3.25

Dr. Sanjay Kishore
MBBS, MD (Medicine)
Reg. No.-22643



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



Name :- Ranishree Kumari
Age :- 44 Gender :- F

Date :- 9/3/24
Bill No. :-

Advis

- All scaling to be done
- Penicillin 1000 mg
twice a day for 5 days
- OPG to be done
- Evaluation to be done
wrt 8/68

OPG

- ~~Absence of tooth~~
- Loss of tooth
structure wrt
~~8/68~~
8/68/68
- partially edentulous
- Root stump.
8/68
- Generalised
Stain &
Calculus Grades
w



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।

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 HEALTHCARE

Patient Name :-Mrs. RAVISHEE KUMARI
Age/Gender :-44 Year(s)/Female
Referred By :- SELF,



Bill No# :-BL/2425/2826
Collection Date :-09/03/2025
Reporting Date :-10/03/2025
Contact No :-7004825249

DEPARTMENT OF RADIOLOGY
Mediwheel Full Body Annual Plus Check Advance-Female

X-RAY CHEST- PA VIEW

Bilateral Lung fields are clear.
Both cardiophrenic & costophrenic angles are clear.
Cardiac size is enlarged.
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



RAMSA MEDICAL HEALTHCARE

Patient Name :- Mrs. Ravishee Kumari Gender :- female Age:- 44Years
Bill No :- 24252826 Date:- 09.03.2025
Refer By :- Self

2D Echocardiogram Report

ECHOGENICITY :- Is Adequate.

| DIMENSIONS | NORMAL | DIMENSIONS | NORMAL |
|---------------------|-----------------|--------------------|----------------|
| AO(ed):- 2.4 cm | (2.0 – 4.0 cm) | IVS (Ed):- 1.1 cm | (0.6 – 1.1 cm) |
| LA(es):- 3.4 cm | (2.0 – 4.0cm) | LVPW (Ed):- 1.0 cm | (0.6 – 1.1 cm) |
| RVID (ed) :- 2.1 cm | (1.5 – 2.4 cm) | EF:- 62 % | (55-65%) |
| LVID(ed):- 4.7 cm | (3.3 – 5.4 cm) | % FD:- 32 % | (28% - 42 %) |
| LVID(es):- 3.0 cm | (2.0 – 4.0 cm) | | |

MORPHOLOGICAL 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 – 90/40 cm/Sec | PG – mmHg | |
| | AV – 125 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. Ravishee Kumari
Bill No :- 24252826
Refer By :- Self

Gender :- Female
Date :- 09.3.2025

Age :- 44 Years

DEPARTMENT OF RADIOLOGY

Whole Abdomen

LIVER : 16.8 cm

Liver is grade II mild enlarged in size and echopattern .. No focal intra-hepatic lesion detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal & measures 8.6 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 normal in size & echopattern. Its measures 8.7cm.

KIDNEYS :

RIGHT KIDNEY :- Measures 9.3 x 3.8cm.

LEFT KIDNEY :- Measures 10.6 x 4.5cm

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 10.6 x 3.2 x 5.8 cm uterus is anteverted homogenous in echotexture. Enlarged and bulky in size. Endometrium is central and of normal thickness 5.7mm

RIGHT OVARY : 3.23 x 2.41 cm.

LEFT OVARY : 3.25 x 1.77 cm.

Both ovaries are not visualized, Mild collection seen in pouch of Douglas (POD).

OTHERS :- Visualized parts of retro-peritoneum do not reveal any lymphadenopathy.
No significant free fluid is detected.

**IMPRESSION :- Mild hepatomegaly with fatty liver grade II.
Enlarged bulky uterus with mild collection seen in POD-? PID.**

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

Technologist


Pawan Kumar Shah DMRD

Radiologist



Patient Name :- Mrs. RAVISHEE KUMARI
Age/Gender :- 44 Year(s)/Female
Referred By :- SELF,



Bill No# :- BL/2425/2826
Collection Date :- 09/03/2025
Reporting Date :- 10/03/2025
Contact No :- 7004825249

HAEMATOLOGY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|------------------------------------|----------------|------|-------------------|
| Blood Group & Rh Factor | | | |
| Blood Group | "B" | | |
| Rh Factor | Positive | | |

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.

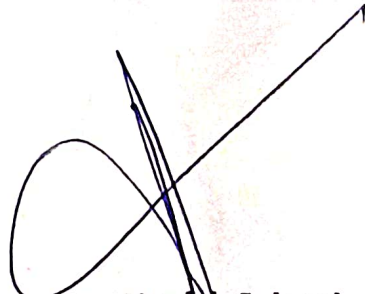
Erythrocyte Sedimentation Rate (Westergen Method)

| | | | |
|-------------|------|-------|--------|
| First Hour | 14 | mm/hr | 0 - 20 |
| Second Hour | 26 | mm/hr | |
| Ratio | 13.5 | | |

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)



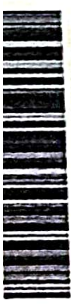
Patient Name :- Mrs. RAVISHEE KUMARI
Age/Gender :- 44 Year(s)/Female
Referred By :- SELF,



Bill No# :- BL/2425/2826
Collection Date :- 09/03/2025
Reporting Date :- 10/03/2025
Contact No :- 7004825249

HAEMATOLOGY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|---|----------------|---------------|-------------------|
| COMPLETE BLOOD COUNT (C. B. C.) | | | |
| Total Leucocyte Count (TLC) | 6900 | cells/Cu. mm | 4000 - 11000 |
| Differential Leucocyte Count (DLC) | | | |
| Neutrophil | 70 | % | 60 - 75 |
| Lymphocyte | 27 | % | 20 - 35 |
| Monocyte | 01 | % | 1.0 - 6.0 |
| Eosinophil | 02 | % | 1.0 - 6.0 |
| Basophil | 00 | % | 0.0 - 1.0 |
| Haemoglobin | 12.0 | gm/dl | 11.0 - 15.5 |
| Haemoglobin % | 81.84 | % | |
| Red Blood Cells (RBC) Count | 4.40 | million/Cu mm | 3.8 - 4.8 |
| PCV / Haematocrit (HCT) | 36.4 | % | 36 - 46 |
| Mean Cell Volume (MCV) | 82.73 | fl | 80.0 - 99.0 |
| Mean Cell Haemoglobin (MCH) | 27.27 | pg | 26.5 - 33.5 |
| Mean Cell Hb. Concentration (MCHC) | 32.97 | g/dl | 32.0 - 36.0 |
| Platelet Count | 2.43 | Lakh Cell/cum | 1.5 - 4.5 |



Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)



RAMSA

MEDICAL HEALTHCARE

Patient Name :-Mrs. RAVISHEE KUMARI

Age/Gender :-44 Year(s)/Female

Referred By :- SELF,



Bill No# :-BL/2425/2826

Collection Date :-09/03/2025

Reporting Date :-10/03/2025

Contact No :-7004825249

BIO-CHEMISTRY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|--------------------------------|----------------|-------|-------------------|
| Blood Sugar Fasting | ↑ 137 | mg/dl | 70 - 110 |
| Blood Sugar Post Prandial (PP) | ↑ 210 | 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 | ↑ | 7.2 | % | 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

Patient Name :- Mrs. RAVISHEE KUMARI
Age/Gender :- 44 Year(s)/Female
Referred By :- SELF,



Bill No# :- BL/2425/2826
Collection Date :- 09/03/2025
Reporting Date :- 10/03/2025
Contact No :- 7004825249

BIO-CHEMISTRY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|--|----------------|-------|-------------------|
| <u>Kidney / Renal Function Test</u> | | | |
| Blood Urea | 24 | mg/dl | 13.0 - 45.0 |
| Serum Creatinine | 0.80 | mg/dl | 0.5 - 1.2 |
| Serum Uric Acid | 5.8 | mg/dl | 2.5 - 6.0 |
| Sodium (Na) | 136 | mEq/L | 136 - 143 |
| Potassium (K) | 4.0 | mEq/L | 3.5 - 5.6 |
| Chloride (Cl) | 101 | mEq/L | 97.0 - 108.0 |



Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)



RAMSA

MEDICAL HEALTHCARE

Patient Name :- Mrs. RAVISHEE KUMARI
 Age/Gender :- 44 Year(s)/Female
 Referred By :- SELF,



Bill No# :- BL/2425/2826
 Collection Date :- 09/03/2025
 Reporting Date :- 10/03/2025
 Contact No :- 7004825249

BIO-CHEMISTRY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|------------------------------------|----------------|-------|-------------------|
| Liver Function Test | | | |
| Bilirubin Total | 0.83 | mg/dl | 0.0 - 1.3 |
| Bilirubin Direct (Conjugated) | 0.33 | mg/dl | 0.0 - 0.60 |
| Bilirubin Indirect (Un Conjugated) | 0.5 | mg/dl | 0.0 - 0.90 |
| Alanine Transaminase (ALT/SGPT) | 29 | U/L | 0.0 - 40.0 |
| Aspartate Transaminase (AST/SGOT) | 25 | IU/L | 0.0 - 37.0 |
| Alkaline Phosphatase | 83 | U/L | 39 - 118 |
| Total Protein | 6.5 | g/dl | 6.0 - 8.3 |
| albumin | 3.9 | gm/dl | 3.5 - 5.0 |
| Globulin | 2.6 | gm/dl | 2.3 - 3.3 |
| A:G Ratio | 1.5 | | 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.

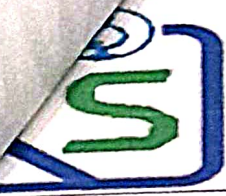
Total and Direct Bilirubin determination in Serum in used for the diagnosis, differntiaton and flow-up of Jaundice & assess liver function. Elevated Unconjugated Bilirubin occur in hemolytic jaundice. The Conjugated Bilirubin is predominatly increased in obstructive jaundice due to regurgitation. Hepatic 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 deciciency, 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.

Technician / Technologist

Dr. Manish Jaipuriyar
 MD. (Pathology)



RAMSA

MEDICAL HEALTHCARE

Patient Name :-Mrs. RAVISHEE KUMARI
 Age/Gender :-44 Year(s)/Female
 Referred By :- SELF,



Bill No# :-BL/2425/2826
 Collection Date :-09/03/2025
 Reporting Date :-10/03/2025
 Contact No :-7004825249

BIO-CHEMISTRY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|-------------------------------|----------------|-------|-------------------|
| LIPID PROFILE | | | |
| Total Cholesterol | 188 | mg/dl | 110 - 240 |
| Serum Triglycerides | 146 | mg/dl | 60 - 160 |
| HDL Cholesterol | 51.0 | mg/dl | 30 - 85 |
| LDL Cholesterol | 107.8 | mg/dl | 60 - 130 |
| VLDL Cholesterol | 29.2 | mg/dl | 5 - 40 |
| Total : HDL Cholesterol Ratio | 3.69 | 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, Lpa, 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

Dr. Manish Jaipuriyar
 MD. (Pathology)



Patient Name :-Mrs. RAVISHEE KUMARI
 Age/Gender :-44 Year(s)/Female
 Referred By :- SELF,



Bill No# :-BL/2425/2826
 Collection Date :-09/03/2025
 Reporting Date :-10/03/2025
 Contact No :-7004825249

ELISA ASSEY EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|--|----------------|--------|-------------------|
| Serum Tri-Iodothyronine (T3) | 1.1 | ng/ml | 0.50 - 2.00 |
| Serum Thyroxine (T4) | 8.6 | µg/dl | 4.5 - 11 |
| Serum Thyroid Stimulating Hormon (TSH) | 4.7 | µIU/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 st Trimester | 0.3 | 4.5 | 0.81 | 1.90 | 7.80 | 14.77 |
| 2 nd Trimester | 0.5 | 4.6 | 1.00 | 2.60 | 7.14 | 19.58 |
| 3 rd 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 primaryhypothyroidism. The expeted 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)



RAMSA

MEDICAL HEALTHCARE

Patient Name :-Mrs. RAVISHEE KUMARI
Age/Gender :-44 Year(s)/Female
Referred By :- SELF,



Bill No# :-BL/2425/2826
Collection Date :-09/03/2025
Reporting Date :-10/03/2025
Contact No :-7004825249

URINE EXAMINATION

| Investigations | Observed Value | Unit | Reference - Range |
|--------------------------------|----------------|------|-------------------|
| Urine Sugar Fasting | Nil | | |
| Urine Sugar Post Prandial (PP) | Present (+) | | |

Technician / Technologist

Dr. Manish Jaipuriyar
MD. (Pathology)



RAMSA

MEDICAL HEALTHCARE

Patient Name :-Mrs. RAVISHEE KUMARI
Age/Gender :-44 Year(s)/Female
Referred By :- SELF,



Bill No# :-BL/2425/2826
Collection Date :-09/03/2025
Reporting Date :-10/03/2025
Contact No :-7004825249

SPECIAL TEST

Pap Smear Analysis

PAP SMEAR EXAMINATION.

RECEIVED AIR DRIED SMEAR.

SMEAR SHOW EPITHELIAL CELL

NO DYSPLASTIC CELL SEEN IN THIS SMEAR.

IMP-- NORMAL STUDY.

SHE MAY BE PUT ON CALL RECALL PROTOCOL.

Technician / Technologist

Dr. Manish Jalpuriyar
MD. (Pathology)