

Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85196UP1992PLC014075



Patient Name : Mrs.PUSHPA GAUTAM-55013 Registered On : 05/Aug/2023 10:11:01 Collected Age/Gender : 43 Y 0 M 0 D /F : 05/Aug/2023 10:25:42 UHID/MR NO : IDCD.0000181285 Received : 05/Aug/2023 11:15:21 Visit ID : IDCD0198372324 Reported : 05/Aug/2023 13:54:41

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF HAEMATOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method | |
|-----------|--------|------|--------------------|--------|--|
|-----------|--------|------|--------------------|--------|--|

Blood Group (ABO & Rh typing) *, Blood

Blood Group

В

Rh (Anti-D)

POSITIVE

Complete Blood Count (CBC) *, Whole Blood

| Haemoglobin | 11.80 | g/dl | 1 Day- 14.5-22.5 g/dl |
|-------------|-------|------|--------------------------|
| | | | 1 Wk- 13.5-19.5 g/dl |
| | | | 1 Mo- 10.0-18.0 g/dl |
| | | | 3-6 Mo- 9.5-13.5 g/dl |
| | | | 0.5-2 Yr- 10.5-13.5 g/dl |
| | | | 2-6 Yr- 11.5-15.5 g/dl |
| | | | 6-12 Yr- 11.5-15.5 g/dl |
| | | | 12-18 Yr 13.0-16.0 g/dl |
| | | | Male- 13.5-17.5 g/dl |

Female- 12.0-15.5 g/dl

| | | | reiliale- 12.0-15.5 g/u | |
|-----------------------------------|----------|----------------|-------------------------|-----------------------|
| TLC (WBC) | 5,700.00 | /Cu mm | 4000-10000 | ELECTRONIC IMPEDANCE |
| DLC | | | | |
| Polymorphs (Neutrophils) | 59.00 | % | 55-70 | ELECTRONIC IMPEDANCE |
| Lymphocytes | 32.00 | % | 25-40 | ELECTRONIC IMPEDANCE |
| Monocytes | 7.00 | % | 3-5 | ELECTRONIC IMPEDANCE |
| Eosinophils | 2.00 | % | 1-6 | ELECTRONIC IMPEDANCE |
| Basophils | 0.00 | % | <1 | ELECTRONIC IMPEDANCE |
| ESR | | | | |
| Observed | 24.00 | Mm for 1st hr. | | |
| Corrected | 16.00 | Mm for 1st hr. | < 20 | |
| PCV (HCT) | 36.00 | % | 40-54 | |
| Platelet count | | | | |
| Platelet Count | 2.20 | LACS/cu mm | 1.5-4.0 | ELECTRONIC |
| | | | | IMPEDANCE/MICROSCOPIC |
| PDW (Platelet Distribution width) | 15.90 | fL | 9-17 | ELECTRONIC IMPEDANCE |
| P-LCR (Platelet Large Cell Ratio) | 46.30 | % | 35-60 | ELECTRONIC IMPEDANCE |
| PCT (Platelet Hematocrit) | 0.26 | % | 0.108-0.282 | ELECTRONIC IMPEDANCE |
| MPV (Mean Platelet Volume) | 12.70 | fL | 6.5-12.0 | ELECTRONIC IMPEDANCE |
| RBCCount | | | | |
| RBC Count | 4.60 | Mill./cu mm | 3.7-5.0 | ELECTRONIC IMPEDANCE |
| Blood Indices (MCV, MCH, MCHC) | | | | |





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DEPARTMENT OF HAEM ATOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

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| | | | | |
| MCV | 78.60 | fl | 80-100 | CALCULATED PARAMETER |
| MCH | 25.70 | pg | 28-35 | CALCULATED PARAMETER |
| MCHC | 32.70 | % | 30-38 | CALCULATED PARAMETER |
| RDW-CV | 14.20 | % | 11-16 | ELECTRONIC IMPEDANCE |
| RDW-SD | 42.10 | fL | 35-60 | ELECTRONIC IMPEDANCE |
| Absolute Neutrophils Count | 3,363.00 | /cu mm | 3000-7000 | |
| Absolute Eosinophils Count (AEC) | 114.00 | /cu mm | 40-440 | |

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Patient Name : Mrs.PUSHPA GAUTAM-55013 : 05/Aug/2023 10:11:02 Registered On Age/Gender : 43 Y 0 M 0 D /F Collected : 05/Aug/2023 14:48:04 UHID/MR NO : IDCD.0000181285 Received : 05/Aug/2023 16:25:32 Visit ID : 05/Aug/2023 17:21:25 : IDCD0198372324 Reported

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--------------------------|--------|-------|--|---------|
| | | | | |
| GLUCOSE FASTING , Plasma | | | | |
| Glucose Fasting | 81.70 | mg/dl | < 100 Normal 100-125 Pre-diabetes ≥ 126 Diabetes | GOD POD |

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

| Glucose PP | 100.90 | mg/dl | <140 Normal | GOD POD |
|--------------------------|--------|-------|----------------------|---------|
| Sample:Plasma After Meal | | | 140-199 Pre-diabetes | |
| | | | >200 Diabetes | |

Interpretation:

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Patient Name : 05/Aug/2023 10:11:03 : Mrs.PUSHPA GAUTAM-55013 Registered On Collected Age/Gender : 43 Y 0 M 0 D /F : 05/Aug/2023 10:25:42 UHID/MR NO : IDCD.0000181285 Received : 05/Aug/2023 12:17:55 Visit ID : IDCD0198372324 Reported : 05/Aug/2023 15:49:03

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method | |
|-----------------------------------|-----------------|---------------|--------------------|-------------|--|
| | | | | | |
| GLYCOSYLATED HAEM OGLOBIN (HBA1C) | ** , EDTA BLOOD | | | | |
| Glycosylated Haemoglobin (HbA1c) | 5.30 | % NGSP | | HPLC (NGSP) | |
| Glycosylated Haemoglobin (HbA1c) | 34.00 | mmol/mol/IFCC | | | |
| Estimated Average Glucose (eAG) | 105 | mg/dl | | | |

Interpretation:

NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

| Haemoglobin A1C (%)NGSP | mmol/mol / IFCC Unit | eAG (mg/dl) | Degree of Glucose Control Unit |
|-------------------------|----------------------|-------------|---------------------------------------|
| > 8 | >63.9 | >183 | Action Suggested* |
| 7-8 | 53.0 -63.9 | 154-183 | Fair Control |
| < 7 | <63.9 | <154 | Goal** |
| 6-7 | 42.1 -63.9 | 126-154 | Near-normal glycemia |
| < 6% | <42.1 | <126 | Non-diabetic level |

^{*}High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

Clinical Implications:

- *Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- *With optimal control, the HbA 1c moves toward normal levels.
- *A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated *Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy





^{**}Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



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DEPARTMENT OF BIOCHEMISTRY

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Test Name Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)





^{*}Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

^{*}Pregnancy d. chronic renal failure. Interfering Factors:

^{*}Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTM ENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--|---|--|---|
| | | | | |
| BUN (Blood Urea Nitrogen) Sample:Serum | 7.50 | mg/dL | 7.0-23.0 | CALCULATED |
| Creatinine Sample:Serum | 0.89 | mg/dl | Serum 0.5-1.2 Spot Urine-Male- 20-275 Female-20-320 | MODIFIED JAFFES |
| Uric Acid Sample:Serum | 3.27 | mg/dl | 2.5-6.0 | URICASE |
| LFT (WITH GAMMA GT) *, Serum | | | | |
| SGOT / Aspartate Aminotransferase (AST) SGPT / Alanine Aminotransferase (ALT) Gamma GT (GGT) Protein Albumin Globulin A:G Ratio Alkaline Phosphatase (Total) | 28.20 19.50 20.90 6.75 4.12 2.63 1.57 88.15 | U/L U/L IU/L gm/dl gm/dl gm/dl | < 35 < 40 11-50 6.2-8.0 3.4-5.4 1.8-3.6 1.1-2.0 42.0-165.0 | IFCC WITHOUT P5P IFCC WITHOUT P5P OPTIMIZED SZAZING BIURET B.C.G. CALCULATED CALCULATED IFCC METHOD |
| Bilirubin (Total) | 0.55 | mg/dl | 0.3-1.2 | JENDRASSIK & GROF |
| Bilirubin (Direct) | 0.21 | mg/dl | < 0.30 | JENDRASSIK & GROF |
| Bilirubin (Indirect) | 0.34 | mg/dl | < 0.8 | JENDRASSIK & GROF |
| LIPID PROFILE (MINI), Serum | | | | |
| Cholesterol (Total) | 191.00 | mg/dl | <200 Desirable 200-239 Borderline High > 240 High | CHOD-PAP |
| HDL Cholesterol (Good Cholesterol) | 53.30 | mg/dl | 30-70 | DIRECT ENZYMATIC |
| LDL Cholesterol (Bad Cholesterol) | 122 | mg/dl | < 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High > 190 Very High | |
| VLDL | 15.62 | mg/dl | 10-33 | CALCULATED |
| Triglycerides | 78.10 | mg/dl | < 150 Normal 150-199 Borderline High 200-499 High >500 Very High | GPO-PAP |







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DEPARTMENT OF BIOCHEMISTRY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name Result Unit Bio. Ref. Interval Method



Dr. Shoaib Irfan (MBBS, MD, PDCC)







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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|------------------|---------|-------------------------------|---------------|
| | | | | |
| URINE EXAMINATION, ROUTINE* | , Urine | | | |
| Color | CLEAR | | | |
| Specific Gravity | 1.005 | | | |
| Reaction PH | Acidic (6.0) | | | DIPSTICK |
| Protein | ABSENT | mg % | < 10 Absent | DIPSTICK |
| | | , | 10-40 (+) | |
| | | | 40-200 (++) | |
| | | | 200-500 (+++) > 500 (++++) | |
| Sugar | ABSENT | gms% | < 0.5 (+) | DIPSTICK |
| Jugai | ADJENT | g111370 | 0.5-1.0 (++) | DII STICK |
| | | | 1-2 (+++) | |
| | | | > 2 (++++) | |
| Ketone | ABSENT | mg/dl | 0.2-2.81 | BIOCHEMISTRY |
| Bile Salts | ABSENT | | | |
| Bile Pigments | ABSENT | | | |
| Urobilinogen(1:20 dilution) | ABSENT | | | |
| Microscopic Examination: | | | | |
| Epithelial cells | 1-2/h.p.f | | | MICROSCOPIC |
| | | | | EXAMINATION |
| Pus cells | 1-2/h.p.f | | | |
| RBCs | ABSENT | | | MICROSCOPIC |
| Cook | ADCENT | | | EXAMINATION |
| Cast Crystals | ABSENT ABSENT | | | MICROSCOPIC |
| Crystals | ADSENT | | | EXAMINATION |
| Others | ABSENT | | | 270 110111011 |
| STOOL, ROUTINE EXAMINATION * | , Stool | | | |
| Color | BROWNISH | | | |
| Consistency | SEMI SOLID | | | |
| Reaction (PH) | Acidic (6.5) | | | |
| Mucus | ABSENT | | | |
| Blood | ABSENT | | | |
| Worm | ABSENT | | | |
| Pus cells | ABSENT | | | |
| RBCs | ABSENT | | | |







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| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|------|--------------------|--------|
| | | | | |
| Ova | ABSENT | | | |
| Cysts | ABSENT | | | |
| Others | ABSENT | | | |
| SUGAR, FASTING STAGE*, Urine | | | | |

gms%

Interpretation:

Sugar, Fasting stage

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

SUGAR, PP STAGE*, Urine

Sugar, PP Stage

ABSENT

ABSENT

Interpretation:

(+) < 0.5 gms%

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. Shoaib Irfan (MBBS, MD, PDCC)



Home Sample Collection 1800-419-0002



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Patient Name : Mrs.PUSHPA GAUTAM-55013 : 05/Aug/2023 10:11:03 Registered On Age/Gender : 43 Y 0 M 0 D /F Collected : 05/Aug/2023 10:25:42 UHID/MR NO : IDCD.0000181285 Received : 05/Aug/2023 12:12:17 Visit ID : 05/Aug/2023 13:28:48 : IDCD0198372324 Reported

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF IMMUNOLOGY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

| Test Name | Result | Unit | Bio. Ref. Interva | l Method |
|-----------------------------------|--------|----------------|-------------------|--------------|
| | | | | |
| THYROID PROFILE - TOTAL **, Serum | | | | |
| T3, Total (tri-iodothyronine) | 136.63 | ng/dl | 84.61–201.7 | CLIA |
| T4, Total (Thyroxine) | 9.60 | ug/dl | 3.2-12.6 | CLIA |
| TSH (Thyroid Stimulating Hormone) | 2.09 | μlU/mL | 0.27 - 5.5 | CLIA |
| | | | | |
| Interpretation: | | · | | |
| · · | | 0.3-4.5 μIU/n | nL First Trimes | ster |
| | | 0.5-4.6 μIU/n | nL Second Trir | nester |
| | | 0.8-5.2 μIU/n | nL Third Trime | ester |
| | | 0.5-8.9 μIU/n | nL Adults | 55-87 Years |
| | | 0.7-27 μIU/n | nL Premature | 28-36 Week |
| | | 2.3-13.2 μIU/n | nL Cord Blood | > 37Week |
| | | 0.7-64 μIU/n | | z - 20 Yrs.) |
| | | 1-39 μIU | /mL Child | 0-4 Days |
| | | 1.7-9.1 μIU/r | | 2-20 Week |

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8**) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Bring

Dr. Anupam Singh (MBBS MD Pathology)







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Patient Name : Mrs.PUSHPA GAUTAM-55013 Registered On : 05/Aug/2023 10:11:05

 Age/Gender
 : 43 Y 0 M 0 D /F
 Collected
 : N/A

 UHID/MR NO
 : IDCD.0000181285
 Received
 : N/A

Visit ID : IDCD0198372324 Reported : 05/Aug/2023 12:47:08

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

DEPARTMENT OF X-RAY

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

X-RAY DIGITAL CHEST PA *

(500 mA COMPUTERISED UNIT SPOT FILM DEVICE)

DIGITAL CHEST P-A VIEW

- Prominent aortic knuckle seen.
- Mildly hyperinflated bilateral lower lung fields seen.
- Soft tissue shadow appears normal.
- Bony cage is normal.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Pulmonary vascularity & distribution are normal.
- Pulmonary parenchyma did not reveal any significant lesion.

Please correlate clinically

Dr. Anil Kumar Verma

MBBS,DMRD

Report prepared by - lomas

(This report is a professional opinion & not a diagnosis Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding radiological correlation of clinical findings).

Dr. Anil Kumar Verma (MBBS,DMRD)







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Visit ID : IDCD0198372324 Reported : 05/Aug/2023 12:34:52

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DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) *

LIVER

- Liver is normal in size (~ 140 mm) with grade-I fatty changes with few areas of focal fat sparing.
- The intra-hepatic biliary radicles are normal.
- Portal vein is normal in caliber.

GALL BLADDER & CBD

- The gall bladder is normal in size and has regular walls. Lumen of the gall bladder is anechoic. No wall
 thickening or pericholecystic fluid noted.
- Visualised proximal common bile duct is normal in caliber.

PANCREAS

 The pancreas is normal in size and shape and has a normal homogenous echotexture. Pancreatic duct is not dilated.

KIDNEYS

- Both the kidneys are normal in size and echotexture.
- Atleast two small concretions seen at mid & lower polar region of right kidney.
- The collecting system of both the kidneys is normal and cortico-medullary demarcation is clear.

SPLEEN

• The spleen is normal in size and has a normal homogenous echo-texture.

LYMPH NODES

• No significant lymph node noted.

URINARY BLADDER

• Urinary bladder is well distended. Bladder wall is normal in thickness and is regular.



Home Sample Collection 1800-419-0002



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DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

UTERUS & CERVIX

- The uterus is anteverted & ~ approx 83 x 37 x 36 mm.
- It has a homogenous myometrial echotexture.
- The endometrial echo is in mid line & ~ approx 7.1 mm.
- Cervix appear normal in size & ~ approx 34 x 28 mm.

ADNEXA & OVARIES

- Adnexa appear normal.
- Both ovaries are normal in size and echotexture.

IMPRESSION

• Grade-I fatty changes in liver.

Report prepared by- shanaya

Dr. Anil Kumar Verma

MBBS, DMRD

(This report is a professional opinion & not a diagnosis. Kindly intimate us immediately or within 7 days for any reporting / typing error or any query regarding sonographic correlation of clinical findings)

*** End Of Report ***

(**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)



Dr. Anil Kumar Verma (MBBS,DMRD)

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing *

*Facilities Available at Select Location





1800-419-0002



Add: Indra Deep Complex, Sanjay Gandhi Puram, Faizabad Road, Indira Nagar

Ph: 7706041643,7706041644 CIN: U85110DL2003PLC308206



Patient Name

: Mrs.PUSHPA GAUTAM-55013

Registered On

: 05/Aug/2023 10:11AM

Age/Gender

: 43 Y 0 M 0 D /F

Collected : 05/Aug/2023 03:22PM

UHID/MR NO Visit ID

: IDCD.0000181285 : IDCD0198372324

Received Reported : 06/Aug/2023 10:37AM : 06/Aug/2023 03:32PM

Ref Doctor

: Dr.Mediwheel - Arcofemi Health Care Ltd. -

Status : Final Report

Contract By

: MEDIWHEEL - ARCOFEMI HEALTH CARE

LTD.[52610]CREDIT

DEPARTMENT OF CYTOLOGY

M EDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

SPECIMEN:

PAP SMEAR

CYTOLOGY NO:

196/23-24

GROSS:

Two unstained smears received & stained by papanicolau's technique.

MICROSCOPIC: Smears show fair number of superficial & intermediate squamous epithelial cells all showing unremarkable cytology on background of few neutrophils. No endocervical cells seen. No atypical cells seen.

IMPRESSION:

SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

*** End Of Report ***

(*) Test not done under NABL accredited Scope, (**) Test Performed at Chandan Speciality Lab.

Result/s to Follow:

ECG / EKG, Tread Mill Test (TMT)

Dr. Surbhi Lahoti (M.D. Pathology)

Dr. Nirupma Lal MD(Pathology)

This report is not for medico legal purpose. If clinical correlation is not established kindly repeate the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, onomammography, Bone Mineral Density (BMD), Doppler Studies, 2S Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV). Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Service 65 Days Open



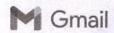






Start





Health Check up Booking Request(bobE42640), Beneficiary Code-55013

1 message

Mediwheel <wellness@mediwheel.in> To: anurag.idc@gmail.com

Cc: customercare@mediwheel.in

Sat, Jul 22, 2023 at 11:35 AM



011-41195959

5/8/23 PC-2640 Email:wellness@mediwheel.in

Dear Chandan Healthcare Limited,

City: Lucknow. Address: Indradeep Comlex, Saniay Gandhi Puram. We have received the confirmation for the following booking .

Name : MRS. PUSHPA GAUTAM

Ade

Gender : Female

Package Name : Medi-Wheel Full Body Health Checkup Female Above 40

: Nr. Udhyog Bhavan, GANDHINAGAR, Gujarat, 382011 **User Location**

Contact Details : 9450023732 **Booking Date** : 22-07-2023 Appointment Date: 05-08-2023

| | Member Information | | | |
|--------------------|-------------------------|--------|--------------|--|
| Booked Member Name | Age. | Gender | Cost(In INR) | |
| MRS. PUSHPA GAUTAM | 41 | Female | Cashless | |
| | Total amount to be paid | | Cashless | |

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name

Tests included in

this Package

Medi-Wheel Full Body Health Checkup Female Above 40 - Includes

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Gynec Consultation, Blood Sugar Postprandial, Dental Consultation, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Pap Smear, Fasting Blood Sugar, Ultrasound Whole Abdomen, Glycosylated Haemoglobin (hba1c), Mammography, Hdl, VIdl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4,

Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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