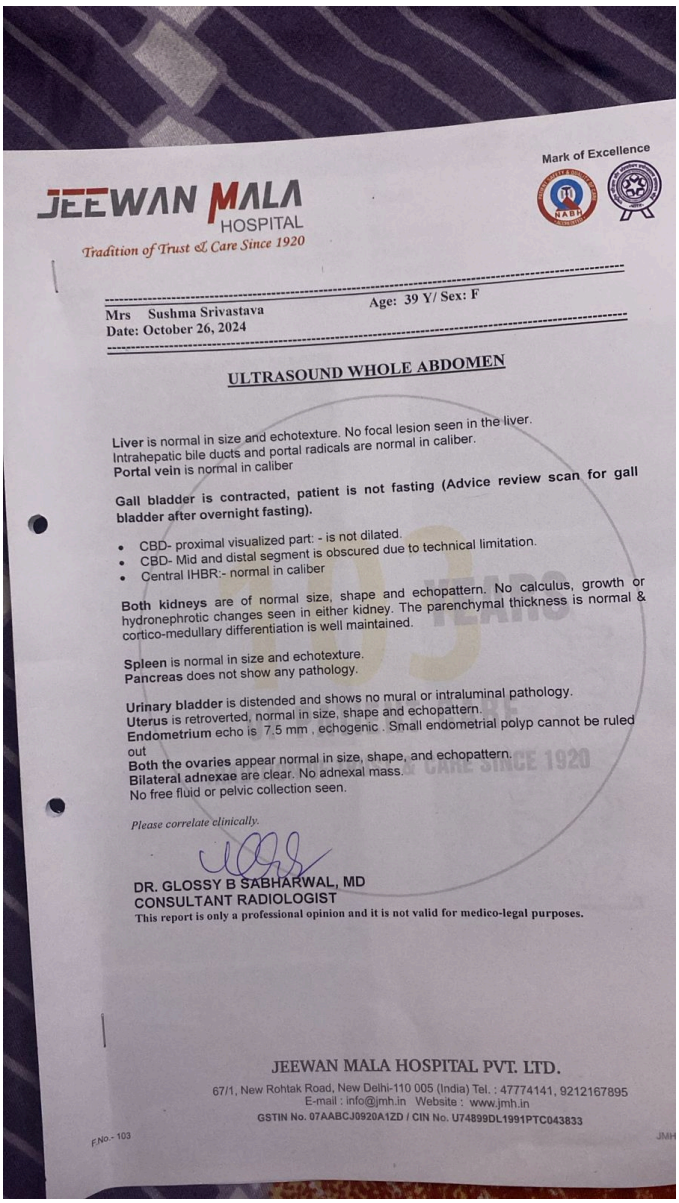
Ashutosh
29/10/2024 at 5:07 pm



JEEWAN MALA HOSPITAL
Tradition of Trust & Care Since 1920

Mark of Excellence

Mrs Sushma Srivastava Age: 39 Y/ Sex: F
Date: October 26, 2024

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. No focal lesion seen in the liver.
Intrahepatic bile ducts and portal radicals are normal in caliber.
Portal vein is normal in caliber

Gall bladder is contracted, patient is not fasting (Advice review scan for gall bladder after overnight fasting).

- CBD- proximal visualized part: - is not dilated.
- CBD- Mid and distal segment is obscured due to technical limitation.
- Central IHBR:- normal in caliber

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Uterus is retroverted, normal in size, shape and echopattern.
Endometrium echo is 7.5 mm , echogenic . Small endometrial polyp cannot be ruled out
Both the ovaries appear normal in size, shape, and echopattern.
Bilateral adnexae are clear. No adnexal mass.
No free fluid or pelvic collection seen.

Please correlate clinically.

DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST
This report is only a professional opinion and it is not valid for medico-legal purposes.

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F.NO.- 103

JEEWAN MALA HOSPITAL

Tradition of Trust & Care Since 1920

Mark of Excellence

Name	: SUSHMA	Age/Sex	: 39YRS/F
Recpt No	: 8035		
Reported on	: 26-Oct-24		

S.NO: -8035

X-RAY CHEST PA

Bilateral lung fields are normal.

Bilateral costophrenic and cardiophrenic angles are clear.

Heart and mediastinum appear normal.

Impression: -

- **No significant abnormality is seen.**

Please correlate clinically

DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST

Note: This is only a professional opinion and not the final diagnosis. Not valid for medico- legal purposes

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. SUSHMA SRIVASTAVA	**Registration Time :** Oct 26, 2024, 03:37 p.m.
Age / Gender : 39 years / Female	**Receiving Time :** Oct 26, 2024, 04:31 p.m.
MR No. / IPD No. : /	**Reporting Time :** Oct 26, 2024, 04:41 p.m.
Patient Type / Bed No. : I /	241026150
Referred By : SELF	**Panel :** SELF
	Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

Anti Mullerian Hormone,Serum

AMH Anti Mullerian Inhibiting Substance	1.84	ng/mL	
Method : ECLIA			

For biologial reference interval, please refere to the table given below.

Adult Females	
Age Range (year)	AMH Biological ref interval in ng/ml
20 - 24	1.52 - 9.95
25 - 29	1.20 - 9.05
30 - 34	0.711 - 7.59
35 - 39	0.405 - 6.96
40 - 44	0.059 - 4.44
45 - 50	0.010 - 1.79
PCOS Women	2.41 - 17.1
Adult Males	1.43 - 11.6

Comments:

Antimullerian hormone (AMH), also known as mullerian-inhibiting substance, is a dimeric glycoprotein hormone belonging to the transforming growth factor-beta family.It is produced by sertoll cells of the testis in males and by ovarian granulosa cells in females. In women, antimullerian hormone (AMH) levels represent the ovarian follicular pool and could be a useful marker of ovarian reserve. A serum level of AMH strongly correlates with antral follicle count and reflect the size of primordial follicle pool thus may be useful as a predictor of ovarian responsiveness. AMH may permit the identification of both the extremes of ovarian stimulation thus a possible role for its measurement has been suggested in the individualization of treatment strategies.

Clinical Applications *

Patient Name : MRS. SUSHMA SRIVASTAVA		**Registration Time :** Oct 26, 2024, 03:37 p.m.
Age / **Gender :** 39 years / Female		**Receiving Time :** Oct 26, 2024, 04:31 p.m.
MR No. / **IPD No. :** /		**Reporting Time :** Oct 26, 2024, 04:41 p.m.
Patient Type / **Bed No. :** I /		241026150
Referred By : SELF		**Panel :** SELF
		Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

To assess ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of evaluation for infertility and assisted reproduction protocols.

* To assess menopausal status, including premature ovarian failure.
* To assess ovarian function in patients with polycystic ovarian syndrome.
* To evaluate infants with ambiguous genitalia and other intersex conditions
* To evaluate testicular function in infants and children.■
* To diagnose and monitor patients with antimullerian hormone-secreting ovarian granulosa cell tumors.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. SUSHMA SRIVASTAVA	**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / **Gender :** 39 years / Female	**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Oct 26, 2024, 01:48 p.m.
Patient Type / **Bed No. :** I /	241026083
Referred By : .	**Panel :** SELF
	Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY

HIV (spot),Serum

HIV 1 & 2 Antibodies Screening Test, Serum	Non- Reactive		Non Reactive

Method : Immunochromatography

Note

- All reactive samples are tested by 3 different methods as per NACO guidelines, 2010.
- The test results obtained relate only to the sample given or recieved.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. SUSHMA SRIVASTAVA		**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / **Gender :** 39 years / Female		**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / **IPD No. :** /		**Reporting Time :** Oct 26, 2024, 01:48 p.m.
Patient Type / **Bed No. :** I /		241026083
Referred By : .		**Panel :** SELF
		Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY

HBsAg (spot),Serum

Hepatitis B Surface Antigen (HBSAg)-Rapid Screening	Non Reactive		Non Reactive

Method : Immunochromatography

Remark:

All Reactive results must be confirmed by Neutralizing confirmatory test or by HBV DNA detection assay.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. SUSHMA SRIVASTAVA			**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / **Gender :** 39 years / Female			**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / **IPD No. :** /			**Reporting Time :** Oct 26, 2024, 01:48 p.m.
Patient Type / **Bed No. :** I /			241026083
Referred By : .			**Panel :** SELF
			Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

SEROLOGY

HCV (spot),Serum

Anti HCV Antibody (HCV) Rapid Screening Test	Non- Reactive		Non Reactive

Method : Immunofiltration

Note:

This is a screening test. All positive tests must be reconfirmed and the samples should be submitted further for more specific tests like viral detection by PCR.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. SUSHMA SRIVASTAVA		**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / **Gender :** 39 years / Female		**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / **IPD No. :** /		**Reporting Time :** Oct 26, 2024, 03:28 p.m.
Patient Type / **Bed No. :** I /		241026083
Referred By : .		**Panel :** SELF
		Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

Prolactin,Serum

Prolactin	7.24	ng/mL	4.79 - 23.30

Method : CLIA

Interpretation:

Useful for Aiding in evaluation of pituitary tumors, amenorrhea, galactorrhea, infertility, and hypogonadism and monitoring therapy of prolactin-producing tumors.

In normal individuals, prolactin concentrations increase in response to physiologic stimuli such as sleep, stress, exercise and hypoglycemia, and are also elevated during pregnancy, lactation, postpartum, and in the newborn infant.

In patients with asymptomatic hyperprolactinemia, assessment for Macroprolactin (prolactin bound to immunoglobulin) is suggested.

Prolactin levels will vary over a 24-hour period, rising during sleep and peaking in the early morning.

Limitations: Moderately increased concentrations of serum prolactin are not a reliable guide for determining whether a prolactin-producing pituitary adenoma is present.

Certain medications can cause increased Prolactin level.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. SUSHMA SRIVASTAVA	**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / Gender : 39 years / Female	**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / IPD No. : /	**Reporting Time :** Oct 26, 2024, 01:51 p.m.
Patient Type / Bed No. : I /	241026083
Referred By : .	**Panel :** SELF
	Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Electrophoresis - Haemoglobin(HPLC)

Haemoglobin (Hb)	12.6	gm/dL	12-15
Method : SLS-hemoglobin			
RBC count	4.37	Millions/cumm	3.8-4.8
Method : hydrodynamically focused DC detection			
MCV	89.5	fL	80-100
Method : Calculated			
MCH	28.8	pg	27-32
Method : Calculated			
RDW CV	14.3	%	11.5-14.5
Method : Calculated			
HbA0 Level	84.4	%	-
Method : HPLC			
HbA2	3.1	%	1.5 - 3.5
Method : HPLC			
HbF(Fetal)	<0.8	%	0-2.0
Method : HPLC			

Comment:

Suggestive of absence of beta thalassemia trait & absence of common abnormal hemoglobin

Interpretation:

1. All results have to be correlated with age and history of blood transfusion If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
2. Confirmation of diagnosis must be done in conjunction with Parental Screening, DNA study and blood picture. B12 & Serum Iron studies to be done if deemed necessary.
3. Megaloblastic anemia can result in high Hb A2. The Hb A2 results must be repeated after correcting the B12 deficiency
4. Severe Iron deficiency can lead to borderline Hb A2's. The HbA2 results must be repeated after correcting the iron deficiency.
5. Family studies must be done to confirm the compound heterozygous conditions of thalassemia and a hemoglobinopathy together or when two hemoglobinopathies coexist
6. Some hemoglobin variants are clinically silent. In case of normal interpretation silent carrier testing was not included.

END OF REPORT

MALVIN DIAGNOSTICS
Legacy of Trust

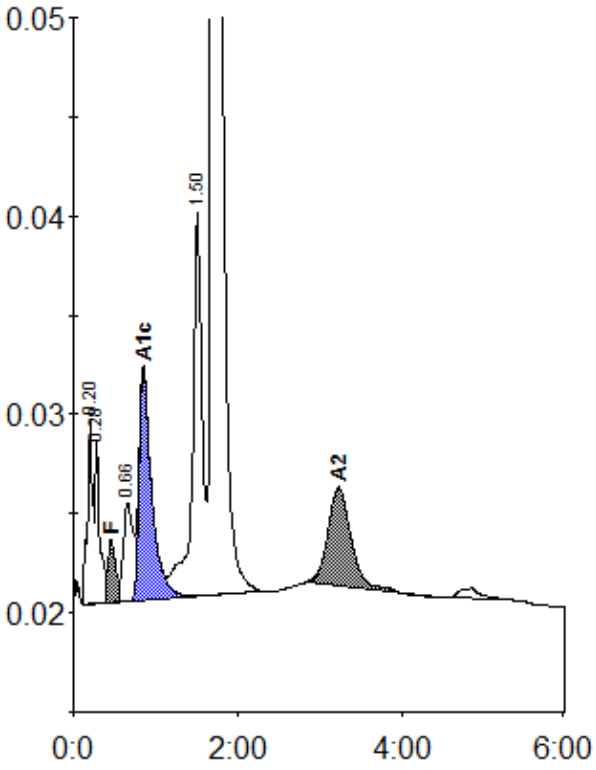
Patient Name : MRS. SUSHMA SRIVASTAVA	**Registration Time :** Oct 26, 2024, 10:49 a.m.
Age / Gender : 39 years / Female	**Receiving Time :** Oct 26, 2024, 10:50 a.m.
MR No. / IPD No. : /	**Reporting Time :** Oct 26, 2024, 01:51 p.m.
Patient Type / Bed No. : I /	241026083
Referred By : .	**Panel :** SELF
	Client Code : DIRECT

Test Description	Value(s)	Unit(s)	Reference Range

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient report

Bio-Rad	DATE: 10/26/2024
D-10	TIME: 12:52 PM
S/N: #DJ23B12802	Software version: 4.30-2
Sample ID:	241026083
Injection date	10/26/2024 12:48 PM
Injection #: 11	Method: HbA2/F
Rack #: ---	Rack position: 3



Peak table - ID: 241026083

Peak	R.time	Height	Area	Area %
A1a	0.20	9249	42355	1.3
A1b	0.28	8285	30274	0.9
F	0.46	3167	21917	< 0.8 *
LA1c/CHb-1	0.66	4948	40517	1.2
A1c	0.85	11548	122239	5.4
P3	1.50	19409	157706	4.8
A0	1.69	576564	2768605	84.4
A2	3.23	4962	96453	3.1
Total Area:	3280064			

Concentration:	%
F	< 0.8 *
A1c	5.4
A2	3.1

Name	: Mrs.SUSHMA SRIVASTAVA	Centre Details	:MALVIN DIAGNOSTICS
Age	: 39 Yrs Sex: Female	Accession.ID	:SDL2410260059
Collection Date	: 26/Oct/2024 02:12PM	Referred By	:DR GYNAE UNIT
Received Date	: 27/Oct/2024 09:23AM	Report Date	:29/Oct/2024 04:19PM
Registration Date	: 26/Oct/2024	Ref.No/TRF.No	: /

DEPARTMENT OF CYTOLOGY

Conventional PAP Smear

Smear

SPECIMEN DETAILS : **LAB. NO. : C/5993/24**

Conventional PAP smear
One unstained smear.

CLINICAL DETAILS:

P/S Cervix hypertrophic cyst.
LMP : 23/10/24

REPORTING MODE :

By Bethesda System 2014

ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component present.

MICROSCOPY :

Smear shows many intermediate cells, superficial squamous cells and moderate number of neutrophils.

IMPRESSION :

Negative for any intraepithelial lesion or malignancy.

DISCLAIMER

Gynaecological cytology is a screening test that aids in the detection of cervical cancer and cancer precursors. Both false positive and false negative results can occur. The test should be used at regular intervals, and positive results should be confirmed before definitive therapy.

***** End Of Report *****

Dr. Deepti Gupta
MBBS, MD, Pathology
Contultant Surgical Pathology
DMC RG No. 52618