



Patient Details

UHID : AFD000018884
 Patient Name : MRS. BHUVANESWARAN LATHIKA
 Age / Gender : 33 Yrs 5 Mth / FEMALE / 01-09-1989
 Company : Acrofemi Healthcare Ltd
 Address : FLAT NO-G1102. BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA

Bill Date : 11-02-2023 09:52:36
 Bill No. : AFDHC230000262
 Receipt No. : AFDPR230004309

Service Details

| S. No. | Investigation | Rooms | Remarks |
|--------|--|-------|---------------|
| 1 | MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS DR. PHC HEAD | | |
| 2 | CBC-1(COMPLETE BLOOD COUNT) | | |
| 3 | ESR | | |
| 4 | URINE. ROUTINE EXAMINATION | | |
| 5 | STOOL ROUTINE EXAMINATION | | <i>infusc</i> |
| 6 | * BLOOD GROUP (ABO & RH) | | |
| 7 | GLUCOSE PLASMA (FASTING) | | |
| 8 | GLUCOSE PLASMA (PP) POST PRANDIAL | | <i>12:00</i> |
| 9 | GLYCATED HAEMOGLOBIN (HBA1C) | | |
| 10 | THYROID PROFILE (FT3+FT4+TSH) | | |
| 11 | LIPID PROFILE | | |
| 12 | KFT/RFT-KIDNEY/RENAL PANEL 1 | | |
| 13 | LIVER FUNCTION TESTS (LFT) | | |
| 14 | ECG | | |
| 15 | 2D ECHO DR. MITHILESH KUMAR | | |
| 16 | USG-BREAST BOTH | | |
| 17 | XRAY-CHEST P.A. | | <i>infusc</i> |
| 18 | PAP SMEAR | | |
| 19 | USG-FOR WHOLE ABDOMEN | | |
| 20 | OPD Consultation-Internal Medicine DR. MUKUND SINGH | | |
| 21 | OPD Consultation-Gynae DR. CHANCHAL GUPTA / DR. MALA DIXIT | | |
| 22 | OPD Consultation-Dental DR. RAVJOT AHUJA | | |
| 23 | OPD Consultation-Ophthal DR. UPASANA | | |

Prepared By : MS. PRIYANKA MOURYA


FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|---|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : <input type="checkbox"/> PHC : <input type="checkbox"/> |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003398 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 11 51 |
| | | Reporting Date & Time | : 11-02-2023 14 28 |

HAEMATOLOGY REPORTING

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

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS
CBC -1 (COMPLETE BLOOD COUNT)

| | | | | |
|---|---|------|---------------|-------------|
| TOTAL LEUCOCYTE COUNT (Flow Cytometry) | | 4.8 | thousand/cumm | 4 - 11 |
| RED BLOOD CELL COUNT (Hydro Dynamic Focusing) | | 4.2 | million/cumm | 3.8 - 4.8 |
| HAEMOGLOBIN (SLS Hb Detection) | | 12.4 | g/dL | 12 - 15 |
| PACK CELL VOLUME (Cumulative Pulse Height Detection) | | 36.7 | % | 36 - 46 |
| MEAN CORPUSCULAR VOLUME | | 88.1 | fL | 83 - 101 |
| MEAN CORPUSCULAR HAEMOGLOBIN | | 29.7 | pg | 27 - 32 |
| MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION | | 33.7 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT (Hydro Dynamic Focusing) | | 234 | thousand/cumm | 150 - 400 |
| RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Ryckle Size Distribution) | H | 54.9 | fL | 39 - 46 |
| RED CELL DISTRIBUTION WIDTH (C.V.) | H | 17.5 | % | 11.6 - 14 |

DIFFERENTIAL LEUCOCYTE COUNT

| | | | | |
|------------------|--|----|-----------|---------|
| NEUTROPHILS | | 63 | % | 40 - 80 |
| LYMPHOCYTES | | 31 | % | 20 - 40 |
| MONOCYTES | | 5 | % | 2 - 10 |
| EOSINOPHILS | | 1 | % | 1 - 5 |
| BASOPHILS | | 0 | % | 0 - 1 |
| ESR (Westergren) | | 6 | mm 1st hr | 0 - 20 |

**** End of Report ****
IMPORTANT INSTRUCTIONS

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

DR. REETU JADHAV NAGE


DR. REETU JADHAV NAGE
 MBBS, DCP, DNB (PATHOLOGY)
 CONSULTANT PATHOLOGIST



FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09:52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : If PHC : |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003378 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 11:04 |
| | | Reporting Date & Time | : 11-02-2023 14:30 |

CLINICAL PATH REPORTING

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

Sample Type: Urine

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

URINE, ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | | |
|-----------|--|-------------|--|-------------|
| QUANTITY | | 60 mL | | |
| COLOUR | | Pale yellow | | Pale Yellow |
| TURBIDITY | | Clear | | |

CHEMICAL EXAMINATION

| | | | | |
|---|--|----------|--|---------------|
| PH (Double pH indicator method) | | 5.0 | | 5.0 - 8.5 |
| PROTEINS (Protein-error-of-indicators) | | Negative | | Negative |
| SUGAR (GOD POD Method) | | Negative | | Negative |
| SPECIFIC GRAVITY, URINE (Apparent pKa change) | | 1.010 | | 1.005 - 1.030 |

MICROSCOPIC EXAMINATION

| | | | | |
|------------------|--|-----|------|-------|
| LEUCOCYTES | | 0-1 | /HPF | 0 - 5 |
| RBC's | | Nil | | |
| EPITHELIAL CELLS | | 1-2 | | |
| CASTS | | Nil | | |
| CRYSTALS | | Nil | | |

**** End of Report ****

IMPORTANT INSTRUCTIONS

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MBBS, DCP, DNB (PATHOLOGY)
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FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : # PHC : |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003399 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 11 51 |
| | | Reporting Date & Time | : 11-02-2023 14 34 |

BLOOD BANK REPORTING

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

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

BLOOD GROUP (ABO & RH)

| | |
|-----------|----------|
| ABO GROUP | "O" |
| RH TYPE | POSITIVE |

Forward grouping done by slide method.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|-----------------------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : <input type="checkbox"/> If PHC |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003400 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 11 51 |
| | | Reporting Date & Time | : 11-02-2023 14 22 |

Sample Type Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

KFT/RFT- KIDNEY/RENAL PANEL 1

| | | | | |
|--|----------|------|---------|-----------|
| BLOOD UREA (Hemo-GLUK, Krate) | | 16 | mg/dL | 15 - 45 |
| CREATININE-SERUM (Modified Jaffe & Kinetic) | L | 0.5 | mg/dL | 0.6 - 1.1 |
| SODIUM-SERUM (Indirect Ion-Selective Electrode) | | 136 | m.mol/L | 135 - 145 |
| POTASSIUM-SERUM (Indirect Ion-Selective Electrode) | | 3.8 | m.mol/L | 3.5 - 5.1 |
| CHLORIDE-SERUM (Indirect Ion-Selective Electrode) | | 105 | m.mol/L | 98 - 107 |
| GLUCOSE-PLASMA (FASTING) (UV Hexokinase) | | 85.2 | mg/dL | 70 - 100 |

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.
(As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

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FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : IF PHC : |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003428 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 14 42 |
| | | Reporting Date & Time | : 11-02-2023 16 41 |

BIOCHEMISTRY REPORTING

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

Sample Type: Plasma

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

| | | | | |
|--|--|-------|-------|----------|
| GLUCOSE-PLASMA (POST PRANDIAL) (LV HENDIKAWSE) | | 105.0 | mg/dL | 70 - 140 |
|--|--|-------|-------|----------|

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.
(As per American Diabetes Association recommendation)

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

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FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--|
| Bill No. | : AFBCB230000508 | Bill Date | : 11-02-2023 13:22 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : <input type="checkbox"/> If PHC <input type="checkbox"/> |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFB23050606 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 13:48 |
| | | Reporting Date & Time | : 13-02-2023 11:17 |

HAEMATOLOGY REPORTING

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

Sample Type: EDTA Whole Blood

GLYCATED HAEMOGLOBIN (HBA1C)

| | | | | |
|--------------|--|-----|---|-------------|
| HBA1C (HPLC) | | 5.2 | % | 4.27 - 6.07 |
|--------------|--|-----|---|-------------|

INTERPRETATION:

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

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

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant

FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFBCB230000508 | Bill Date | : 11-02-2023 13:22 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : If PHC : |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFB23050605 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 13:48 |
| | | Reporting Date & Time | : 11-02-2023 14:48 |

SEROLOGY REPORTING

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

Sample Type: Serum

THYROID PROFILE (FT3+FT4+TSH)

| | | | | |
|---|--|------|-------|-----------|
| FREE-TRI IODO THYRONINE (FT3) (ECLIA) | | 2.90 | pg/mL | 2.0-4.4 |
| FREE -THYROXINE (FT4) (ECLIA) | | 1.42 | ng/dL | 0.9-1.7 |
| THYROID STIMULATING HORMONE (TSH) (ECLIA) | | 1.40 | mIU/L | 0.27-4.20 |

**** End of Report ****

IMPORTANT INSTRUCTIONS

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

Shilpa

DR. SHILPA G
MD, PATHOLOGY
Sr Consultant


FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : If PHC : |
| Ref. Consultant | : DR. PHC HEAD | Ward / Bed | : / |
| Sample ID | : AFD23003400 | Current Ward / Bed | : / |
| | | Receiving Date & Time | : 11-02-2023 11 51 |
| | | Reporting Date & Time | : 11-02-2023 14 22 |

BIOCHEMISTRY REPORTING

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

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

| | | | | |
|--|---|-------|-------|--|
| CHOLESTROL-TOTAL (CHO-P00) | | 153 | mg/dL | 0 - 160 |
| HDL CHOLESTROL Enzymatic Immunoassay | L | 42 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT Enzymatic Selective Protection | H | 109 | mg/dL | 0 - 100 |
| S.TRYGLYCERIDES (GPO - P00) | | 60 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | | 111.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 3.6 | | 1/2 Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0 |
| LDL CHOLESTROL / HDL CHOLESTROL | | 2.6 | | 1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1 |
| CHOLESTROL-VLDL | | 12 | mg/dL | 10 - 35 |

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
 1. Cigarette smoking.
 2. Hypertension.
 3. Family history of premature coronary heart disease.
 4. Pre-existing coronary heart disease.

**** End of Report ****
IMPORTANT INSTRUCTIONS

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


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FINAL REPORT

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| Bill No. : | AFDHC230000262 | Bill Date : | 11-02-2023 09:52 |
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| Age / Gender : | 33 Yrs 5 Mth / FEMALE | Patient Type : | If PHC : |
| Ref. Consultant : | DR. PHC HEAD | Ward / Bed : | / |
| Sample ID : | AFD23003400 | Current Ward / Bed : | / |
| | | Receiving Date & Time : | 11-02-2023 11:51 |
| | | Reporting Date & Time : | 11-02-2023 14:22 |

BIOCHEMISTRY REPORTING

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

Sample Type: Serum

MEDIWHEEL PKG FOR FEMALE ABOVE 40YRS

LIVER FUNCTION TESTS (LFT)

| | | | | |
|--|---|-------|-------|--|
| BILIRUBIN-TOTAL (DPO) | | 0.55 | mg/dL | 0.2 - 1.0 |
| BILIRUBIN-DIRECT (DPO) | | 0.11 | mg/dL | 0 - 0.2 |
| BILIRUBIN-INDIRECT | | 0.44 | mg/dL | 0.2 - 0.8 |
| S.PROTEIN-TOTAL (BLURE) | | 7.1 | g/dL | 6 - 8.1 |
| ALBUMIN-SERUM (Dye Binding-Bromocresol Green) | | 4.2 | g/dL | |
| S.GLOBULIN | | 2.9 | g/dL | 2.8-3.8 |
| A/G RATIO | L | 1.45 | | 1.5 - 2.5 |
| ALKALINE PHOSPHATASE (PCC AMP BUFFER) | | 50.3 | IU/L | 42 - 98 |
| ASPARTATE AMINO TRANSFERASE (PCC) | | 15.2 | IU/L | 10 - 42 |
| ALANINE AMINO TRANSFERASE (PCC) | | 14.4 | IU/L | 10 - 40 |
| GAMMA-GLUTAMYLTRANSPEPTID (PCC) | | 12.7 | IU/L | 7 - 35 |
| LACTATE DEHYDROGENASE (PCC, L-P) | | 158.8 | IU/L | 0 - 248 |
| CHOLESTROL-TOTAL (CHO-PGD) | | 153 | mg/dL | 0 - 160 |
| HDL CHOLESTROL Enzymatic Immuno-inhibition | L | 42 | mg/dL | >45 |
| CHOLESTROL-LDL DIRECT Enzymatic Selective Protection | H | 109 | mg/dL | 0 - 100 |
| S.TRYGLYCERIDES (GPO - PGD) | | 60 | mg/dL | 0 - 160 |
| NON-HDL CHOLESTROL | | 111.0 | mg/dL | 0 - 125 |
| TOTAL CHOLESTROL / HDL CHOLESTROL | | 3.6 | | 1/2 Average Risk <3.3 Average Risk 3.3 - 4.4 2 Times Average Risk 4.5 - 7.1 3 Times Average Risk 7.2-11.0 |
| LDL CHOLESTROL / HDL CHOLESTROL | | 2.6 | | 1/2 Average Risk <1.5 Average Risk 1.5-3.2 2 Times Average Risk 3.3-5.0 3 Times Average Risk 5.1-6.1 |
| CHOLESTROL-VLDL | | 12 | mg/dL | 10 - 35 |

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
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- Major risk factors which adversely affect the lipid levels are:
 - Cigarette smoking.
 - Hypertension.
 - Family history of premature coronary heart disease.
 - Pre-existing coronary heart disease.

**** End of Report ****

IMPORTANT INSTRUCTIONS

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



FINAL REPORT

| | | | |
|-----------------|------------------------------|-----------------------|--------------------|
| Bill No. | : AFDHC230000262 | Bill Date | : 11-02-2023 09 52 |
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | UHID | : AFD000018884 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Patient Type | : OPD |
| Ref. Consultant | : DR. PHC HEAD | Ward | : |
| Sample ID | : AFD23003429 | Current Bed | : |
| | | Reporting Date & Time | : 14-02-2023 12 39 |
| | | Receiving Date & Time | : 11/02/2023 14.43 |

CYTOPATHOLOGY REPORTING

Pap smear (Manual no. P-09/23)

Specimen type: Conventional Cervico-vaginal smear

Specimen adequacy: Satisfactory for evaluation, with endocervical or transformation zone component

Comment: Smears show mainly superficial and intermediate squamous epithelial cells. Few endocervical cells are also noted. Along with this, there are sheets of polymorphonuclear cells are present. RBCs are present in background. Normal bacterial flora seen. Reactive inflammatory changes seen.

No candida and trichomonas present.

No atypical cells or granulomas seen.

Interpretation / Result: Negative for intraepithelial lesion or malignancy (NILM), Reactive changes associated with inflammation

(Note: Report as per the 2014 Bethesda system for reporting cervical cytology).

***** End of Report *****

DR. REETU JADHAV NAGE
MBBS, DCP, DNB
(PATHOLOGY)
CONSULTANT PATHOLOGIST

NBS. Gathika

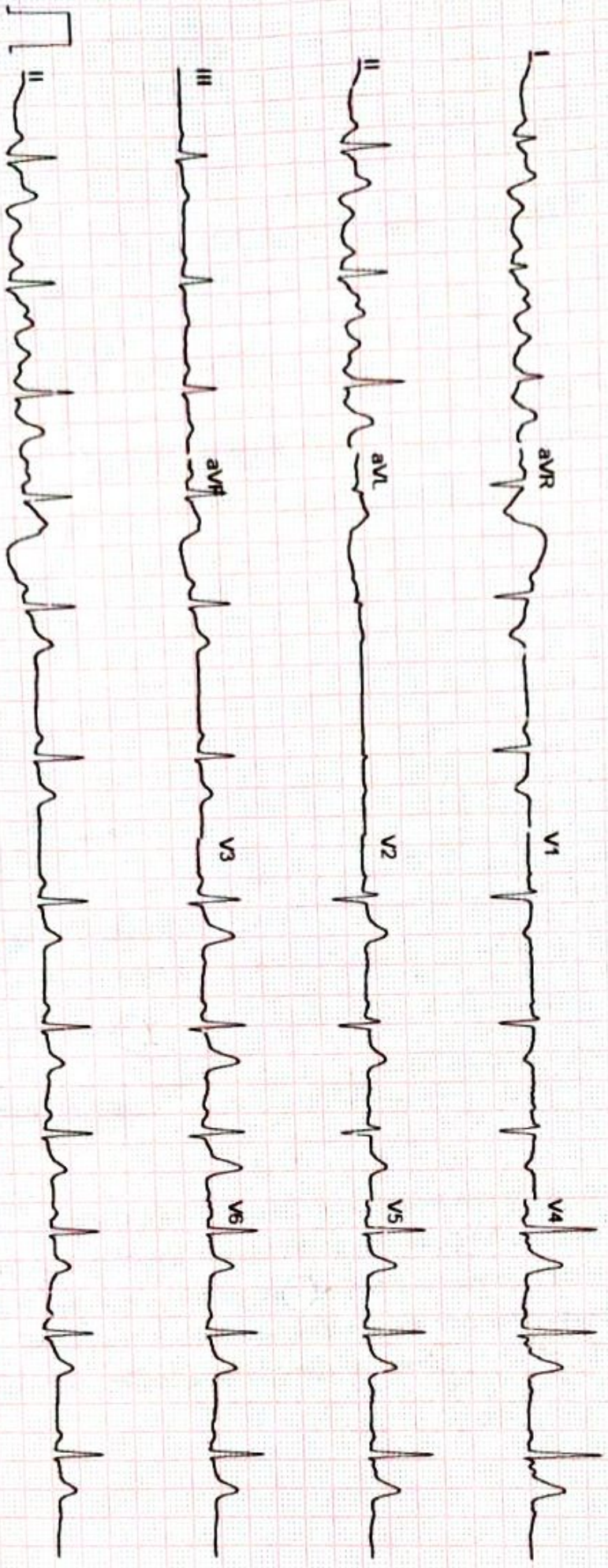
09.02.2023 11:23:54
ASIAN FIDELIS HOSPITAL
SEC-88 FARIDABAD HARYANA
RPS CITY

Room
Order Number
Indication
Medication 1
Medication 2
Medication 3

Sinus rhythm with marked sinus arrhythmia
Otherwise normal ECG

Technician
Ordering Ph.
Referring Ph.
Attending Ph.

QRS : 76 ms
QT / QTcBaz : 372 / 418 ms
PR : 134 ms
P : 94 ms
RR / PP : 792 / 789 ms
P / QRS / T : 63 / 66 / 54 degrees



MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz

Unconfirmed
4x2 5x3_25_R1



NON INVASIVE CARDIOLOGY

| | | | |
|--------------|------------------------------|----------------|-----------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : |
| Age | : 33 Yrs 5 Mth | UHID | : AFD000018884 |
| Gender | : FEMALE | Bill No. | : AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEADAsian Fidelis | Bill Date | : 11-02-2023 09:52:36 |
| Ward | : | Room No. | : |
| | | Procedure Date | : 13-02-2023 09:35:59 |

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

| MEASUREMENTS | ABSOLUTE VALUE | | NORMAL VALUE |
|-----------------------|----------------|--------|------------------------|
| Aortic Root Diameter | 2.3 | | 2.0-3.7cm < 2.2cm/M2 |
| Aortic Valve Opening | N | | 1.5-2.6cm |
| Left Atrial Dimension | 2.6 | | 1.9-4.0cm < 2.2cm/M2 |
| RV Dimensions | N | | 0.7-2.6cm |
| RV thickness | N | | 0.3-0.9cm |
| LV ED Dimension | 4.0 | | 3.7-5.6 cm < 3.2cm /M2 |
| LV ES Dimension | 2.6 | | 2.2-4.0 cm |
| IVS thickness | ED - 0.6 | ES-0.8 | 0.6-1.2cm |
| LVPW Thickness | ED - 0.7 | ES-1.0 | 0.5-1.1cm |
| IVS/ LVPW Ratio | N | | |
| Mitral Valve | DE-N | EF -N | |

| INDICES OF LV FUNCTION | | |
|------------------------|-------------|----------------|
| EPSS | | <9mm |
| FS% | | 24-42% |
| LV Ejection Fraction | 60 % | 60+/-6% |

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally. Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.



NON INVASIVE CARDIOLOGY

| | | | |
|---------------------|------------------------------|-----------------------|-----------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : |
| Age | : 33 Yrs 5 Mth | UHID | : AFD000018884 |
| Gender | : FEMALE | Bill No. | : AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEADAsian Fidelis | Bill Date | : 11-02-2023 09:52:36 |
| Ward | : | Room No. | : |
| | | Procedure Date | : 13-02-2023 09:35:59 |

MORPHOLOGICAL DATA

| | | | |
|---------------------------|--------|-------------------------|--------|
| Mitral Valve : AML PML | Normal | Interatrial Septum | Intact |
| Aortic Valve | Normal | Interventricular Septum | Intact |
| Tricuspid Valve | Normal | Pulmonary Artery | Normal |
| Pulmonary Valve | Normal | Aorta | Normal |
| Right Ventricle | Normal | Right Atrium | Normal |
| Left Ventricle | Normal | Left Atrium | Normal |

DOPPLER STUDY

| | m/s | m/s | | |
|--------------------|---------|-------|----|-----|
| MITRAL VELOCITY | E-0.8 | A-0.5 | MR | 0/4 |
| TRICUSPID VELOCITY | 1.8 m/s | | TR | 0/4 |
| AORTIC VELOCITY | 1.1 m/s | | AR | 0/4 |
| PULMONARY VELOCITY | 0.9 m/s | | PR | 0/4 |
| PA Pressure | | | | |



NON INVASIVE CARDIOLOGY

| | | | | |
|--------------|------------------------------|----------------|---|---------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : | |
| Age | : 33 Yrs 5 Mth | UHID | : | AFD000018884 |
| Gender | : FEMALE | Bill No. | : | AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEAD Asian Fidelis | Bill Date | : | 11-02-2023 09:52:36 |
| Ward | : | Room No. | : | |
| | | Procedure Date | : | 13-02-2023 09:35:59 |

COLOUR FLOW MAPPING

No valvular regurgitation.

FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal cardiac chamber dimension.
3. Normal cardiac valves.
4. Normal mitral inflow pattern.
5. IVC-1.1 cm with > 50 % collapse.
6. No clot/mass/vegetation/PE.


DR. MADHVI S. KUMAR
MBBS (Diploma in Cardiology),
Consultant Cardiologist

HMC-HN19723

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

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

Prepare By.
MADHVI.S



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : **ULTRASOUND**

| | | | |
|--------------|------------------------------|------------|-----------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : |
| Age | : 33 Yrs 5 Mth | UHID | : AFD000018884 |
| Gender | : FEMALE | Bill No. | : AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEADAsian Fidelis | Bill Date | : 11-02-2023 09:52:36 |
| Ward | : | Room No. | : |
| | | Print Date | : 11-02-2023 10:14:37 |

USG WHOLE ABDOMEN

FINDINGS:

- Liver is normal in size (longitudinal span 11.6 cm), contour and echotexture. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 10.8 x 4.1 cm. The left kidney measures 10.4 x 3.5 cm. **Concretions are seen involving upper pole of the both kidneys.**
- The Urinary Bladder is minimally distended.
- Suboptimally visualized uterus appears normal. No obvious adnexal mass lesion noted.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

IMPRESSION:

- **No significant abnormality is detected in abdomen and pelvis.**

Please correlate clinically.

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

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

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



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

| | | | |
|--------------|------------------------------|------------|-----------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : |
| Age | : 33 Yrs 5 Mth | UHID | : AFD000018884 |
| Gender | : FEMALE | Bill No. | : AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEADAsian Fidelis | Bill Date | : 11-02-2023 09:52:36 |
| Ward | : | Room No. | : |
| | | Print Date | : 11-02-2023 13:53:04 |

USG BOTH BREASTS

PROTOCOL:

High resolution ultrasound examination of both breasts was performed with 10 to 12-MHz linear probe.

FINDINGS:

Both breasts perenchyma appears normal. No focal lesion or collection seen.

Both the nipples are normal in position with normal posterior shadowing.

No significant axillary lymphadenopathy seen.

Skin and subcutaneous tissues are unremarkable on both sides.

IMPRESSION: BIRADS – I.

Please correlate clinically.

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

Prepare By.
BHANOO


DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

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



DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

| | | | | |
|--------------|------------------------------|------------|---|---------------------|
| Patient Name | : MRS. BHUVANESWARAN LATHIKA | IPD No. | : | |
| Age | : 33 Yrs 5 Mth | UHID | : | AFD000018884 |
| Gender | : FEMALE | Bill No. | : | AFDHC230000262 |
| Ref. Doctor | : DR. PHC HEADAsian Fidelis | Bill Date | : | 11-02-2023 09 52:36 |
| Ward | : | Room No. | : | |
| | | Print Date | : | 18-02-2023 11:25:54 |

CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

Please correlate clinically.

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

Prepare By.
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD
CONSULTANT

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

OPD Assessment Form (Print and Follow-up)



| | | | |
|--------------|---|---------------|------------------------|
| Name | : MRS. BHUVANESWARAN LATHIKA | UHID No. | : AFD000018884 |
| HUSBAND | : RANJIT R. SONI | Date | : 11-02-2023 09:50:10 |
| Age / Gender | : 33 Yrs 5 Mth / FEMALE | Doctor / Unit | : DR. MUKUND SINGH / |
| CPG | : CORPORATE CASHAIMS2122_FD | Department | : INTERNAL MEDICINE_FD |
| Inst. Name | : Acrofemi Healthcare Ltd | | |
| Address | : FLAT NO-G1102, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA | | |

PHC

Present Complaints:

| | |
|-------------------|-------------|
| BP (mm Hg) | 110/70 mmHg |
| Pulse | 83 bpm |
| RR | SpO2 - 98% |
| Ht/Length | |
| Wt. | 69.2 kg |
| Pain Score (1-10) | |

Past/Family History:

None

History Given By : *Self*

Clinical Findings : *None*

| |
|---------------------|
| Any known Allergies |
| <i>Replan</i> |

Provisional Diagnosis : *None*

DR. MUKUND SINGH, MBBS, DNB, CONSULTANT-INTERNAL MEDICINE_FD, Reg. No: BMC-35607

Asian Fidelis Multispeciality Hospital OPD Timing: Mon - Sat : 10:00am-04:00pm.

Note : Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Reports reviewed

⇒ Renal concretion

Ad - Drink lots of water

Plan Of Care :

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)

Not Required

Signature of Doctor / Consultant: _____ Date: _____ Time: _____

Dr. Mukund Singh
Consultant Internal Medicine
Asian Fidelis Speciality Hospital
RPS Savana City, Sector-88
Faridabad-121002, Haryana
MBBS 2004 DNB (Medicine) 2010
MCI-IMR/11/1006

10-11 Non Car

Dr. Chanchal Gupta
MBBS, DNB (Obs & Gynae)
FMAS, FICOG
HOD & Senior Consultant
Obstetrics & Gynaecology

Asian Fidelis Multi Speciality Hospital
RPS Savana, RPS City, Sector - 88,
Faridabad, Haryana - 121002
Mobile: +91 - 9871102894
E-mail: chanchal.gupta@asianfidelis.com
Website: www.asianfidelis.com

OPD Assessment Form (Print visit/visit)

(A unit of "Pristine Infracon Private Limited)

Name : MRS. BHUVANESWARAN LATHIKA
HUSBAND : RANJIT R. SONI
Age / Gender : 33 Yrs 5 Mth / FEMALE
CPG : CORPORATE CASHAIMS2122_FD
Inst. Name : Acrofemi Healthcare Ltd
Address : FLAT NO-G1102, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA

UHID No. :
Date : 11-02-2023 09:50:10
Doctor / Unit : DR. CHANCHAL GUPTA / DR. MALA DIXIT /
Department : OBS / GYNAE

Otre

Health check up

Present Complaints:

had 17/1/23
RNP

Recurrent vaginal itching

Trying for conception

BP (mm Hg) 114/70 mm Hg
Pulse 83.61 M
RR SpO2 - 98%
Wt- 69.2 kg
Pain Score (1-10)

Past/Family History:

Pt - 2 boys. 1 girl.
FD. 1 girl

PA Soft

History Given By :

Clinical Findings :

P/S Co (H)

P/V. ~~no @ @ @ @ @~~
wt bulky (68 gm)

Any known Allergies

Provisional Diagnosis :

DR. CHANCHAL GUPTA / DR. MALA DIXIT, MBBS, DNB, FMAS, FICOG, Sr. Consultant & Head-OBS / GYNAE, Reg. No: HN

Note :
Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom.

Investigations Advised :

Adv.

- T Follicle ——— °

x 2 months

- Fertile period explained

D10-18.

Plan Of Care :

↓
Ry

Treatment Advice:

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:..... Date:..... Time:.....

OPD Assessment Form (First visit/Follow-up)



Name : MRS. BHUVANESWARAN LATHIKA UHID No. : AFD000018884
HUSBAND : RANJIT R. SONI Date : 11-02-2023 09:50:10
Age / Gender : 33 Yrs 5 Mth / FEMALE Doctor / Unit : DR. RAVJOT AHUJA /
CPG : CORPORATE CASHVAIMS2122_FD Department : DENTAL
Inst. Name : Acrofemi Healthcare Ltd
Address : FLAT NO-G1102, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA

Present Complaints:

Pt. came for routine dental checkup

BP (mm Hg) 110/20 mm Hg
Pulse 83 bpm
RR 5/02-98+
Ht/Length
Wt- 69.2 kg
Pain Score (1-10)

Past/Family History:

Any known Allergies

History Given By :

Clinical Findings :

Stains ++
Calculus ++

Provisional Diagnosis : Plaque induced gingivitis

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Treatment Advice: *Adv. Scaling & Polishing*

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: *11/2/23* Time:

OPD Assessment Form (First visit/Follow-up)



Name : MRS. BHUVANESWARAN LATHIKA
 HUSBAND : RANJIT R. SONI
 Age / Gender : 33 Yrs 5 Mth / FEMALE
 CPG : CORPORATE CASHWAIMS2122_FD
 Inst. Name : Acrofemi Healthcare Ltd
 Address : FLAT NO-G1102, BPTP RESORT, SEC-75, FARIDABAD, HARYANA, INDIA

UHID No. : AFD000018884
 Date : 11-02-2023 09:50:10
 Doctor / Unit : DR. UPASANA /
 Department : OPHTHALMOLOGY

Present Complaints: *do Routine checkup.*

BP (mm Hg) *110/70 mmHg*
 Pulse *83 bpm*
 RR *SpO2 - 98%*
 Ht/Length
 Wt- *69.2 kg*
 Pain Score (1-10)

Past/Family History:

Nil

History Given By :

Clinical Findings :

*VA 6/6
 Cyl. 6/6*

abs @ @

no f approx.

Provisional Diagnosis :

Myopia / CVS.

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :
 Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.
WHEN TO OBTAIN URGENT CARE : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash, breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

Plan Of Care :

Risk
Sign
explained


Treatment Advice:

same glasses

20/20/20 Rule . / Click n blink

(BT) Refresh tears old IHH
Review for I/O (Diabetic/)
glucose

Nutritional Screening : Required (If required, please contact, the dietician)
Not Required

Signature of Doctor / Consultant:  Date: 11/2/23 Time: 1:10