





## METRO HOSPITAL & HEART INSTITUTE

(A unit of Sunhill Hospitals Private Ltd.), CIN No. U33201DL2006PTC156918

Reg. Off: 21, Community Centre, Preet Vihar, Delhi - 92

GST No.: 05AAKCS5409G1ZD

Plot No. F-1, Sector-6A, SIDCUL, Ranipur, Haridwar (UK) - 249403, www.metrohospitals.com

Phone No.: 01334-239040, 239042, 239053 BILL OF SUPPLY (OUTPATIENT CREDIT BILL)

Bill No Name Age/Sex

Address

Comp Name

Tel

MHWOP/202229287 Mrs. Shraddha Singh

37 Y /Female Mediwheel, Haridwar Uttarakhand India

8755655070

Date/Time UHID

11/03/2023 08:40 MHWID/2023004099

Category CASH Req. Dr.

Dr. ANIL SINGH

MEDIWHEEL#ARCOFEMI HEALTH LTD. (MEDIWHEEL\_HARIDWAR)

HEALTH CARE SERVICES Req. No. AMOUNT(Rs.) Package - MediWheel Full Body Health Checkup Female Below 40(Rs.1900)Feb2022) CBC (COMPLETE BLOOD COUNT/HAEMOGRAM) 1900.00 10342885 ESR 10342885 URINE ROUTINE ANALYSIS 10342885 STOOL ROUTINE EXAMINATION 10342885 BLOOD GROUP 10342885 BLOOD SUGAR -FASTING 10342885 URINE SUGAR 10342885 BLOOD SUGAR -PP 10342885 HBIAC 10342885 THYROID PROFILE 10342885 LIPID PROFILE 10342885 KFT (KIDNEY FUNCTION TEST) 10342885 LET (LIVER FUNCTION TEST) 10342885 (CG) 80100613 MILECHO 80100613 X RAY CHEST PA View 70222359

70222359

10342885

Patient No 1

Patient No 1

Bill Amount: 1900.00 Net Bill Amt Credit: 1900.00

Credit Bill Towards MEDIWHEEL#ARCOFEMI HEALTH LTD. an Amount of Rupees One Thousand Nine Hundred Only

Signature of Patient/Attendant... Relation with patient— Contact No— Run Date: 11/03/2023 08:40

USC WHOLE ABDOMEN

Dr. Physician Consultation (Second Visit)

Dr. Eye Consultation (Second Visit)

PAP SMEAR



#### For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.



## Health Check up Booking Confirmed Request(bobE30987), Package Code-PKG10000228, **Beneficiary Code-13337**

1 message

Mediwheel <wellness@mediwheel.in> To: contactshraddha2@gmail.com Cc: mediwheelwellness@gmail.com

Mon, Mar 6, 2023 at 14:49



011-41195959 Email:wellness@mediwheel.in

### Dear MRS. SINGH SHRADDHA,

Please find the confirmation for following request.

**Booking Date** 

: 25-02-2023

Package Name

: Medi-Wheel Full Body Health Checkup Female Below 40

Name of

Diagnostic/Hospital Metro Hospital & Heart Institute

Address of

Plot No. F - 1, Sector 6A, SIDCUL Sector 8A, Road, Integrated Industrial

Diagnostic/Hospital Estate, BHEL Township

Contact Details

: 8191902625

City

: Haridwar

State

: Uttarakhand

Pincode

: 249403

Appointment Date : 11-03-2023

Confirmation

: Confirmed

Status **Preferred Time** 

: 8:00am-8:30am

Comment

: APPOINTMENT TIME 8:00AM

### Instructions to undergo Health Check:

- 1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- 2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- 3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
- 4. Please bring all your medical prescriptions and previous health medical records with you.
- 5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

### For Women:

- 1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- 2. It is advisable not to undergo any Health Check during menstrual cycle.

# Metro Hospital & Heart Institute, Haridwar

Health Check-up Certificate

COMPANY
EMPLOYEE NO. 90039 DEPTT. Operation SDATE. 11/2/23
NAME Straddha Sugh AGE/SEX 37/A DOB 02/1/1986
Of he dolla tuth
DESIGNATION Bursen Agre MOBILE NO 5755655 070
DESIGNATION
CHEST (INSP)cm. CHEST (EXP)cm. CHEST EXPANSIONcm
HEIGHT 16.0 cm. WEIGHT 50 Kg. BMI P/R 8.9 per mt. BP 90/60 mmHg sign of EMP
HEIGHT cm. WEIGHT
p/p 84 per mt. BP 90 60 mmHg sign of EMP
THE PROPERTY OF THE PROPERTY O

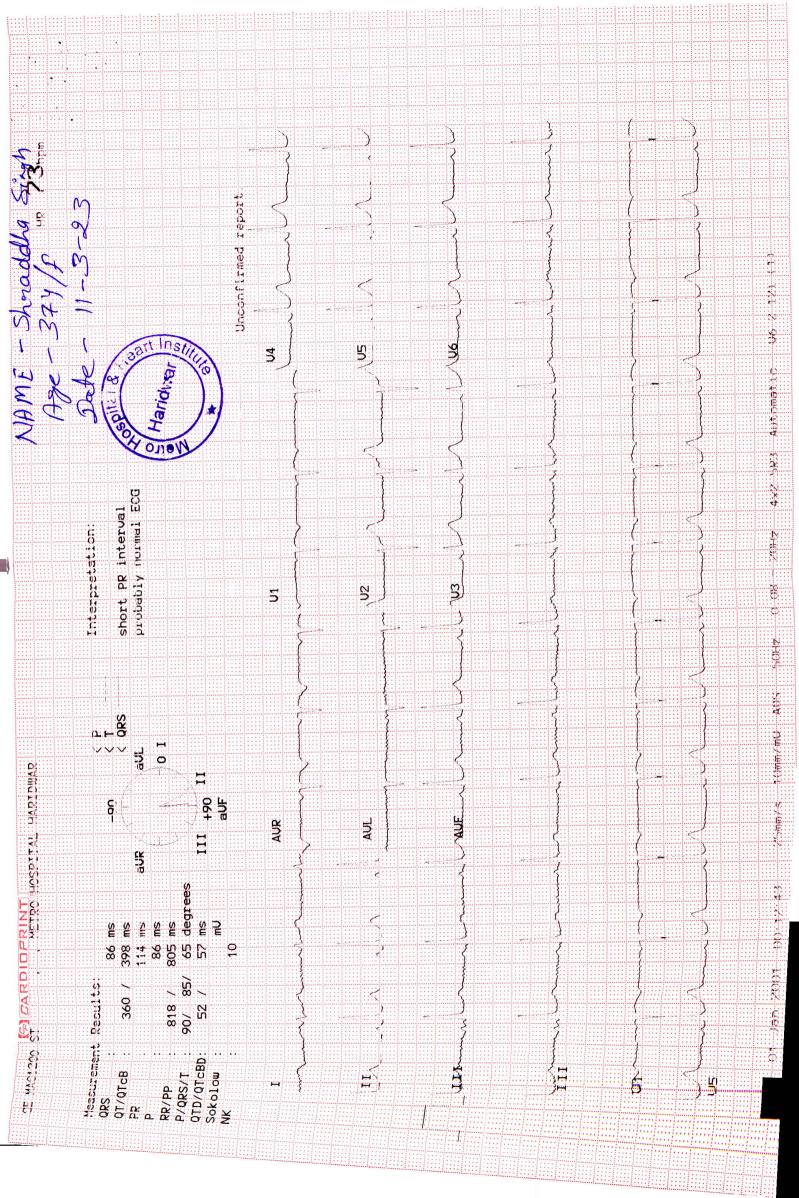
## **EXAMINATION/INVESTIGATIONS**

No	Investigations	Room No	Result
1.	LAB INVESTIGATIONS	Path Lab	Hb 11-4 gm4. TLC 7640 /DLC 68 >4.3/6/1.> F 93-9PP IVV /RBS
-	BLOOD SUGAR F/PP/RANDOM	Path Lab	F 93. PP IN /RBS
-	BLOOD GROUP / HSAIC	Path Lab	O+ ABAICSIT
2	URINE '	Path Lab	Alb NIL   Sugar NIL owa/cyet - Nor feen.
3	STOOL	Path Lab	owa cyst - Nor seen.
4	X RAY CHES,T PA	Radiology	NA)
5/	ULTRASONOGRAPHY (Whole Abd)	Radiology	Normal Shidy
6	ECG,	Health check up	Will
7	ECHO	Radiology	Monnal Shidy -
8	TMT	Radiology	
9	PFT	Health check up	
10	AUDIOMETRY	25	
11	ENT EXAM	25	
WARM	DENTAL EXAMINATION	24	ble of we No one
13	ACUITY OF VISION/COLOUR VISION	13	Drief Ed michib er
14	EXAMINATION BY PHYSICIAN	23	for Hypothypridian.
U25	Thyroid drobbe	- WAL	TO A STATE OF THE PAIN
Obs	servations - Kft - WNL		्राज्यांचल विद्यागित ANL SINGH, HGBS, AFIH, DHA

Advice PAP Smear

EH 0- PW7/HIN/WI

Occupational Health Specialist DEC HE SESTHIKMO!





## LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011- 41195959

Dear Sir / Madam,

## Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS	
	MRS. SINGH SHRADDHA	
NAME	90039	
EC NO.	SINGLE WINDOW OPERATOR A	
DESIGNATION	HARIDWAR,JWALAPUR	
PLACE OF WORK	02-01-1986	
BIRTHDATE	11-03-2023	
PROPOSED DATE OF HEALTH	11-03-2020	
CHECKUP	22M90039100045874E	
BOOKING REFERENCE NO.	22M90039100043874E	

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **02-03-2023** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



### SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
i Iric Acid	Uric Acid
HBA1C	HBA1C
	Routine urine analysis
Routine urine analysis USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
	Mammography (above 40 years)
PSA Male (above 40 years)	and Pap Smear (above 30 years)
Thursid Drofile (T2 T4 TCH)	Dental Check-up consultation
Thyroid Profile (T3, T4, TSH)	Physician Consultation
Dental Check-up consultation	Eye Check-up consultation
Physician Consultation	Skin/ENT consultation
Eye Check-up consultation Skin/ENT consultation	Gynaec Consultation



# Metro Hospital & Heart Institute

**OPD CONSULTATION** 

(A unit of Sunhill Hospital Private Limited)

- WANGE MARKETON	Shrackha.	Singh	Age/Sex	37 + Reg. No
Patient Name		. , ,		
Doctor's Name	SWMIL			
Date 1 0 8 23				Time

### **OPHTHALMIC EXAMIATION**

VISION

DISTANCE VISION-

29/em lt 6/6

**NEAR VISION-**

Rt NIL

LE 116

COLOUR VISION - Normal

EYE EXAMINATION

Cornea

**Ant Chamber** 

**Pupil** 

**Fundus Examination** 

ADVICE-

- W.H.C





(NABH & ISO 9001: 2008 Certified)

### **Radiology Investigation Report**

Name Ref. By : Mrs. Shraddha Singh

IP/OP **Date** 

: Dr. ANIL SINGH : OP/202229287 : 11/03/2023

Age/Sex **UHID NO** 

: 37 Y/F

Request No

: 2023004099 : 70222359

#### **USG WHOLE ABDOMEN**

The diaphragm is normal in contour & respiratory excursion. There is no ascitis or lymph node mass.

Liver is normal in shape, outline & echotexture. No focal lesion of abnormal ecogenecity is seen. Intrahepat biliary radicles are not dilated. Portal vein & portal venous radicles are normal.

Gall bladder is well distended, its outlines are smooth & its wall are not thick. No calculus /mass lesion is see in its lumen. Common bile duct is normal in course & caliber. No calculus is seen in its lumen.

Spleen & pancreas appears normal in shape, size, outline & echotexture.

Both the kidneys are normal in shape, size, outline & echotexture. Renal parenchymal thickness is norma Corticomedullary junction is defined & is normal. There is no hydronephrosis. No echogenic renal calculus seen.

Urinary bladder is normal in contour & capacity. Bladder wall is not thick. No pathological filling defect / vesici calculus is seen in bladder. Ureterovesical junctions appear normal.

Uterus is normal in size shape, outline & echotexture. Myometrial & endometrial echoes are normal. No uterin mass is seen. Both the ovaries appear normal. There is no free fluid seen in cul de sac.

**IMPRESSION**: NORMAL STUDY

CONSULTANT RADIOLOGIST

1 of 1

Not Valid for medical-legal purposes.

This is a professional opinion based on imaging finding and not the diagnosis.

In case of any discrepancy due to machine error or typing error, please get it rectified immediately.

11-Mar-23 10:20 AM



### **Radiology Investigation Report**

Name Ref. By : Mrs. Shraddha Singh : Dr. ANIL SINGH

IP/OP Date

: OP/202229287 : 11/03/2023

Age/Sex

: 37 Y/F

**UHID NO** 

: 2023004099

**Request No** : 70222359

#### X-RAY CHEST PA View

Trachea is central.

Bilateral hila are normal in size & density.

Cardiac silhouette is normal.

Bilateral lung fields are clear.

Bilateral Costophrenic angles are normal.

Bilateral domes of diaphragm are normal in position & contour.

Bones and soft tissues are normal.

IMPRESSION : Normal skiagram

DR.PRAK MBBS, DMRD

CONSULTANT RADIOLOGIST

Not Valid for medical-legal purposes. This is a professional opinion based on imaging finding and not the diagnosis. In case of any discrepancy due to machine error or typing error, please get it rectified immediately.



(A unit of Sunhill Hospitals Private Limited)

Age/Sex : 37 Y/F (ISO & NABH Certified)
UHID : 2023004099

Request No. : 10342885 Sample Time : 08:58

Reporting Time: 20:25

Name : Mrs. Shraddha Singh
Ref. By : Dr. ANIL SINGH
IP/OP : OP/202229287

**Sample Date** : 11/03/2023 **Reporting Date**: 11/03/2023

### Test

### Result Unit Bio. Ref. Inter. Test Method

Biocnemistry			
LFT (LIVER FUNCTION TEST	)		
BILIRUBIN INDIRECT	0.52	mg/dl	0.2-0.8
SGOT	30.0	U/L	10-42
SGPT	28.0	U/L	10-42
BIILIRUBIN TOTAL	0.67	mg/dl	0.2-1.0
ALKALINE PHOSPHATASE	103.0	IU/L	28-111
BILIRUBIN DIRECT	0.15	mg/dl	0.1-0.4
TOTAL PROTEIN	7.1	gm/dl	6.4-8.2
ALBUMIN	4.1	g/dl	3.5-5.0
GLOBULIN	3.0	gm/dl	2.0-4.0
AG RATIO	1.3		-
KFT (KIDNEY FUNCTION TES	ST)		
UREA	21.0	mg/dl	15-45

GLOBULIN	3.0	gm/dl	2.0-4.0
AG RATIO	1.3		2
KFT (KIDNEY FUNCTIO	N TEST)		
UREA	21.0	mg/dl	15-45
SODIUM	139.0	mmol/L	135-155
CREATININE	0.66	mg/dl	0.6-1.3
URIC ACID	4.5	mg/dl	3.0-7.6
BUN	10.0	mg/dl	05-20
POTTASSIUM	4.2	mmol/L	3.5-5.5
CALCIUM	9.1	mg/dl	8.5-10.5

### Serology & Immunology

THYROID PROFILE		
T3	2.07	nmol/L 1.70-3.10
T4	13.5	μg/dl 5.95-15.4
TSH	1.69	μIU/L 0.46-4.68

\*\*\* End of Reports \*\*\*

Dr.Vishal Arora MBBS, DCP (Consultant Pathologist)



#### Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- 4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency: +91 8191902600, Phone: 01334 - 239040 / 42 / 43, Fax: 01334 - 239043 E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com



: Mrs. Shraddha Singh

Ref. By : Dr. ANIL SINGH

IP/OP : OP/202229287 Sample Date : 11/03/2023 Reporting Date: 11/03/2023 (A unit of Sunhill Hospitals Private Limited)
Age/Sex : 37 Y/F (ISO & NABH Certified)

UHID : 2023004099

Request No. : 10342885 Sample Time : 08:58 Reporting Time: 20:25

Test	Result	Unit Bio. Ref.	<b>Inter. Test Method</b>
------	--------	----------------	---------------------------

### Hematology

**BLOOD GROUP** 

Name

ABO

Rh POSITIVE

ESR 17 mm/hr 20

### **Stool Examination**

STOOL ROUTINE EXAMINATION MACROSCOPIC EXAMINATION

COLOUR YELLOWISH -NA
CONSISTENCY SEMI SOLID -NA
BLOOD ABSENT -NIL
MUCUS NIL -NIL

MICROSCOPIC EXAMINATION

**PUS CELLS** 0 - 1-NIL **RBC** NIL -NIL **VEGETABLE CELLS** NIL -NIL **OVA** ABSENT -NIL **CYSTS** NIL -NIL **OTHERS** NIL -NIL

\*\*\* End of Reports \*\*\*

Dr.Vishal Arora MBBS, DCP (Consultant Pathologist)



#### Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- 4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).



(A unit of Sunhill Hospitals Private Limited)

Age/Sex : 37 Y/F (ISO & NABH Certified)
UHID : 2023004099

Request No. : 10342885 Sample Time : 08:58 Reporting Time: 20:25

Name : Mrs. Shraddha Singh Ref. By : Dr. ANIL SINGH IP/OP : OP/202229287 Sample Date : 11/03/2023

Reporting Date: 11/03/2023

### Test

### Result Unit Bio. Ref. Inter. Test Method

### Urine Examination

URINE SUGAR NIL URINE ROUTINE ANALYSIS PHYSICAL EXAMINATION

COLOUR PALE
YELLOW
TRANSPARENCY CLEAR
S. GRAVITY 1.025
CHEMICAL EXAMINATION

ALBUMIN NIL
SUGAR NIL
pH 6.0
BLOOD NIL
KETONE NIL
MICROSCOPIC EXAMINATION

**PUS CELLS** 2-4 **EPITHELIAL CELLS** 6-7 **RBC** NIL **CRYSTALS** NIL **CAST** NIL **BACTERIA** NIL AMORPHOUS PHOSPHATE NIL AMORPHOUS URATES NIL

\*\*\* End of Reports \*\*\*

Dr.Vishal Arora MBBS, DCP (Consultant Pathologist)



#### Note:

- These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- 4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency: +91 8191902600, Phone: 01334 - 239040 / 42 / 43, Fax: 01334 - 239043 E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com



**Pathology Report** 

Name : Mrs. Shraddha Singh Ref. By : Dr. ANIL SINGH

IP/OP : OP/202229287 Sample Date : 11/03/2023 Reporting Date: 11/03/2023 (A unit of Sunhill Hospitals Private Limited)

Age/Sex : 37 Y/F (ISO & NABH Certified)

CIN No: U33201DL2006PTC156918

UHID : 2023 004099

Request No. : 10342885

Sample Time : 08:58 Reporting Time: 20:25

Test	Result	Unit	Bio. Ref. Inter. Test Method
Biochemistry			
HB1AC BLOOD SUGAR -PP BLOOD SUGAR -FASTING LIPID PROFILE	5.7 100.0 93.0	% mg/dl mg/dl	4.5-6.3 70.0-140.0 70.0-110.0
TOTAL CHOLESTEROL HDL-CHOLESTEROL LDL TRIGLYCERIDES VLDL CHOL/HDL Ratio	155.0 40.0 100.0 76.0 15.0 3.8	mg/dl mg/dl mg/dl md/dl mg/dl	00-250.0 00-50.0 00-150.0 30-150 0-50 -<4.5

\*\*\* End of Reports \*\*\*

Dr.Vishal Arora MBBS, DCP (Consultant Pathologist)



#### Note:

- 1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported
  to Lab urgently for recheck and manual typing errors.
- 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- 4. All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).



### **2D ECHOCARDIOGRAPHY**

Name:	Mrs. Shraddha Singh	UHID0 No:	. 2023004099
Age/Sex:	37Y/F	Ward:	OPD
Referred by:	Dr. Anil Singh	Date:	11.03.2023

**ACOUSTIC WINDOW: Normal** 

#### **MEASUREMENTS AND CALCULATIONS**

Measurements	Observed Value	Reference Value
IVS (ED)	0.9	(0.6 – 1.1 cm)
LVPW (ED)	0.8	(0.6 – 1.1 cm)
LVID (ED)	3.6	Male (3.7 – 5.5 cm) Female (3.7 – 5.2 cm)
Aortic root diameter	2.4	(2.0 – 3.7 cm)
LA dimension	2.9	Male (1.9 – 4.0 cm) Female (1.7 – 3.8 cm)
LV EF	60%	(55 – 75%)

### MORPHOLOGICAL DATA

Mitral valve	Normal	Right Atrium	Normal
Aortic valve	Normal	Right Ventricle	Normal
Tricuspid valve	Normal	PA	Normal
Pulmonary valve	Normal	IVS	Intact
		IAS	: Intact

### DOPPLER STUDY

Valve	Regurges	Velocities (cm/s)	Gradients (mmHg)
Mitral	Trace	E-96, A-72, E/A>1	
Aortic	Nil	Vel – 129	
Tricuspid	Trace	Vel – 189	PASP - 20
Pulmonary	Nil	Vel – 85	

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency: +91 8191902600, Phone: 01334 - 239040 / 42 / 43, Fax: 01334 - 239043 E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office: 21, Community Center, Preet Vihar, New Delhi-110092 CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



#### FINAL IMPRESSION

- Normal Acoustic Window
- Normal Chambers Dimensions
- No RWMA
- LVEF~60%
- No LVDD
- Trace MR, Trace TR, PASP 20 mmHg
- · No pericardial effusion
- No Intracardiac clot

Dr. Krishna CK

MD, DNB (Medicine), DNB (Cardiology) Consultant Interventional Cardiology UKMC Reg. No: 12883 Dr. Ajit Kumar

MBBS, PGDCC \*
Associate Consultant, Cardiology
UKMC Reg. No: 7569

(Note: This document is not for medico-legal purpose)



Patient Name

: Ms.SHARDDHA SINGH

Sample Collected Date

: Mar,11/2023

DOB/Age/Gender: 37 Year"S/Female

Test Description

PLATELETS COUNT:-

RDW:-

Report Date

: Mar,11/2023

Pateint ID

: 12

Report Time

: 08:20 PM

Referred By	:	Dr.

Value(S)

Unit(S)

Lakh/cu mm

Refrence Range

Complete Blood Count &:{C.B.C.} HAEMATOLOGY					
Hemoglobin:-	11.4	mg/dl	11.516.0		
TLC:- DLC:-	7.640	Cells/cumm	4.000—11.000		
Neutrophils:-	68.0	%	45 - 75		
Lymphocytes:-	24.3	%	25 - 45		
Eosinophils:-	6.0	%	1 - 6		
Monocytes:-	1.70	%	2 - 8		
Basophils:-	0.00	%	<2		
RED BIOOD CELLS Count:R.B.C:	4.01	Million/cu/mm	3.5 - 5.5		
PACKED CELL VOLUME (HCT) P.C.V	38.3	%	36 - 52		
MEAN CELLS VOLUME:(M.C.V):	83.3	f1	80 - 100		
MEAN CELLS HEMOGLOBIN:M.C.H	24.2	Pg	27 - 32		
MEAN CELLS HEMGRAM CONCENTRATION:-1	М.С.Н.С; <b>29.0</b>	gm/dl	31 - 37		

\*End Of Report\*\*\*

3.03

15.2

1.50 - 4.50

Plot No. F-1, Sector-6A, SIDCUL, Haridwar - 249 403

Emergency: +91 8191902600, Phone: 01334 - 239040 / 42 / 43, Fax: 01334 - 239043 E-mail: metroharidwar@metrohospitals.com, Website: www.metrohospitals.com

Regd. Office: 21, Community Center, Preet Vihar, New Delhi-110092 CIN No.: U33201DL2006PTC156918

MHHI/CL/0115/Rev. No. 01



(A unit of Sunhill Hospitals Private Limited)

Age/Sex : 37 Y/F (ISO & NABH Certified)
UHID : 2023004099

UHID : 2023004099 Request No. : 10342885

Sample Time : 08:58 Reporting Time: 20:25

Name : Mrs. Shraddha Singh Ref. By : Dr. ANIL SINGH

IP/OP : OP/202229287 Sample Date : 11/03/2023 Reporting Date: 11/03/2023

Test

Result

Unit Bio. Ref. Inter. Test Method

### Cytology

PAP SMEAR

Microscopy:- Smear are cellular and predominantly shows superficial and intermediate squamous epithelial cells. Few endocervical cell cluster seen.

Background shows RBCs and few polymorphonuclear inflammatory cells.No fungus, parasite granuloma or atypical cell seen.

Imp:-PAP smear are negative foe intraepithelial cell lession as malignancy.

\*\*\* End of Reports \*\*\*

Dr.Vishal Arora MBBS, DCP

(Consultant Pathologist)

Checked By

#### Note:

- 1. These reports are mere estimation of values at that particular time and are liable to vary/change in different conditions in different laboratories.
- The values are to be collaborated with clinical findings by qualified doctor and any alarming and unexpected results should be reported to Lab urgently for recheck and manual typing errors.
- 3. These reports are not valid for medicolegal purposes and all doctor unsigned reports should be considered provisional only.
- All card based tests are screening test therefore need confirmation by other alternative test like(PCR,ELISA).