



c/e: Lowthe Lealth checkup.

Cheif Complaints:

Plaque/Calculus.

H/O Present Illness:

Adv. Scally Restration net 38.

Spor98%. WAN 81.1 Kg Past History:

Investigation:

Vitals:

8P 140/80

R 166/m -

P 6864

Drug Allergies: (if any)

Treatment:



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph.: 0124-49000000 Fax: 0124-2218733 E-mail: parkmedicenters@gmail.com

● West Delhi
● South Delhi● Faridabad● Panipat● Karnal





14/11/23

Geelanjali Selhi 53 y.f.

For Medical cheeliep.

Vitals:

Cheif Complaints:

Chareofracione No penods Suice April 23.

Previous cycles 5-6/28 flow red.

H/O Present Illness: Of 2 PTND. Coul child 23yp.

Deabelée for last 2yr ou Ht.

Past History: HT for 20yr ou Ht.

No thyrid problem

Investigation:

Ofe Cefaci efemle Pæller @
Drug Allergies: (if any)

MA Soft

Treatment:

Ps ca evosioù s

Br W. Rv. Bulkey Joans fr pee

Adv. Rap Sman lake



Gurgaon

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● West Delhi
● South Delhi
● Faridabad
● Panipat
● Karnal





Mose MAn.

Vitals:

Cheif Complaints:

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:



Gurgaon

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 South Delhi
 Faridabad
 Panipat
 Karnal



Geeranjali

		1	12	3	
14	il	t.	l .		_
		/			

Vitals:

Cheif Complaints:

Adv:T. Bacr Ourment

(An)

- Pr- 508

H/O Present Illness:

Past History:

Investigation:

Drug Allergies: (if any)

Treatment:



Gurgaon

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● West Delhi
 ● South Delhi
 ● Faridabad
 ● Panipat
 ● Karnal

ark Hospital

14/11/97



696298

Mrs heat angali Seth. 51 V/f

Routine Checky

Vitals:

Cheif Complaints:

hn = glaren

H/O Present Illness:

MV/ W6 -c glasses

Past History:

NCT/14

Investigation:

Treatment:

Drug Allergies: (if any)

Color muon - Mesmall

Fundus - Wolma



Gurgaon

Q Block South City 11, Sohna Road, Main Sector-47, Gurgaon, Haryana Ph. 0124-49000000 Fax: 0124-2218733 E-mail: parkmedicenters@gmail.com

● West Delhi ● South Delhi ● Faridabad ● Panipat

- Bepodrøgs 2rd x 20day



DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mrs. GEETANJALI SETHI

MR No

690298

Age/Sex

51 Years / Female

Type

: OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

14/11/2023

Reporting Date: Sample ID

14/11/2023 214757

Bill/Req. No.

Ref Doctor

24200916

Test

Result

Bio. Ref. Interval

Units

Dr.RMO Method

BLOOD SUGAR 2 HR. PP

BLOOD SUGAR P.P.

189

80 - 150

mg/dl

***** END OF THE REPORT *****

Sample no.

Dr. SONIA KUMARI MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

SONU

(This is only professional opinion and not the diagnosis, please correlate clinically) Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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DEPARTMENT OF PATHOLOGY

Patient Name

: Mrs. GEETANJALI SETHI

MR No

: 690298

Age/Sex

51 Years / Female

Type

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

14/11/2023

Reporting Date:

14/11/2023

Sample ID

214757

Bill/Req. No.

24200916

Test	Result		Ref Doctor :	Dr.RMO
		Bio. Ref. Interval	Units	Method
PHYSICAL CHARACTERSTICS	URINE ROU	TINE AND MICROSCO	PY	
QUANTITY COLOUR TURBIDITY SPECIFIC GRAVITY PH - URINE CHEMICAL EXAMINATION-1	20ml Pale Yellow Clear 1.015 7.0	5 - 100 Pale Yellow clear 1.000-1.030 5.0 - 9.0	ml	Vishal urinometer PH PAPER
UROBILINOGEN URINE PROTEIN BLOOD URINE BILIRUBIN GLUCOSE URINE KETONE MICRO.EXAMINATION	Negative Absent NIL NIL NIL NIL	NIL NIL NIL NIL NIL	mg/dl mg/dL	Ehrlich Protein error indicator GOD-POD/Benedicts SOD.
PUS CELL RED BLOOD CELLS EPITHELIAL CELLS CRYSTALS	2-4 Not Seen 2-4 NIL	0-5 0-2 0-5 NIL	cells/hpf cells/hpf cells/hpf /hpf	Microscopic

***** END OF THE REPORT ****



Sample no.

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Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

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DEPARTMENT OF HAEMOTOLOGY

Pat'ent Name

: Mrs. GEETANJALI SETHI

MR No

690298

Age/Sex

51 Years / Female

Type

Test

TPA/Corporate

OPD

: MEDIWHEEL PVT LTD

Bill Date

14/11/2023

Reporting Date: Sample ID

14/11/2023

Bill/Req. No.

214757

Ref Doctor

24200916 Dr.RMO

Result

Bio. Ref. Interval

Units

Method

BLOOD GROUPING AND RH FACTOR

BLOOD GROUP

"O"RH POSITIVE

ABO/Rh (D) SLIDE

***** END OF THE REPORT *****



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USER NM

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care providers

care providers



DEPARTMENT OF HAEMOTOLOGY

Patient Name : Mrs. GEETANJALI SETHI

MR No 690298

Age/Sex : 51 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL PVT LTD Bill Date

14/11/2023

Reporting Date:

14/11/2023

Sample ID

214757

Bill/Req. No.

24200916

Test	Result		Bio. Ref. Interval	Ref Doctor :	24200916 Dr.RMO Method
HAEI/OGLOBIN TOTAL LEUCOCYTE COUNT DIFFERENTIAL COUNT NEUTROPHILS	10.5 10500	L	12 - 15 4000-11000	gm/dL /µL	COLORIMETRY LASER FLOW
LYMPHOCYTES MONOCYTES EOSINOPHILS BASOPHILS	60 35 03 02 00		40.0 - 70.0 20.0 - 40.0 3.0 - 8.0 0.5 - 5.0 0.0 - 2.0	% % % %	FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY FLOW CYTOMETRY
RED BLOOD CELL COUNT PACKED CELL VOLUME MEAN CORPUSCULAR VOLUME MEAN CORPUSCULAR HAEMOGLOBIN MEAN CORPUSCULAR HB CONC PLATILLET COUNT RDW SAMPLE TYPE FOR C.B.C	3.7 29.1 77.6 28.1 36.1 436 15.9 Whole Blood B	L L H EDTA	3.5 - 5.5 35.0 - 50.0 83 - 101 27 - 31 33 - 37 150 - 450 11.6 - 14.5	millions/µL % fL Picogrames g/dl thou/µL %	ELECTRICAL ELECTRICAL ELECTRICAL CALCULATED CALCULATED ELECTRICAL CALCULATED

***** END OF THE REPORT *****



Sample no.

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GEETANJALI SETHI

MR No 690298

Age/Sex : 51 Years / Female

Туре : OPD

TPA/Corporate : MEDIWHEEL PVT LTD

14/11/2023

Reporting Date: 14/11/2023

Sample ID 214757

Bill/Req. No. 24200916

Test			Ref Doctor :	Dr.RMO
	Result	Bio. Ref. Interval	Units	Method
	KFT	(RENAL PROFILE)		
KFT				_
SERUM UREA	26	10 - 45	on the pro-	-
SERUM CREATININE	0.8	0.4 - 1.4	mg/dL	UREASE-GLDH
SERUM URIC ACID	5.1		mg/dL	MODIFIED JAFFES
SERUM SODIUM	139	2.5 - 7.0	mg/dL	URICASE
SER! / I POTASSIUM	3.8	135 - 150	mmol/L	ISE
SERUM CALCIUM		3.5 - 5.5	mmol/L	ISE
SERUM PHOSPHORUS	8.6	8.5 - 10.5	mg/dL	ARSENAZO III
OEI (OMIT HOSPHORUS	3.8	2.5 - 4.5	mg/dL	AMMONIUM
SAMPLE TYPE:	SERUM			

***** END OF THE REPORT *****

Sample no.

Dr. SONIA KUMARI MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

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DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. GEETANJALI SETHI

MR No 690298

Age/Sex 51 Years / Female

Туре OPD

TP#/Corporate MEDIWHEEL PVT LTD Bill Date

14/11/2023

Reporting Date:

14/11/2023

Sample ID

214757

Bill/Reg. No.

24200916

Test		······································		Ref Doctor	: Dr.RM	10
	Result		Bio. Ref. Interval	Units	***************************************	Method
LIPID PROFILE	••••	LIPII	D PROFILE			
TOTAL CHOLESTEROL SERUM TRIGLYCERIDES HDL-CHOLESTEROL VLDL CHOLESTEROL LDL LDL CHOLESTEROL/HDL RATIO TOTAL CHOLESTEROL/HDL RATIO	212 210 37 42 133 3.5 5.7	н н н н	0 - 250 60 - 165 30 - 70 6 - 32 50 - 135 1.0 - 3.0 2.0 - 5.0	mg/dL mg/dl mg/dl mg/dL mg/dl mg/dL		CHOD -Trinder GPO-TRINDER DIRECT calculated calculated calculated calculated
SAMPLE TYPE:	SERUM					

Note: ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levelsobtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy

<100

Optimal

130-159

Borderline high

>190

Very high.

Total Cholesterol

<200

Desirable

200-239

Borderline high

>240

High

HDL Cholesterol

<40

Low

>60

High

***** END OF THE REPORT *****

Sample no.

Dr. SONIA KUMARI

MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY

CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

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DEPARTMENT OF HAEMOTOLOGY

Patient Name

: Mrs. GEETANJALI SETHI

MR No

690298

Age/Sex

51 Years / Female

Type

OPD

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

14/11/2023

Reporting Date:

14/11/2023

Sample ID

214757

Bill/Req. No.

24200916

Ref Doctor

Dr.RMO

Test

Result

Bio. Ref. Interval

Units

Method

ESR (WESTERGREN)

E.S.R. - I HR.

20

0 - 20

mm/Hr.

Westergren

Note: Note

1. C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

2. Test conducted on EDTA whole blood at 37C.

3. ESR readings are auto- corrected with respect to Hematocrit (PCV) values

***** END OF THE REPORT *****

Sample no.

Dr. SONIA KUMARI MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIS

USER NM

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DEPARTMENT OF MICROBIOLOGY

Patient Name

Mrs. GEETANJALI SETHI

MR No

690298

Age/Sex

51 Years / Female

Type

Test

OPD

T?'/Corporate

MEDIWHEEL PVT LTD

Result

Bill Date

14/11/2023

Reporting Date: Sample ID

16/11/2023

214757

Bill/Req. No. Ref Doctor

Units

24200916

Bio. Ref. Interval

Dr.RMO

Method

Aerobic culture

URINE C/S

NAME OF SPECIMEN

ORGANISM IDENTIFIED

URINE (Uncentrifuged)

NO ORGANISM

GROWN IN CULTURE AFTER 48HRS OF

INCUBATION AT 37 C

DEGREE.

Method: .

Note: URINE CULTURE:

Presence of >105 cfu/ml (100000) in midstream urine sample is considered clinically significant. However in symptomatic patients or rine sample collection from catheter or patients with indwelling catheters, even a smaller count of bacteria may signify infection (100-10000cfu/ml). Kindly correlate clinically.

***** END OF THE REPORT *****

Dr. SONIA KUMARI MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

ADITYA

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DEPARTMENT OF IMMUNOLOGY

Pat ent Name

Mrs. GEETANJALI SETHI

MR No

690298

Age/Sex

51 Years / Female

Type

Test

OPD

TPA/Corporate

MEDIWHEEL PVT LTD

Bill Date

14/11/2023

Reporting Date: Sample ID

14/11/2023 214757

Bill/Req. No.

Units

24200916

Ref Doctor

Dr.RMO

Method

THYROID PROFILE

TRI-IODOTHYRONINE (T3) THYROXINE (T4)

1.13 13.8

Result

0.60 - 1.815.01 - 12.45

Bio. Ref. Interval

ng/ml

Chemiluminescence

THYROID STIMULATING HORMONE

3.59

0.5-5.50,

µg/dL

SPECIMEN TYPE

SERUM

µIU/mI

Chemiluminescence

Method: chemiluminescent immunoassay

Note: Clinical Significance:

Thyroid function tests (TFTs) is a collective term for blood tests used to check the function of the thyroid. TFTs may be requested if a atient is thought to suffer from hyperthyroidism (overactive thyroid) or hypothyroidism (underactive thyroid), or to monitor the effective

suppression or hormone replacement therapy. It is also requested routinely in conditions linked to thyroid disease, such as atrial fibr ation and anxiety disorder. A TFT panel typically includes thyroid hormones such as thyroidstimulating hormone (TSH, thyrotropin) and thyroxine (T4), and triiodothyronine (T3) depending on local laboratory policy.

Note: Please correlate with clinical condition

***** END OF THE REPORT *****

Sample no.

Dr. SONIA KUMARI MBBS, MD (PATHOLOGY) Gold medalist

Dr.ISHA RASTOGI MD, MBBS MICROBIOLOGY CONSULTANT CLINICAL MICROBIOLOGIST

USER NM

DINESH

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DEPARTMENT OF BIOCHEMISTRY

Patient Name

: Mrs. GEETANJALI SETHI

MR No

: 690298

Age/Sex

51 Years / Female

Type

: OPD

TPA/Corporate

: MEDIWHEEL PVT LTD

Bill Date

Reporting Date:

14/11/2023

Sample ID

14/11/2023 214757

Bill/Req. No.

24200916

Test				Ref Doctor	Dr.RMO
	Result		Bio. Ref. Interval	Units	Method
	LFT	(LIVER	FUNCTION TEST)		
LFT		***************************************		***************************************	
TOTAL BILIRUBIN	0.5		0 - 1.2	maldl	D1185
DIRECT BILIRUBIN	0.3		0 - 0.4	mg/dL	DIAZO
INDIRECT BILIRUBIN	0.2		0.10 - 0.6	mg/dL	DIAZO
SGOT (AST)	74	Н	0 - 45	mg/dL	CALCULATED
SGPT (ALT)	90	H	W.A. MITSIT	U/L	IFCC WITHOUT
ALKALINE PHOSPHATASE	225	Н	0 - 45	U/L	IFCC WITHOUT
TOTAL PROTEINS	6.6	П	30 - 170	IU/L	MODIFIED IFCC
ALBUMIN			6.4 - 8.0	g/dL	BIURET
GLOBULIN	4.2		3.3 - 5.5	g/dL	BCG DYE
A/G RATIO	2.4		2.3 - 4.5	g/dL	CALCULATED
A/G RATIO	1.75		1.1 - 2.2		CALCULATED
SAMPLE TYPE:	SERUM				

***** END OF THE REPORT *****



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USER NM

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NAME		MRS. GEETANJALI		
A			DATE	14 / 11 / 2023
Age Sex		51 Years / Female	MR No	
PERFORMED BY			IVIK NO	690298
. EN ONNED BY	•	Dr. ELA MADAAN	BILL NO.	24200916
				24200916

TRANS THORACIC ECHO CARDIOGRAPHY REPORT

MITRAL VALVE

Morphology AML: Normal / Thickening /Calcification/Flutter/Vegetation/Non significant Prolapse/SAM

PML: Normal / Thickening / Calcification/Prolapse/ Paradoxical Motion / Fixed.

Subvalvular deformity: Present / Absent

Doppler Normal / Abnormal

Mitral Stenosis Present / Absent

Mitral Regurgitation; Absent / Normal / Mild / Trace / Moderate / Severe

TRICUSPID VALVE

Morphology Normal / Atresia / Thickening / Clacification / Prolapse / Vegetation / Doming.

Doppler Normal / Abnormal

Tricuspid Stenosis: Present / Absent.

Tricuspid Regurgitation: Absent / Mild / Trace / Moderate

<u>PULMONARY VALVE</u>

Morphology Normal / Atresia / Thickening / Calcified / Doming / Vegetation.

Doppler Normal / Abnormal.

Pulmonary Stenosis: Present / Absent Pulmonary regurgitation: Present / Absent

<u>AORTIC VALVE</u>

Morphology Normal / Thickened / Mildly / Calcified / Flutter / Vegetation / Restricted / Opening

No. of Cusps 1/2/3/4

Doppler Normal / Abnormal

Aortic Stenosis: Present / Absent

Aortic regurgitation: Present / Absent / Mild / Trace / Moderate / Severe





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DEPARTMENT OF RADIOLOGY

Patient Name

Mrs. GEETANJALI SETHI

Reg No 690298

Age/Sex Type

51 Years / Female

OPD

Billed Date

: 14/11/2023

Reported Date

: 14/11/2023

Req. No.

: 24200916

Consultant Doctor

: Dr. RMO

X-RAY CHEST AP/PA

X-RAY CHEST P.A. VIEW

Bilateral lungs appears normal.

No focal lung lesion seen.

No evidence of free fluid is seen.

Both hila are normal in size, have equal density and bear normal relationship.

The heart and trachea are central in position and no mediastinal abnormality is visible.

The cardiac size is normal for patient age and view.

The domes of the diaphragms are normal in position, and show smooth outline.

To be correlated clinically

Dr.Anshu K.Sharma MBBS,MD CONSULTANT RADIOLOGIST

Dr,MANJEET SEHRAWAT MBBS,MD,PDCC CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA MBBS.DNB CONSULTANT RADIOLOGIST

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DEPARTMENT OF RADIOLOGY

Patient Name

Reg No

Age/Sex

Type

Mrs. GEETANJALI SETHI

690298

51 Years / Female

OPD

Billed Date

: 14/11/2023

Reported Date

: 14/11/2023

Req. No.

: 24200916

Consultant Doctor

: Dr. RMO

USG WHOLE ABDOMEN

The real time, B mode, gray scale sonography of the abdominal organs was performed.

LIVER: The liver is enlarged in size (19.0cm) and shows bright echotexture. No evidence of any focal lesion. IHBR is not dilated.

GALL BLADDER: The gall bladder is well distended. No evidence any calculus or mass seen. GB wall thickness with in normal limits. No evidence of pericholecystic fluid is seen.

BILE DUCT : The common bile duct is normal in caliber. No evidence of calculus is noted in common bile duct.

<u>SPLEEN</u>: The spleen is normal in size (8.2cm) and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

PANCREAS: The pancreas is normal in size, shape, contours and echotexture. No evidence of solid or cystic mass lesion is noted. MPD is not dilated. No evidence of peripancreatic collection.

KIDNEYS: Right kidney measures 10.0×3.6 cm. Left kidney measures 10.2×4.8 cm. The bilateral kidneys are normal in size and echotexture. Cortico-medullary differentation is maintained. There is no evidence of obvious calculus or hydronephrosis.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.

<u>UTERUS</u>: The uterus is anteverted. It measures $6.2 \times 4.5 \times 4.2$ cms. in the longitudinal, anteroposterior and transverse dimensions respectively.

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Ph.: 0124-4900000 (100 Lines), Toll Free No.: 1800-102-6767, Mob.: 62 62 82 82 35, Email: cuetage care@parkhospital.in PARK GROUP OF HOSPITALS: West Delhi - Gurugram - Faridabad - Sonipat - Panipat - Karnal - Ambala - Patiala - Mohali - Behror - Jaipur



There is evidence of multiple tiny hypoechoic lesions largest of size 10 x 7 mm in anterior myometrium s/o uterine fibroids.

The endometrial echo is in the midline and measures 5.6 mm.

The ovaries on the either side show normal echotexture.

No adnexal mass is seen. No cyst is seen in ovaries.

No evidence of ascites or interbowel free fluid is seen.

No evidence of obvious retroperitoneal or mesentric lymphadenopathy is seen.

IMPRESSION-

- -Hepatomegaly with grade II fatty liver.
- -Multiple uterine fibroids.

To be correlated clinically.

Dr.ANSHU K.SHARMA MBBS,MD CONSULTANT RADIOLOGIST Dr.MANJEET SEHRAWAT MBBS,MD,PDCO CONSULTANT RADIOLOGIST

Dr. NEENA SIKKA MBBS,DNB CONSULTANT RADIOLOGIST

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Name

: Mrs . GEETANJALI SETHI 24200916

Location

: KPL A43

Age/Gender : 51 Y(s) /Female VID

: 141123507

Registered On

: 14-11-2023 16:07

KPID

: KP0384648

Release Date

: 15-Nov-2023 15:19

Referred By

ClientId

Sample Id

: PARK HOSPITAL : 220327727

Histo Id

: A23/11158



AW-CYTOLOGY

Test

ResultUnit

Pap Smear

CYTOPATHOLOGY No.: C-1990/23

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation due to low squamous cell celularity; Endocervical /transformation zone component absent.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial - Occasional present.

Intermediate - Few present.

Inflammation – Moderate.

Atypical cells - Not possible due to low celularity.

INTERPRETATION:

- Unsatisfactory for evaluation; specimen processed and examined but unsatisfactory for evaluation of epithelial abnormality due to insufficient squamous celularity.

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.

2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.

3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

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ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investivations. 2. All investivations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result (s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action. This Report is not subject to use for any medico-legal purpose

E-8A, HAUZ KHAS, MAIN MARKET, NEW DELHI - 16 E-5A, HAUZ KHAS, MAIN MARKET, NEW DELHI - 16 A-43, Hauz Khas (Near Hauz Khas Police Stn.), New Delhi - 16, C.S. Rana Complex, I block, Sector 22, Noida (UP) Email: info@pathcareindia.com Website: www.pathcareindia.com









AN NABL ACCREDITED LAB

CAP PROFICIENCY PARTICIPATING LAB
ISO 9001: 2008 CERTIFIED DIAGNOSTIC CENTRE

LABORATORY REPORT

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MC - 2712

Sample Id : 220327727

Num Magoois

Dr.N.Magoon M.D. (Path)

Consulting Pathologist DMC Reg.No-97859

Print Date: 16-11-2023 15:12

Page:2 of 2



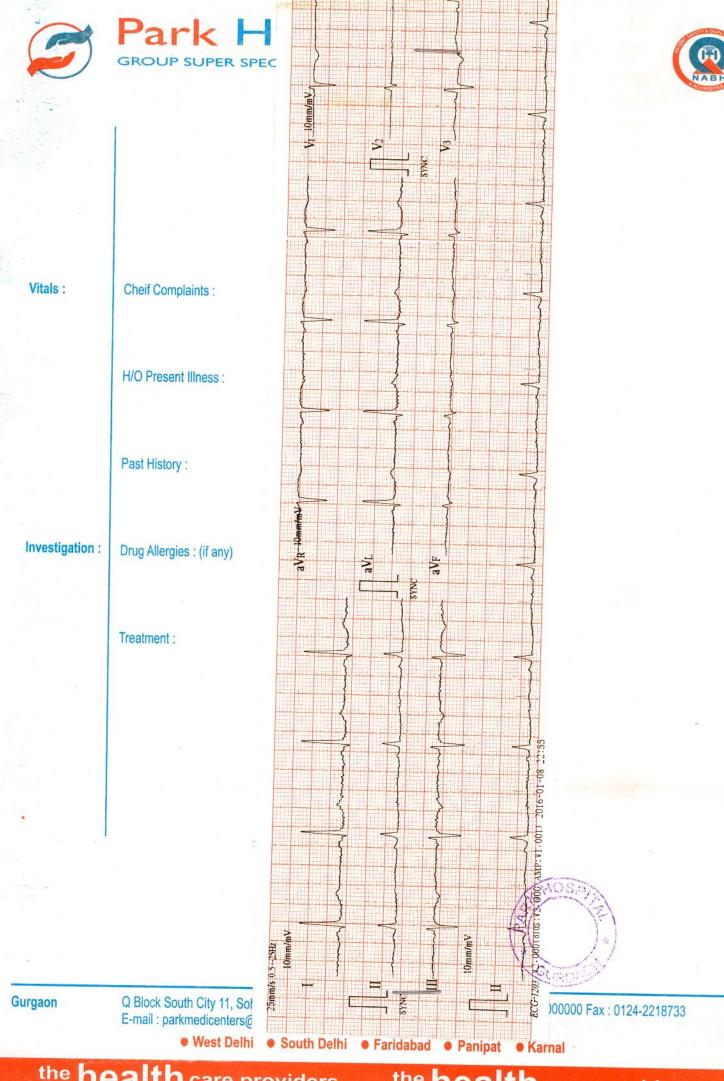
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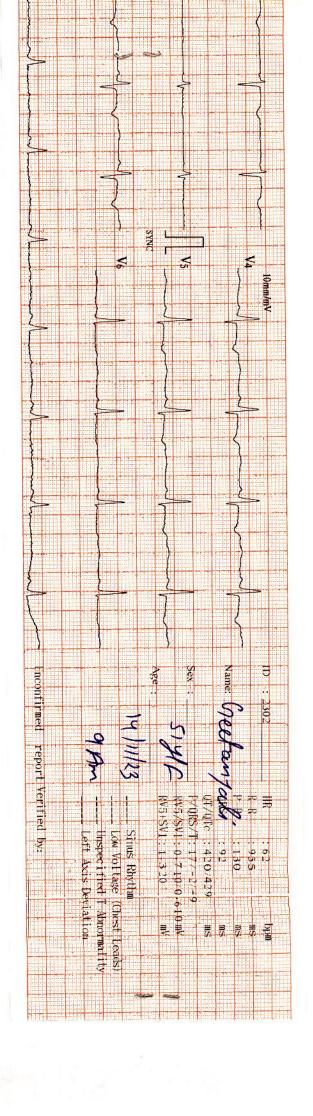
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011-46123456

9785712222







Measurements		Normal Values Measurem		ent	S	Normal Value	
IVSD LVID	: :	1.1cm 4.6cm	(0.6-1.1cm)) (3.7-5.6cm)	LA LVOT	:	4.0cm 1.5cm	(1.9-4.0cm)
LVPW	:	1.0cm	(0.6-1.1cm)	AORTA	:	2.6cm	(2.0-3.7cm)
EF Any Other	:	58%	(55% - 80%)	IVSmotion	:		Normal / Flat / Paradoxical

CHAMBERS:-

LV Normal / Enlarged / Clear / Thrombus /

Contraction Normal LV shows concentric LVH, no gradient across LVOT /Inetic / Intra capillary Regional wall motion abnormality: **Absent**/ Present

LA Normal /Enlarged / Clear /Thrombus / Myxoma; LAA: Clear / Thrombus

RA Normal / Clear / Thrombus, Dilated.

RV Normal / Mildly Dilated / Enlarged / Clear / Thrombus / Hypertrophied

PERICARDIUM Normal / Thickening / Calcification / Effusion.

COMMENTS & SUMMARY:-

- All Cardiac Chambers dimensions are within normal limits.
- Global LVEF 58%
- NO RWMA
- NORMAL LV FUNCTION
- NO LVDD
- TRACE MR
- NO AR / NO AS
- TRACE TR
- GOOD RV FUNCTION
- IAS/IVS. No Flow seen across IAS/IVS.
- No Thrombus/Mass in any chamber.
- No Pericardial Effusion.

Please correlate clinically

Dr. ELA MADAAN MBBS, PGDCC Fellowship in non Invasive Cardiology

Dr. JOGINDER S. DUHAN M.D.(Medicine) D.M (Cardiology)

Dr. SACHIN BANSAL M.D.(Medicine) D.M (Cardiology)





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