

FINAL REPORT

| Bill No. | : | APHHC240001891 | | | Bill Date | | : | 28-10-2024 | 4 09:24 | | |
|--|--|---|-------|--|--|--|-----|------------|---|---------------|----------|
| Patient Name | : | MRS. RAKHI KUMARI | | | UHID | | : | APH00003 | 80437 | | |
| Age / Gender | : | 34 Yrs 7 Mth / FEMALE | | | Patient Type | | : | OPD | | If PHC | : |
| Ref. Consultant | : | MEDIWHEEL | | | Ward / Bed | | : | 1 | | | |
| Sample ID | : | APH24050839 | | | Current Ward / Bed | | : / | | | | |
| | : | | | | | ne | : | 28-10-2024 | 4 10:17 | | |
| | | | | | Reporting Date & Tin | ne | : | 28-10-2024 | 4 15:23 | | |
| | - | <u>C</u> | | L PA | ATH REPORTING | | | | | | |
| Test (Methodolo | gy) | | Flag | Re | sult | UOM | | | Biolog Interva | | eference |
| Sample Type: Urine | | | • | | | • | | | | | |
| MEDIWHEEL FUI | L | BODY HEALTH CHECKUP_F | EMALE | BEL | _OW40@2550 | | | | | | |
| | | | | | | | | | | | |
| UNINE, NOUTINE | E., | XAMINATION | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 20 | mL | | | | | | |
| | | | | | mL e Straw | | | | Pale Ye | ellow | |
| PHYSICAL EXAN | | | | | e Straw | | | | Pale Ye | ellow | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY | | ATION | | Pal | e Straw | | | | Pale Ye | ellow | |
| QUANTITY COLOUR TURBIDITY | //// | | | Pal | e Straw Par | | | | Pale Y 6 | | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY | IIN /IIN | ATION IATION ethod) | | Pal Cle 6.0 | e Straw Par | | | | | 5 | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica | IIN. MIN tor m | ATION IATION ethod) rror-of-indicators) | | Pal Cle 6.0 Neg | e Straw ar | | | | 5.0 - 8 | 5 7 e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD | IIN AIN tor m ein-e | ATION IATION ethod) rror-of-indicators) | | Pal Cle 6.0 Neg | e Straw ear gative gative | | | | 5 0 - 8 i Negativ | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indice PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA | IIN IIN tor m ein-e Meth VI | ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change) | | Pal Cle 6.0 Neg | e Straw ear gative gative | | | | 5.0 - 8. Negativ Negativ | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indice PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA | IIN IIN tor m ein-e Meth VI | ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change) | | Pal Cle 6.0 Neg | e Straw ear gative gative 25 | /HPF | | | 5.0 - 8. Negativ Negativ | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA | IIN IIN tor m ein-e Meth VI | ATION ATION IATION ethod) rror-of-indicators) iod) TY, URINE (Apparent pKa change) | | Pal Cle 6.0 Neg 1.0 | e Straw ear gative gative 25 | | | | 5.0 - 8 Negativ Negativ 1.005 - | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES | IIN. MIN tor m ein-e Metti VI | ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION | | Pal Cle 6.0 Neg 1.0 | e Straw ar gative gative 25 | /HPF | | | 5.0 - 8 Negativ Negativ 1.005 - | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH Indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC's | IIN. MIN tor m ein-e Metti VI | ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION | | Pal Cle 6.0 Neg 1.0 1.2 | e Straw ar gative gative 25 | /HPF | | | 5.0 - 8 Negativ Negativ 1.005 - | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (Double pH indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC'S EPITHELIAL C | IIN. MIN tor m ein-e Metti VI | ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION | | Pal Cle 6.0 Neç 1.0 1-2 Nil 0-1 | e Straw ar gative gative 25 | /HPF | | | 5.0 - 8 Negativ Negativ 1.005 - | 5 7e 7e | |
| PHYSICAL EXAN QUANTITY COLOUR TURBIDITY CHEMICAL EXAN PH (DOUBLE pH Indica PROTEINS (Prof SUGAR (GOD POD SPECIFIC GRA MICROSCOPIC E LEUCOCYTES RBC'S EPITHELIAL C CASTS | | ATION ATION HATION Hethod) rror-of-indicators) Hod) TY, URINE (Apparent pKa change) HINATION | | Pal Cle 6.0 Neg 1.0 1.0 Nil 0-1 Nil Nil | e Straw ar gative gative 25 | | | | 5.0 - 8. Negativ Negativ 1.005 - | 5 7e 7e | |

IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low

Laboratory test results are to be clinically correlated.

Storage and discard of Specimen shall be as per AIMS specimen retention policy.

Test results are not valid for Medico - Legal purposes.

Ashish



FINAL REPORT

| Bill No. | : | APHHC240001891 | | | Bill Date | : | : | 28-10-202 | 4 09:24 | | |
|------------------|-------|--|-------|-----|----------------------|---------|-----|-----------|-------------------|-----------------------|--|
| atient Name | : | MRS. RAKHI KUMARI | | | UHID | : | : | APH0000 | 30437 | | |
| ge / Gender | : | 34 Yrs 7 Mth / FEMALE | | | Patient Type | : | : | OPD | | If PHC : | |
| Ref. Consultant | : | MEDIWHEEL | | | Ward / Bed | 1 | : | 1 | | | |
| ample ID | : | APH24050832 | | | Current Ward / Bed | : | : | / | | | |
| | : | | | | Receiving Date & Tir | | : | 28-10-202 | 4 10:01 | | |
| | | | | | Reporting Date & Tir | ne | : | 28-10-202 | 4 13:38 | | |
| | | <u>H</u> A | EMAT | OLO | DGY REPORTING | | | | | | |
| est (Methodolog | gy) | | Flag | Re | sult | UOM | | | Biolog Interva | jical Reference al | |
| ample Type: EDTA | | | | | | | | | | | |
| IEDIWHEEL FUL | L. | BODY HEALTH CHECKUP_F | EMALE | BEI | _OW40@2550 | | | | | | |
| BC -1 (COMPLE | TE | BLOOD COUNT) | | | | | | | | | |
| TOTAL LEUCO | CY | TE COUNT (Flow Cytometry) | | 4.7 | | thous | ar | nd/cumm | 4 - 11 | | |
| RED BLOOD C | ELI | _ COUNT (Hydro Dynamic Focussing) | L | 3.7 | 7 | millior | n/o | cumm | 3.8 - 4. | 8 | |
| HAEMOGLOBI | N (S | SLS Hb Detection) | L | 8.7 | 7 | g/dL | | | 12 - 15 | | |
| PACK CELL VO | LU | ME (Cumulative Pulse Height Detection) | L | 30 | .8 | % | % | | 36 - 46 | | |
| MEAN CORPUS | SCI | JLAR VOLUME (Calculated) | L | 82 | .3 | fL | | | 83 - 101 | | |
| MEAN CORPUS | SCI | JLAR HAEMOGLOBIN (Calculated) | L | 23 | .2 | pg | | | 27 - 32 | | |
| MEAN CORPUS | | JLAR HAEMOGLOBIN V (Calculated) | L | 28 | .3 | g/dL | | | 31.5 - 34.5 | | |
| PLATELET COU | JN | (Hydro Dynamic Focussing) | L | 14 | 0 | thous | ar | nd/cumm | 150 - 4 | 00 | |
| RED CELL DIS | TR: | IBUTION WIDTH (S.D - RDW) | н | 50 | .3 | fL | | | 39 - 46 | | |
| -> | / | IBUTION WIDTH (C.V.) | н | 17 | .1 | % | | | 11.6 - 14 | | |
| DIFFERENTIAL L | ΕU | ICOCYTE COUNT | | | | - | | | | | |
| NEUTROPHILS | (Flo | ow-cytometry & Microscopy) | | 56 | | % | | | 40 - 80 | | |
| | | low-cytometry & Microscopy) | | 34 | | % | | | 20 - 40 |) | |
| MONOCYTES (| Flow | -cytometry & Microscopy) | | 4 | | % | | | 2 - 10 | | |
| EOSINOPHILS | (Flo | w-cytometry & Microscopy) | Н | 6 | | % | | | 1 - 5 | | |
| BASOPHILS (FIG | ow-cy | rtometry & Microscopy) | | 0 | | % | | | 0 - 1 | | |
| ESR (Westergren) | | | н | 85 | | mm/1 | st | hr | 0 - 20 | | |

** End of Report **

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| Bill No. | : | APHHC240001891 | | Bill Date | | : | 28-10-2024 09:24 | | |
|--------------------------------|-------|---------------------------|-------|----------------|--------------|----|----------------------------------|--|--|
| Patient Name | 1: | MRS. RAKHI KUMARI | | UHID | | : | APH000030437 | | |
| Age / Gender | 1: | 34 Yrs 7 Mth / FEMALE | | Patient Type | Patient Type | | OPD If PHC : | | |
| Ref. Consultant | 1: | MEDIWHEEL | | Ward / Bed | | : | 1 | | |
| Sample ID | 1: | APH24050975 | | Current Ward / | Bed | : | 1 | | |
| | 1: | | | Receiving Date | & Time | : | 28-10-2024 17:48 | | |
| | | | | Reporting Date | & Time | : | 28-10-2024 19:49 | | |
| | | BIC | DCHEN | ISTRY REPORT | ING | | | | |
| Test (Methodolog | gy) | | Flag | Result | UO | M | Biological Reference Interval | | |
| Sample Type: EDTA | W | hole Blood, Plasma, Serum | 1 | 1 | | | | | |
| | | | | | | | | | |
| MEDIWHEEL FUI | L | BODY HEALTH CHECKUP_FE | WALE | BELOW40@2550 | | | | | |
| | | | | 15 | mg/ | dL | 15 - 45 | | |
| BLOOD UREA BUN (Calculated) | | | | - | mg/ | | 15 - 45 7 - 21 | | |
| BLOOD UREA BUN (Calculated) | Ureas | | | 15 7.0 | mg/ | dL | 7 - 21 | | |
| BLOOD UREA BUN (Calculated) | Ureas | | | 15 | • | dL | 7 - 21 | | |

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.

(As per American Diabetes Association recommendation)

| GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase) | 137.0 | mg/dL | 70 - 140 |
|---|-------|-------|----------|
| Nata, A dia manania of dialected an allity of a manufactif O base | | 0 | |

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.

(As per American Diabetes Association recommendation)

LIPID PROFILE

| CHOLESTROL-TOTAL (CHO-POD) | Н | 211 | mg/dL | 0 - 160 |
|--|---|-------|-------|---|
| HDL CHOLESTROL Enzymatic Immunoinhibition | L | 44 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT Enzymatic Selective Protection | Н | 135 | mg/dL | 0 - 100 |
| S.TRIGLYCERIDES (GPO - POD) | Н | 228 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL (Calculated) | Н | 167.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL (Calculated) | | 4.8 | | 1⁄2Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0 |
| LDL CHOLESTROL / HDL CHOLESTROL (Calculated) | | 3.1 | | 1⁄2Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1 |
| CHOLESTROL-VLDL (Calculated) | Н | 46 | mg/dL | 10 - 35 |

Comments:

• Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.

• There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.

• HDL cholesterol level is inversely related to the incidence of coronary artery disease.

- Major risk factors which adversely affect the lipid levels are:
 - 1. Cigarette smoking.
 - 2. Hypertension.
 - 3. Family history of premature coronary heart disease.
 - 4. Pre-existing coronary heart disease.

LIVER FUNCTION TESTS (LFT)

| BILIRUBIN-TOTAL (DPD) | Н | 1.01 | mg/dL | 0.2 - 1.0 |
|---------------------------------|---|------|-------|-----------|
| BILIRUBIN-DIRECT (DPD) | | 0.15 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT (Calculated) | Н | 0.86 | mg/dL | 0.2 - 0.8 |



DEPARTMENT OF LABORATORY SERVICES FINAL REPORT

| | | | • • | | - REPORT | | | | | | |
|------------------|-------|---------------------------------|-----|-----|----------------------|------|----------|------------------|----------|--|--|
| l No. | : | APHHC240001891 | | | Bill Date | | : | 28-10-2024 09:24 | | | |
| tient Name | : | MRS. RAKHI KUMARI | | | UHID | | : | APH000030437 | | | |
| e / Gender | : | 34 Yrs 7 Mth / FEMALE | | | Patient Type | | : | OPD | If PHC : | | |
| f. Consultant | : | MEDIWHEEL | | | Ward / Bed | | : | 1 | | | |
| mple ID | : | APH24050975 | | | Current Ward / Bed | | : | 1 | | | |
| | : | | | | Receiving Date & Tin | ne | : | 28-10-2024 17:48 | | | |
| | Π | | | | Reporting Date & Tin | ne | : | 28-10-2024 19:49 | | | |
| S.PROTEIN-TO | TA | L (Biuret) | Н | 8. | 3 | g/dL | | 6 - 8.1 | | | |
| ALBUMIN-SERU | JM | (Dye Binding-Bromocresol Green) | 4.6 | | g/dL | | 3.5 - 5. | 2 | | | |
| S.GLOBULIN (Ca | | | 3.7 | | | g/dL | | 2.8-3.8 | | | |
| A/G RATIO (Calcu | ulate | ed) | L | 1.: | 24 | | | 1.5 - 2 | .5 | | |
| ALKALINE PHO | SP | PHATASE IFCC AMP BUFFER | н | 10 | 7.3 | IU/L | | 42 - 98 | | | |
| ASPARTATE AM | 4I M | NO TRANSFERASE (SGOT) (IFCC) | | 22 | 8 | IU/L | | 10 - 42 | | | |
| ALANINE AMIN | 0 | TRANSFERASE(SGPT) (IFCC) | | 18 | 1 | IU/L | | 10 - 40 | | | |
| GAMMA-GLUTA | ١M | | | 18 | 2 | IU/L | | 7 - 35 | | | |
| LACTATE DEHY | /D | ROGENASE (IFCC; L-P) | | 18 | 5.9 | IU/L | | 0 - 248 | } | | |
| S.PROTEIN-TO | TA | L (Biuret) | Н | 8.3 | 3 | g/dL | | 6 - 8.1 | | | |
| URIC ACID (Urica | 58 - | - Trinder) | | 4.5 | | mg/c | IL | 2.6 - 7 | .2 | | |

** End of Report **

IMPORTANT INSTRUCTIONS CL - Critical Low, CH - Critical High, H - High, L - Low

Laboratory test results are to be clinically correlated. Storage and discard of Specimen shall be as per AIMS specimen retention policy. Test results are not valid for Medico - Legal purposes.

Ashish



FINAL REPORT

| Bill No. | : | APHHC240001891 | Bill Date | : 28-10-2024 09:24 |
|-----------------|---|-----------------------|-----------------------|--------------------|
| Patient Name | : | MRS. RAKHI KUMARI | UHID | : APH000030437 |
| Age / Gender | : | 34 Yrs 7 Mth / FEMALE | Patient Type | : OPD If PHC : |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | : / |
| Sample ID | : | APH24050975 | Current Ward / Bed | : / |
| | : | | Receiving Date & Time | : 28-10-2024 17:48 |
| | | | Reporting Date & Time | : 28-10-2024 19:49 |

Sample Type: EDTA Whole Blood, Plasma, Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE BELOW40@2550

| HBA1C (Turbidimetric Immuno-inhibition) | 5.6 | % | 4 0 - 6 2 |
|---|-----|---|-----------|
| INTERPRETATION: | | | |

| HbA1c % | Degree of Glucose Control | | | | | | |
|-----------|--|--|--|--|--|--|--|
| >8% | Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy | | | | | | |
| 7.1 - 8.0 | Fair Control | | | | | | |
| <7.0 | Good Control | | | | | | |

Note:

1.A three monthly monitoring is recommended in diabetics.2. Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

** End of Report **

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FINAL REPORT

| Bill No. | 131 | APHHC240001891 | HHC240001891 | | | : | 28-10-2024 09:2 | 10-2024 09:24 | | |
|---|-----|--------------------------------------|--------------------|--------------------------|----|-----|-----------------|---------------|------|------|
| Patient Name | : | MRS. RAKHI KUMARI | | UHID | | : . | APH000030437 | 00030437 | | |
| Age / Gender | : | 34 Yrs 7 Mth / FEMALE | | Patient Type | | : | OPD | If PHO | : : | |
| Ref. Consultant | : | MEDIWHEEL | | Ward / Bed | | : | 1 | | | |
| Sample ID | : | APH24050833 | | Current Ward / Bed | | : | 1 | | | |
| | : | | | Receiving Date & Tir | ne | : | 28-10-2024 10:0 |)1 | | |
| | | | | Reporting Date & Tir | mo | : | 00 40 0004 40.5 | 51 | | |
| | | | | | ne | - | 28-10-2024 19:5 | | | |
| | | BL | <u>.00D</u> | BANK REPORTING | ne | - | 28-10-2024 19:5 | | | |
| Test (Methodolog | gy) | | <u>OOD</u> Flag | | | | | ogical R | efer | ence |
| Test (Methodolo Sample Type: EDTA | | | | BANK REPORTING | | | Biol | ogical R | efer | ence |
| Sample Type: EDTA | W | | Flag | BANK REPORTING Result | | | Biol | ogical R | efer | ence |
| Sample Type: EDTA | . W | hole Blood BODY HEALTH CHECKUP_FE | Flag | BANK REPORTING Result | | | Biol | ogical R | efer | ence |

IMPORTANT INSTRUCTIONS CL - Critical Low, CH - Critical High, H - High, L - Low Laboratory test results are to be clinically correlated. Storage and discard of Specimen shall be as per AIMS specimen retention policy. Test results are not valid for Medico - Legal purposes.

Ashish



FINAL REPORT

| Bill No. | : | APHHC240001891 | Bill Date | | 28-10-2024 09:24 |
|-----------------|---|-----------------------|-----------------------|---|------------------|
| Patient Name | : | MRS. RAKHI KUMARI | UHID | : | APH000030437 |
| Age / Gender | : | 34 Yrs 7 Mth / FEMALE | Patient Type | | OPD If PHC : |
| Ref. Consultant | : | MEDIWHEEL | Ward / Bed | | : / |
| Sample ID | : | APH24050836 | Current Ward / Bed | : | : / |
| | : | | Receiving Date & Time | : | 28-10-2024 10:01 |
| | | | Reporting Date & Time | : | 28-10-2024 14:39 |
| | | S | EROLOGY REPORTING | | |

| Test (Methodology) | Flag | Result | UOM | Biological Reference |
|--------------------|------|--------|-----|----------------------|
| | | | | Interval |

Sample Type: Serum

MEDIWHEEL FULL BODY HEALTH CHECKUP_FEMALE BELOW40@2550

THYROID PROFILE (FT3+FT4+TSH)

| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 2.54 | pg/mL | 2.0-4.4 |
|---|---|------|-------|-----------|
| FREE -THYROXINE (FT4) (ECLIA) | | 1.14 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | Н | 9.08 | mIU/L | 0.27-4.20 |

** End of Report **

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|-----------------|-------------------------|-----------------------|---|------------------|
| Patient Name | : MRS. RAKHI KUMARI | UHID | : | APH000030437 |
| Age / Gender | : 34 Yrs 7 Mth / FEMALE | Patient Type | : | OPD |
| Ref. Consultant | : MEDIWHEEL | Ward | : | |
| Sample ID | : APH24050962 | Current Bed | : | |
| | : | Reporting Date & Time | : | 30-10-2024 10:42 |
| | · · | Receiving Date & Time | : | 28/10/2024 16:12 |

CYTOPATHOLOGY REPORTING

Cytopathology No:C-299/24

Material Received: PAP smear. Two unstained slide received.

Reporting System: BETHESDA 2014

Material Adequacy: Satisfactory for evaluation. Endocervical/Transformation zone component present.

Microscopic Examination: Mostly Superficial cells, Intermediate cells & few Para-basal cells in the background of chronic inflammation.

Non-Neoplastic Findings: Moderate neutrophilic infiltrates.

Specific Infections: Shift in flora s/o bacterial vaginosis

Epithelial cell abnormality (Squamous cells): Nil Squamous cell abnormality (Glandular cells): Nil.

Impression: Shift in flora s/o bacterial vaginosis; Negative for Intraepithelial lesion or Malignancy.(NILM).

*** End of Report ***

Ashish

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| Patient Name | : | MRS. RAKHI KUMARI | IPD No. | : | |
|--------------|---|-------------------|------------|---|---------------------|
| Age | : | 34 Yrs 7 Mth | UHID | : | APH000030437 |
| Gender | : | FEMALE | Bill No. | : | APHHC240001891 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 28-10-2024 09:24:54 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 28-10-2024 11:40:50 |

WHOLE ABDOMEN:

Both the hepatic lobes are normal in size and echotexture (Liver measures 13.8 cm)

No focal lesion seen. Intrahepatic biliary radicals are not dilated.

Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness is normal. No calculus seen.

CBD is normal in calibre.

Pancreas is normal in size and echotexture.

Spleen is mildly enlarged in size (14.1 cm) and normal in echotexture.

Both kidneys are normal in size and echotexture (Right kidney (9.2 cm), Left kidney (10 cm). Corticomedullary distinction is maintained. No calculus or hydronephrosis seen.

Urinary bladder is minimally distended and appears normal. Wall thickness is normal.

Uterus is anteverted (measures 4.3 x 2.6 cm) and appears normal in size and echotexture. No focal

lesion seen. Cervix and vagina are unremarkable.

Endometrial echo is central and normal in thickness (4.9 mm).

Both ovaries are obscured.

No free fluid or collection seen. No basal pleural effusion seen.

No significant lymphadenopathy seen.

No dilated bowel loop seen.

IMPRESSION:- Mild splenomegaly.

Please correlate clinically.....

.....End of Report.....

Prepare By. MD.SALMAN DR. ALOK KUMAR, M.B.B.S,M.D,DMRD CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

| Patient Name | : | MRS. RAKHI KUMARI | IPD No. | : | |
|--------------|---|-------------------|------------|---|---------------------|
| Age | : | 34 Yrs 7 Mth | UHID | : | APH000030437 |
| Gender | : | FEMALE | Bill No. | : | APHHC240001891 |
| Ref. Doctor | : | MEDIWHEEL | Bill Date | : | 28-10-2024 09:24:54 |
| Ward | : | | Room No. | : | |
| | | | Print Date | : | 28-10-2024 13:05:41 |

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

.....End of Report.....

Prepare By. MD.SERAJ DR. MUHAMMAD SERAJ, MD Radiodiagnosis,FRCR (London) BCMR/46075 CONSULTANT

Note : The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.