

Name : Ms. SANDHYA KINI M

Register On : 01/03/2022 7:41 AM

PID No. : CLU767503

Collection On : 01/03/2022 7:53 AM

SID No. : 922013960

Report On : 02/03/2022 6:05 PM

Age / Sex : 59 Year(s) / Female

Printed On : 03/03/2022 3:54 PM

Ref. Dr : MediWheel

OP / IP : OP



Pap Smear

SPECIMEN NO : Cy 418/2022

MICROSCOPIC FINDINGS:

ADEQUACY: Satisfactory.

PREDOMINANT CELLS: Superficial and intermediate cells.

BACKGROUND: Neutrophils.

ORGANISMS: No specific organisms.

IMPRESSION:

Inflammatory Smear.

Negative for intraepithelial lesion/ malignancy.


DR. R. NIRANJANI, MD , Pathologist
Reg No : C00846



 **बैंक ऑफ़ बड़ोदा**
Bank of Baroda

नाम
Name **एम सन्ध्या किनी**
M Sandhya Kini

E.C. No. **155277**


जारीकर्ता प्राधिकारी
Issuing Authority


M. Sandhya Kini
धारक के हस्ताक्षर
Signature of Holder



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs SANDHYA KINIM

Gender: Male Female Age: 59 years DOB: 03 / 01 / 1963

Mobile: 9845341407 Pincode: 560076

Email: SandhyaKinim@yahoo.co.in

Bar code

Vitals

To be filled by Technician

Height: 148 cms

Waist: 40 in.

Hip: 43 in.

Weight: 74.8 kg

Fat: 40.4 %

Visc. Fat: 27.0 %

RM: 1562 cal

BMI: 34.1 kg/m²

Body Age: 73 years

Sys. BP: 150 mmHg

Dia. BP: 93 mmHg

83

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No

Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Liver Disease Yes No

Cancer Yes No

Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No

Do you consume alcohol more than 2 times a week? Yes No

Do you smoke/chew tobacco? Yes No

Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No

Do you undergo a health checkup every year? Yes No

How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No

Is there a family history of Endometrial (Uterus) Cancer? Yes No

Is there a family history of Ovarian Cancer? Yes No

Do you have irregular periods? Yes No

Do you have heavy bleeding during periods? Yes No

Do you have scanty periods? Yes No

Have you attained Menopause? Yes No

Do you have children? Yes No

Was it a normal delivery? Yes No

Did you have diabetes/hypertension during delivery? Yes No

Signature:

PATIENT SUMMARY

Page 1 of 1

Patient : SANDHYA KINI M - 59/YEARS
Address : CLUMAX
Phone : +919845341407

OP Number : KA-PEC2022/345862

01/03/2022

OPTOMETRIST FINDINGS (-11:57:25)

WITH EXISTING GLASS DIST 6/6 RE 6/6 LE
WITH EXISTING GLASS NEAR N6 RE N6 LE
COLOR VISION RE Normal LE Normal

Sleeping with Contact Lens NO

DOCTOR ADVICE (DR.MANSI MEHROTRA - 11:59:40)

LIDS & ADNEXA RE: N; LE: N
PUPIL RE: RRR; LE: RRR
CORNEA RERE: CLEAR; LE: CLEAR
LENS RERE: N; LE: N
CONJUNCTIVA RERE: N; LE: N
IRIS RERE: N; LE: N
ANTERIOR CHAMBER RE:N; LE: N

OTHER RESULTS OTHER FINDINGSRE : routine check up from clumax
c/o itching (be)
k/c/o htn since 12 yrs on rx
adv
- continue same glasses
- LUBREX e/d (be) 4times/day
- review next time for dilated fundus examination

Printed On 1/3/22 12:04:47 PM

***** END *****

Thanking you for giving us an opportunity to provide you eye care services.

Female
59 Years
01.03.2022 8:41:07
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

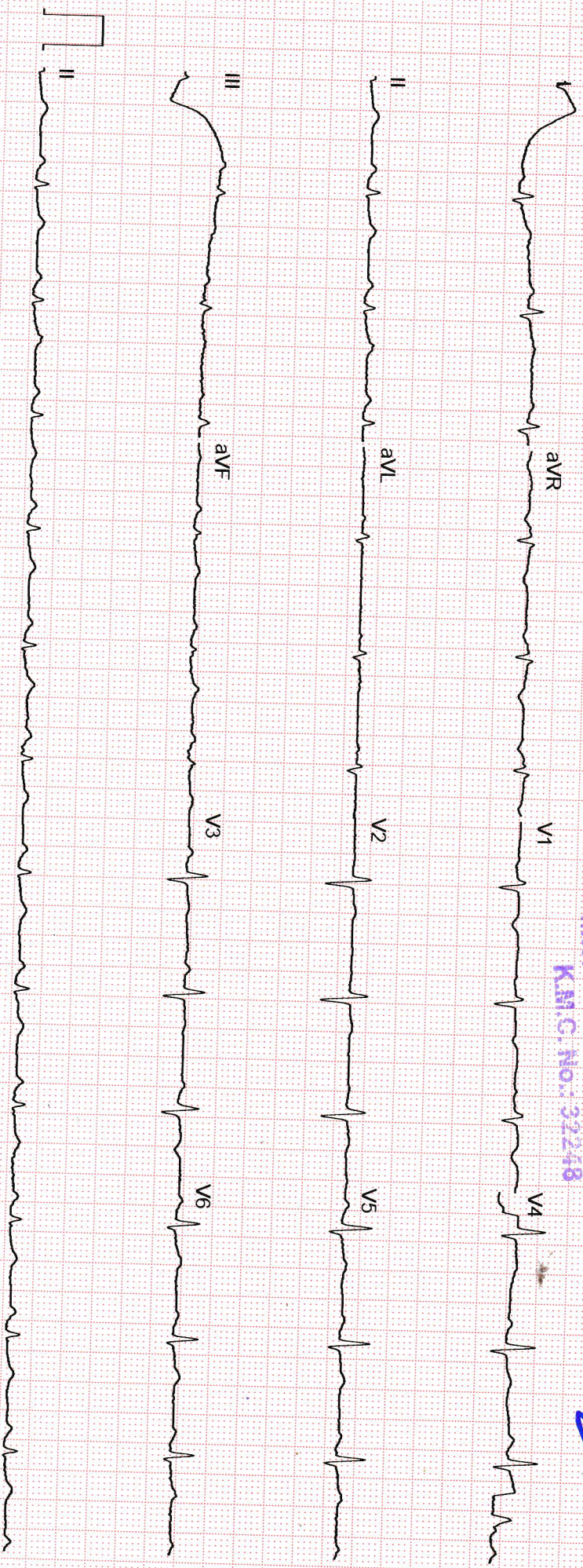
QRS : 80 ms
QT / QTcBaz : 364 / 411 ms
PR : 164 ms
P : 100 ms
RR / PP : 776 / 779 ms
P / QRS / T : 51 / 47 / 47 degrees

Needs Clinical Correlation
for further Management



Technician: koms
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:

77 bpm
--- / --- mmHg



BE-92/10
V1V2
Lm + 20°
Normal ECG
Low voltage complexes

DR. SRIDHAR L
MD (Med), (CC) Cardiol, FICCC
Interventional Cardiologist
K.M.C. No.: 32248

GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed

Name	SANDHYA KINI M	Customer ID	CLU767503
Age & Gender	59Y/F	Visit Date	Mar 1 2022 7:41AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Name	MS.SANDHYA KINI M	ID	CLU767503
Age & Gender	59Y/FEMALE	Visit Date	01/03/2022
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.3	1.6
Left Kidney	8.4	1.8

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

UTERUS is not visualized – postoperative status

OVARIES are not visualized - ? postoperative status / ? obscured by bowel gas.

No evidence of ascites.

Hernia with a defect of 1.5cms is noted in the umbilical region with omentum as its contents.

Impression:

- *Umbilical hernia.*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND DR. PRAJNA SHENOY DR. MAHESH. M. S DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/so



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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.57	cms
LEFT ATRIUM	:	2.90	cms
AVS	:	1.27	cms
LEFT VENTRICLE (DIASTOLE)	:	3.88	cms
(SYSTOLE)	:	2.61	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.10	cms
(SYSTOLE)	:	2.61	cms
POSTERIOR WALL (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.92	cms
EDV	:	65	ml
ESV	:	24	ml
FRACTIONAL SHORTENING	:	32	%
EJECTION FRACTION	:	61	%
EPSS	:		cms
RVID	:	1.76	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.64m/s 'A' -0.86m/s	TRIVIAL MR
	E/A REVERSED	
AORTIC VALVE	:1.10 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- LV DIASTOLIC DYSFUNCTION
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF : 61 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



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BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

Benign appearing bilateral axillary lymphnodes are seen, largest measuring 7 x 7mm (right) and 8 x 5mm (left).

Impression: *Essentially normal study.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/d



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Investigation **Observed Value** **Unit** **Biological Reference Interval**


HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.27	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	94.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	47.38	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	68.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	20.8	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.9	%	01 - 06


Dr. Arjun C.P
MBBS, MD Pathology
Reg. No. KMC 89655

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

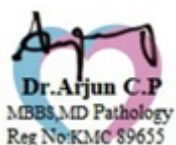
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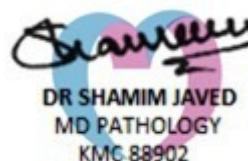
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.1	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.73	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.44	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.27	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	358	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	26	mm/hr	< 30



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.9	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.5		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	12	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	87	U/L	53 - 141
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	13	U/L	< 38

A handwritten signature in black ink, appearing to read "Shamim Javed", written over a circular stamp.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	164	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	112	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
--	-----	-------	---

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.


HDL Cholesterol (Serum/Immunoinhibition)	46	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	----	-------	--

LDL Cholesterol (Serum/Calculated)	95.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	------	-------	---

VLDL Cholesterol (Serum/Calculated)	22.4	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	118.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
---	-------	-------	--

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 148.46 mg/dL
(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

A handwritten signature in black ink, appearing to read "Shamim Javed".

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	0.904	ng/mL	0.4 - 1.81
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	7.19	µg/dL	4.2 - 12.0
--	------	-------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	1.85	µIU/mL	0.35 - 5.50
---	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Slightly Hazy		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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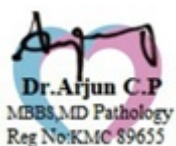
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SID No. : 922013960
Age / Sex : 59 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

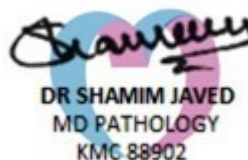
Register On : 01/03/2022 7:41 AM
Collection On : 01/03/2022 7:53 AM
Report On : 02/03/2022 6:05 PM
Printed On : 03/03/2022 3:52 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Positive(Trace)	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	4-6	/hpf	3-5
Epithelial Cells (Urine)	8-10	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil



VERIFIED BY



APPROVED BY

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BIOCHEMISTRY

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	110	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	135	mg/dL	70 - 140


INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	mg/dL	0.6 - 1.1

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.8	mg/dL	2.6 - 6.0
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 DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902
 APPROVED BY

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --