



भारत सरकार
GOVERNMENT OF BIHAR



राजनी सिंघ
Rajni Singh
जन्म तिथि/DOB: 24/10/1998
लिंग / FEMALE
3239 1929 4157



मरा जन्म, मरी पहचान



बिहार सरकार
GOVERNMENT OF BIHAR

पिन
बिहार-मरा सिंग
पिन नं.
435617006, मरा
एशोक उद्योग क्षेत्र,
विकास, वाराणसी
उत्तर प्रदेश
पिन नं- 221007

Address

DO: Brihda Kishor Singh, H-
435617006, ASHOK UDYAN
COLONY PHASE-I, PAKARIA
Village, Varanasi
Uttar Pradesh - 221007



www.bihar.gov.in www.cda.gov.in
पिन नं- 221007

CORPORATE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE	EMPLOYEE
171009	171009	N. Aravind Kumar	REPUTATION.COM - AHC BELOW 35Y MALE - PAN IN	26-02-2024	08-15-00-10	MANIKONDA		
171010	171010	RAJINI SHARMA	AI-ELITE - MEDIWHEEL - FULL BODY HEALTH ANM	26-02-2024	08-15-00-10	MANIKONDA		
171011	171011	Rishi Shah	ACEH - AHC PACK 6 FEMALE - PAN INDIA - FY 24	26-02-2024	08-15-00-15	MANIKONDA		
171012	171012	Italkomni Venkata Praveethi	PHASORZ - INDIVIDUAL TESTS - F11 - PAN INDIA - FY	26-02-2024	08-15-00-25	MANIKONDA		
171013	171013	Nagi Prathima Akula	PHASORZ - COGNIZANT - AHC PACK 1 BELOW 35Y FEM	26-02-2024	08-15-00-25	MANIKONDA		
171014	171014	G. Suresha	PHASORZ - COGNIZANT - AHC PACK 1 BELOW 35Y FEM	26-02-2024	08-15-00-25	MANIKONDA		
171015	171015	Aravind Srinivas	PHASORZ - COGNIZANT - AHC PACK 1 BELOW 35Y FEM	26-02-2024	08-15-00-25	MANIKONDA		
171016	171016	Rahul Gudipudi	PHASORZ - COGNIZANT - AHC PACK 1 BELOW 35Y FEM	26-02-2024	08-15-00-25	MANIKONDA		
171017	171017	Mohammed Hussain	PHASORZ - COGNIZANT - AHC PACK 1 BELOW 35Y FEM	26-02-2024	08-15-00-25	MANIKONDA		
171018	171018	Prasadraj Sardar	PHASORZ - TCS - AHC 40 TO 49Y MALE - 2D ECHO - P	26-02-2024	08-15-00-10	MANIKONDA		
171019	171019	Ramya Adapu	AAYUV TECHNOLOGIES - FLT 001 AHC - PAN INDIA - F	26-02-2024	08-15-00-10	MANIKONDA		
171020	171020	Sudha Rao Naranappa	BLAU FINSERV - IDFC - AHC FEMALE - PAN INDIA - FY	26-02-2024	08-15-00-15	MANIKONDA		
171021	171021	Shagun Babu Bellapanti	CONNECT AND HEAL - CN-OPT-EX3 - EXECUTIVE PAC	26-02-2024	08-15-00-10	MANIKONDA		
171022	171022	Lakshmi Priya Bandi	CONNECT AND HEAL - SE - SCREENING ABOVE 30 TO	26-02-2024	08-15-00-10	MANIKONDA		
171023	171023	E. Harshitha Reddy	CONNECT AND HEAL - SE - SCREENING ABOVE 30 TO	26-02-2024	08-15-00-15	MANIKONDA		
171024	171024	Soundarya Chelluri	CONNECT AND HEAL - CN-OPT-ST3 - STANDARD PAC	26-02-2024	08-15-00-15	MANIKONDA		
171025	171025	Shah Habibulla Prathakota	CONNECT AND HEAL - CNH SYN-IC-ADV F - PAN IND	26-02-2024	08-15-00-15	MANIKONDA		
171026	171026	Abhi Abhinav	PHASORZ - STANDARD HC PACE 1 - 2D ECHO - PAN I	26-02-2024	08-15-00-15	MANIKONDA		
171027	171027	Shashikant Budghaya	CONNECT AND HEAL - CN-OPT-ST3 - STANDARD PAC	26-02-2024	08-15-00-15	MANIKONDA		
171028	171028	Shashikant Budghaya	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171029	171029	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-15	MANIKONDA		
171030	171030	Sambhitha Nivala	ACEH - AHC PACK 6 FEMALE - PAN INDIA - FY/24	26-02-2024	08-15-00-10	MANIKONDA		
171031	171031	Sambhitha Nivala	ACEH - AHC PACK 6 FEMALE - PAN INDIA - FY/24	26-02-2024	08-15-00-10	MANIKONDA		
171032	171032	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171033	171033	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171034	171034	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171035	171035	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171036	171036	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171037	171037	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171038	171038	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171039	171039	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171040	171040	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171041	171041	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171042	171042	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171043	171043	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171044	171044	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171045	171045	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171046	171046	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171047	171047	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171048	171048	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
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171050	171050	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171051	171051	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171052	171052	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171053	171053	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171054	171054	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
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171056	171056	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171057	171057	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
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171061	171061	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171062	171062	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171063	171063	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171064	171064	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171065	171065	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171066	171066	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171067	171067	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171068	171068	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171069	171069	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		
171070	171070	Sambhitha Nivala	APOLLO HEALTHCO - URLIFE - NOVARTIS INDIA - AHC	26-02-2024	08-15-00-10	MANIKONDA		

The Apollo Clinic - Manikonda
PHYSICAL EXAMINATION FORM

DATE 26/02/24

UHID RCON. S5289

Name Mrs Rajni Binka

Age 35 Y/F

Height Cms

Weight Kgs

Chest Measurement (In) Cm (Out) Cm

Waist Cm Hip

Pulse Bt - Min BMI

BP mmHg SPO2

Patient Name : Mrs. Rajni Sinha
UHID : RKON.0000055289
Reported By: : Dr. K NIKHITHA
Referred By : SELF

Age : 35 Y/F
OP Visit No : CMANOPV195852
Conducted Date : 27-02-2024 08:22

ECG REPORT

Observation :-

1. Normal Sinus Rhythm.
2. Heart rate is 105beats per minutes.
3. No pathological Q wave or S-T,T changes seen.
4. Normal P,Q,R,S,T waves and axis.
5. No evidence of chamber, hypertrophy or enlargement seen.

Impression:

SINUS TACHYCARDIA.
NORMAL RESTING ECG.

----- END OF THE REPORT -----

Dr. K NIKHITHA

26.02.2024 12:31:58
APOLLO CLINIC
MAHARAJA
HYDERABAD

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

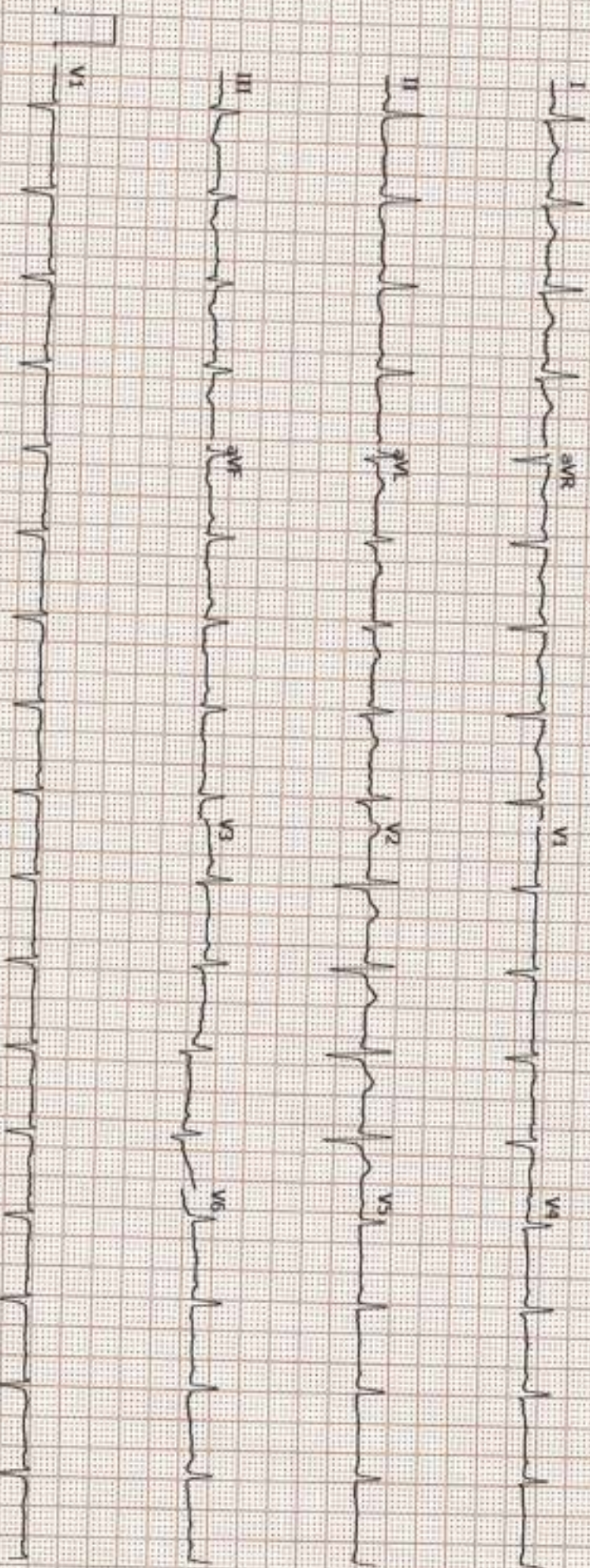
105 bpm
... / ... mmHg

Female
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBz : 328 / 433 ms
PR : 124 ms
P : 84 ms
RRR / pp : 572 / 571 ms
P / QRS / T : 48 / 42 / 9 degrees

Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

Sinus tachycardia
Other NML
(2)



GE MAC2000 1.1 125L 2m V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3.25.R1 1/1



POWER PRESCRIPTION

NAME: *Rajni Sinha*

GENDER: *M/F*

DATE: *26/01/24*

AGE: *35*

UHID:

RIGHT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>1.75</i>	<i>0.75</i>	<i>88</i>	<i>6/6</i>
NEAR	<hr/>			<i>Ng</i>

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>1.50</i>	<i>0.75</i>	<i>85</i>	<i>6/6</i>
NEAR	<hr/>			<i>Ng</i>

INSTRUCTIONS:

- BSE - DV*
- colour vision - normal*
- Single vision - BSE*


SIGNATURE

Apollo Health and Lifestyle Limited


ICM - U85110TK2009PLC046089 Regd. Office: 19 Bishop Gardens, SA Puram, Chennai 600 028, Tamil Nadu, India | Email ID: info@apolloclinic.com

APOLLO CLINICS NETWORK TELANGANA

Hyderabad (AS) | Res Nagar | Charada Nagar | Jubilee Hills | Kankajay | Marikonda | Malakunta | Nizampet | Uppal

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name : Mrs. Rajni Sinha
UHID : RKON.0000055289
Conducted By : Dr. TRIPITI DEB
Referred By : SELF

Age : 35 Y/F
OP Visit No : CMANOPV195852
Conducted Date : 27-02-2024 13:33

2D-ECHO WITH COLOUR DOPPLER

Dimensions:

Ao (cd)	3.3 CM
LA (cs)	2.21 CM
LVID (cd)	4.48 CM
LVID (cs)	2.90 CM
IVS (Ed)	0.8 CM
LVPW (Ed)	1.13 CM
EF	65.00%
%ED	35.00%

MITRAL VALVE : NORMAL

AML NORMAL

PML NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

RIGHT VENTRICLE : NORMAL

INTER ATRIAL SEPTUM : NORMAL

INTER VENTRICULAR SEPTUM : INTACT

AORTA : NORMAL

RIGHT ATRIUM : NORMAL

LEFT ATRIUM : NORMAL

Pulmonary Valve : NORMAL

PERICARDIUM : NORMAL

LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY

COLOUR AND DOPPLER STUDIES

AJV= 0.8 NORMAL COLOUR DOPPLER.
PJV= 0.74

E= 0.51 NORMAL DIASTOLIC COMPLIANCE.
A= 0.51

IMPRESSION:
NORMAL ECHO STUDY.

5/20/00

Name <i>Mrs. Rajni Binha</i>	Date <i>06/02/24</i>
Age <i>35 y</i>	UHID No. <i>55289</i>
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Ref. Physician <i>Triphi - Deb</i>
Ref. Diagnosis	

Miscarriage after Coarctation
Echocardiogram Report

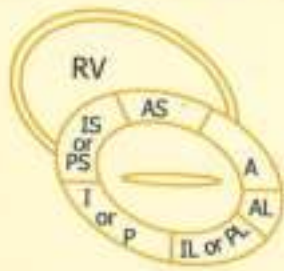
Echogenicity Poor Adequate Good Ht. _____ Wt. _____ BSA _____

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
Ao (ed) <i>3.3</i> cm	(1.5cm / m2)	IVS (Ed) <i>0.8</i> cm	(0.6 - 1.2 cm)
LA (es) <i>4.21</i> cm	(1.5cm / m2)	LVPW (Ed) <i>1.13</i> cm	(0.6 - 1.1 cm)
RVID (ed) <i>2.9</i> cm	(0.9 cm / m2)	EF <i>65</i> %	(0.62 - 0.85)
LVID (ed) <i>4.48</i> cm	(2.6 - 3.4 cm / m2)	% FD <i>35</i> %	(2.8% - 42%)
LVID (es) <i>2.90</i>			

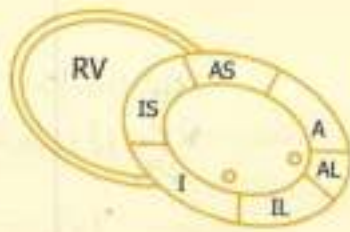
MORPHOLOGICAL DATA

Mitral Valve	AML <i>N</i>	Interatrial septum <i>N</i>
	PML <i>N</i>	Interventricular septum <i>N</i>
Aortic Valve	<i>N</i>	Pulmonary artery <i>N</i>
Tricuspid valve	<i>N</i>	Aorta <i>N</i>
Pulmonary valve	<i>N</i>	Right atrium <i>N</i>
Right ventricle	<i>N</i>	Left atrium <i>N</i>

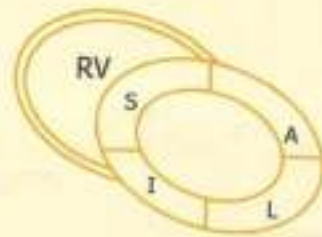
Left ventricle : LV WALL MOTION ANALYSIS



BASE



MID



APEX

1. Normal
2. Hypokinesia
3. Akinesia
4. Dyskinesia
5. Aneurysmal

Pericardium

N.

Doppler studies

$AJV = 0.8 \text{ m/s}$

$PJV = 0.74 \text{ m/s}$

$E = 0.51 \text{ m/s}$

$A_2 = 0.51 \text{ m/s}$

Normal colour Doppler

Normal diastolic

Normal Echo. Compliance

Study ✓

Done by

Checked by

Signature

Consultant - Cardiology


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Mrs. Rajni Sinha on 27/02/24.

After reviewing the medical history and on clinical examination it has been found that he/she is

<ul style="list-style-type: none"> • Medically Fit 	Tick
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Currently Unfit, Review after _____ recommended • Unfit 	<input type="checkbox"/>


 Dr. _____
 Medical Officer
 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

Patient Name	: Mrs. Rajni Sinha	Age/Gender	: 35 Y/F
UHID/MR No.	: RKON.0000055289	OP Visit No	: CMANOPV195852
Sample Collected on	:	Reported on	: 26-02-2024 20:00
LRN#	: RAD2248684	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 371365		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Cardiac is normal.

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. MD RAHEEMUDDIN QURESHI
Radiology

Patient Name	: Mrs. Rajni Sinha	Age/Gender	: 35 Y/F
UHID/MR No.	: RKON.0000055289	OP Visit No	: CMANOPV195852
Sample Collected on	:	Reported on	: 27-02-2024 08:52
LRN#	: RAD2248684	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 371365		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver appears normal in size 9.69 cm and echotexture. **subcentrimetric hepatic cyst noted measures 1.02 x 0.94 mm.** PV and CBD normal. No dilatation of the intrahepatic biliary radicals.

Gall bladder is well distended. No evidence of calculus. Wall thickness appears normal. No evidence of periGB collection. No evidence of focal lesion is seen.

Spleen appears normal in size 7.29 cm . No focal lesion seen. Splenic vein appears normal.

Pancreas appears normal in echopattern. No focal/mass lesion/calcification. No evidence of peripancreatic free fluid or collection. Pancreatic duct appears normal.

Both the kidneys appear normal in size, shape and echopattern. Cortical thickness and CM differentiation are maintained. No calculus / hydronephrosis seen on either side.

Right kidney : 10.21 x 3.65 cm .

Left kidney : 9.88 x 3.15 cm .

Urinary Bladder is well distended and appears normal. No evidence of any wall thickening or abnormality. No evidence of any intrinsic or extrinsic bladder abnormality detected.

Uterus appears bulky in size **8.73 x 4.30 cm with heterogenous myometrium** . It shows normal shape & echo pattern. Endometrial echo-complex appears normal and measures 7 mm. No intra/extra uterine gestational sac seen.

Both ovaries appear normal in size, shape and echotexture.

Right ovary : Cyst size **5.04 x 3.53 cm** .

Left ovary : Cyst size **5.3 x 4.2 cm** .

Septated cysts of both ovary .

No evidence of any adnexal pathology noted.

IMPRESSION:-

Patient Name : Mrs. Rajni Sinha

Age/Gender : 35 Y/F

- **FEATURES OF ADENOMYOSIS .**
- **BILATERAL COMPLEX OVARIAN CYST .**
- **SUBCENTRIMETRIC HEPATIC CYST .**

Suggest – clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Dr. SAMPATH NAIK VADITHYA
MBBS, MD RD (Interventional Radiology)
Radiology

Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 02:03PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 03:37PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	11.1	g/dL	12-15	Spectrophotometer
PCV	33.30	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.98	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	83.7	fL	83-101	Calculated
MCH	27.9	pg	27-32	Calculated
MCHC	33.3	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,830	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.9	%	40-80	Electrical Impedance
LYMPHOCYTES	28.6	%	20-40	Electrical Impedance
EOSINOPHILS	4.5	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	1	%	0-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	2217.57	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1095.38	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	172.35	Cells/cu.mm	20-500	Calculated
MONOCYTES	306.4	Cells/cu.mm	200-1000	Calculated
BASOPHILS	38.3	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.02		0.78- 3.53	Calculated
PLATELET COUNT	170000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	19	mm at the end of 1 hour	0-20	Modified Westergren
PERIPHERAL SMEAR				

RBC NORMOCYTIC NORMOCHROMIC
WBC - MILD LEUCOPENIA


Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240050292


This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 02:03PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 03:37PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

PLATELETS ARE ADEQUATE ON SMEAR
NO HEMOPARASITES SEEN
IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD LEUCOPENIA



Dr.KASULA SIDDARTHA
M.B.B.S,DNB(Pathology)
Consultant Pathologist



SIN No:BED240050292


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Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 02:03PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 06:49PM
Visit ID : CMANOPV195852	Status : Final Report
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DEPARTMENT OF HAEMATOLOGY

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	A			Microplate technology
Rh TYPE	Positive			Microplate technology


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 CONSULTANT PATHOLOGY



SIN No:BED240050292

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Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 12:57PM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 04:47PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 05:21PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	92	mg/dL	70-100	Hexokinase

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	126	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

K. Anusha
Dr.K.Anusha
M.B.B.S,M.D(Biochemistry)
Consultant Biochemist

SIN No:PLP1424243

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

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Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 01:49PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 07:26PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	4.9	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	94	mg/dL		Calculated

Comment:

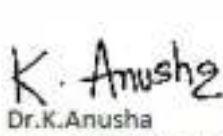
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


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SIN No:EDT240022725
 This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 01:49PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 07:26PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF BIOCHEMISTRY

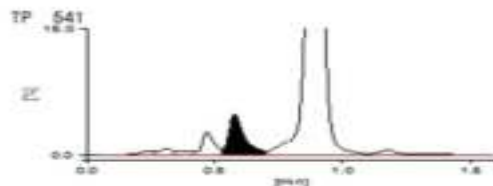
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Chromatogram Report

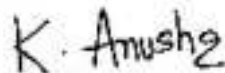
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 ID EDT240022725
 Sample No. 02260195 SL 0001 - 02
 Patient ID
 Name
 Comment

CALIB Y = 1.1933X + 0.3360			
Name	%	Time	Area
ATA	0.4	0.25	3.70
A1B	0.5	0.30	4.86
F	0.4	0.39	3.91
LA1C+	1.7	0.47	16.45
SA1C	4.9	0.58	37.55
AO	93.4	0.89	889.45
H-V0			
H-V1			
H-V2			

Total Area 955.92
HbA1c 4.9 % IFCC 31 mmol/mol
HbA1 5.8 % HbF 0.4 %




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SIN No:EDT240022725

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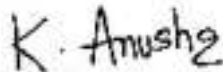
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324



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SIN No:EDT240022725

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Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 03:20PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 05:46PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	155	mg/dL	<200	CHO-POD
TRIGLYCERIDES	68	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	54	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	101	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.87		0-4.97	Calculated

Comment:

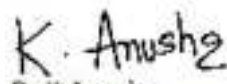
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dL. When Triglycerides are more than 400 mg/dL LDL cholesterol is a direct measurement.



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SIN No:SE04642279

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.49	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.11	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.38	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	14	U/L	<35	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.0	U/L	<35	IFCC
ALKALINE PHOSPHATASE	46.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. • Disproportionate increase in AST, ALT compared with ALP. • Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated. • ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment: • Albumin- Liver disease reduces albumin levels. • Correlation with PT (Prothrombin Time) helps.

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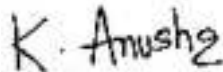
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.48	mg/dL	0.66 - 1.09	Modified Jaffe, Kinetic
UREA	16.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	7.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	3.98	mg/dL	2.6-6.0	Uricase PAP
CALCIUM	8.97	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	2.80	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	135	mmol/L	136-146	ISE (Indirect)
POTASSIUM	3.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.28	g/dL	6.6-8.3	Biuret
ALBUMIN	4.18	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.35		0.9-2.0	Calculated



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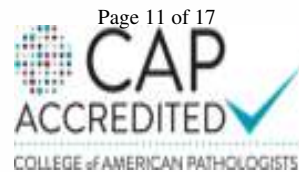
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	13.00	U/L	<38	IFCC

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 M.B.B.S,M.D(Biochemistry)
 Consultant Biochemist



SIN No:SE04642279

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Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 03:22PM
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	0.89	ng/mL	0.87-1.78	CLIA
THYROXINE (T4, TOTAL)	10.05	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.314	µIU/mL	0.38-5.33	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL24033273

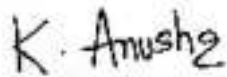
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DEPARTMENT OF IMMUNOLOGY

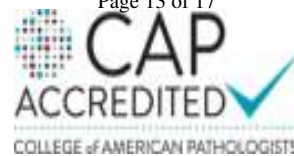
ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324


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SIN No:SPL24033273

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Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 02:02PM
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Visit ID : CMANOPV/195852	Status : Final Report
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.010		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	TRACE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-4	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY


Dr.KASULA SIDDARTHA
 M.B.B.S,DNB(Pathology)
 Consultant Pathologist

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SIN No:UR2291865

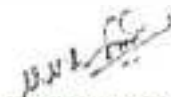
This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 12:57PM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 05:00PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 06:44PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick



Dr.SRINIVAS N.S.NORI
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CONSULTANT PATHOLOGY

SIN No:UPP016804

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad




Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 09:54AM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 02:03PM
UHID/MR No : RKON.0000055289	Reported : 26/Feb/2024 03:03PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick


Dr.KASULA SIDDARTHA
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 Consultant Pathologist



SIN No:UF010822

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Patient Name : Mrs.RAJNI SINHA	Collected : 26/Feb/2024 12:44PM
Age/Gender : 35 Y 4 M 2 D/F	Received : 26/Feb/2024 07:29PM
UHID/MR No : RKON.0000055289	Reported : 28/Feb/2024 06:42PM
Visit ID : CMANOPV195852	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 371365	

DEPARTMENT OF CYTOLOGY

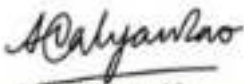
LBC PAP TEST (PAPSURE) , CERVICAL SAMPLE

	CYTOLOGY NO.	4198/24
I	SPECIMEN	
a	SPECIMEN ADEQUACY	ADEQUATE
b	SPECIMEN TYPE	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
c	ENDOCERVICAL-TRANSFORMATION ZONE	ABSENT
d	COMMENTS	SATISFACTORY FOR EVALUATION
II	MICROSCOPY	Superficial and intermediate squamous epithelial cells with benign morphology. Inflammatory cells, predominantly neutrophils. Negative for intraepithelial lesion/malignancy.
III	RESULT	
a	EPITHELIAL CELL	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
b	ORGANISM	NIL
IV	INTERPRETATION	NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

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

Result/s to Follow:
PERIPHERAL SMEAR



Dr. A. Kalyan Rao
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SIN No:CS075254

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