

#### **APOLLO SPECTRA HOSPITALS**

14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550

Ph. No.: 0512-255 5991, 255 5992 www.apollospectra.com

#### MEDICAL EXAMINATION REPORT

Name: - Mrs. NEHA GUPTA

Age/Sex: 31/F

DOB: 22-06-1992

ADDRESS: 128/156-B Y1, YASHODA NAGAR - KANPUR - 208011

she is not suffering from following disease:

1. DM-No

5. Eye Disorder-No

2. HTN -No

6. Paralysis -No

3. COPD -No

7. Epilepsy -No

4. TB -No

8. Dental -Normal

9. EAR: Normal B/E

BP: 130/70 mmhg

PR: 61 bpm

WEIGHT: 73 Kg

RR: 19 pm

Height: 147 cm

BMI: 33.8 kg/m2

• Advice for consultation with Surgeon due to Chronic Calculus Cholecystitis\*.

Place: -Kanpur

Date: - 09.03.2024

Dr. Ashis Tylenrotra (M.D. Internal Medicine) UPMC72362 Name of Doctor: -



TOUCHING LIVES-

#### **APOLLO SPECTRA HOSPITALS**

14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992 www.apollospectra.com

Dr. Nikhat Siddiqui

M B.B.S., M.S.(Obst. & Gynae.)
Consultant Gynaecologist & Obstetrician
Mob.: 9839601544

Plto

Neha Cupta,

9/3/24.

LMP-20. Peb.

for check checkup

Papsmean taken from Ectocum



#### **APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414



# Dr. Ajay Pratap Singh

MBBS, DLO

ENT (Ear, Nose & Throat)
Days: Monday to Friday
Timings: 02:00 PM to 3:00 PM
Emergency Mobile: +91 9935577550

**APOLLO SPECTRA HOSPITALS** 

14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

Mr. Naha Gafeto

Rowher Housth Cheshary

Oper For Son Pteling

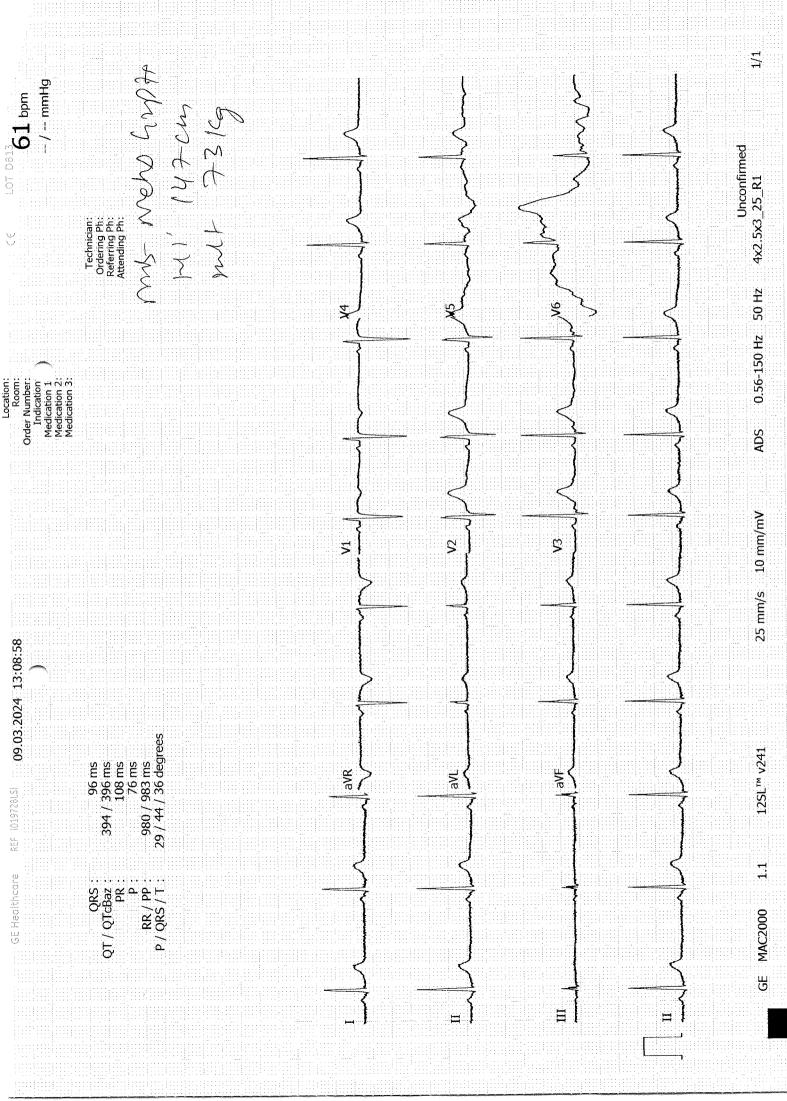
But mild was E own

Rep officer and on

#### **APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.





: SKAN.0000133768

: 09-03-2024 12:08

: Mrs. NEHA GUPTA

Patient Name

**UHID** 

Reported on

Adm/Consult Doctor

#### **APOLLO SPECTRA HOSPITALS**

14/138, Chunni Gani, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

Age

:31 Y F

OP Visit No

: SKANOPV163501

Printed on

: 09-03-2024 12:08

Ref Doctor

: SELF

### DEPARTMENT OF RADIOLOGY

#### X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

#### **CONCLUSION:**

No obvious abnormality seen

Printed on:09-03-2024 12:08

---End of the Report---

Dr. DUSHYANT KUMAR MD, DNB

Radiology

(Please correlate clinically)

#### Kindly Note

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis. The report and films are not valid for medico - legal purpose.

Page 1 of 1

#### **APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.



#### **APOLLO SPECTRA HOSPITALS**

14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

Patient Name

: Mrs. NEHA GUPTA

**UHID** 

: SKAN.0000133768

Reported on

: 09-03-2024 13:51

Adm/Consult Doctor

Age

:31 Y F

OP Visit No

: SKANOPV163501

Printed on

: 09-03-2024 13:52

Ref Doctor

: SELF

## DEPARTMENT OF RADIOLOGY

## **ULTRASOUND - WHOLE ABDOMEN**

Liver- normal in size shape & echogenecity. No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

Gall Bladder- is contracted with echogenic foci in GB lumen with posterior acoustic shadow (WES complex)-Chronic calculus cholecystitis.

ییD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber.

Retroperitoneum -obscured by bowel gas..

Bilateral Kidney - Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated. No calculus or mass lesion. Bilateral ureter not dilated.

Urinary Bladder -Normal in size, shape & distention. No calculus or mass lesion.

Uterus-Measuring 8.9 x 2.6 cm normal in size, shape and outline. Midline endometrial strip normal thickness (7.1mm). No sizeable uterine mass lesion. Cervix unremarkable.

Bilateral ovaries are normal in size, shape and echogenicity. No sizeable adnexal mass lesion

No evidence of ascites.

#### IMPRESSION:

Chronic calculus cholecystitis.

Suggest - clinical correlation.

sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:09-03-2024 13:51

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNEY

Page 1 of 2

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.



#### **APOLLO SPECTRA HOSPITALS**

14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

Patient Name

Referred By

: Mrs. NEHA GUPTA

UHID
Conducted By:

: SKAN.0000133768

: SELF

NOTE IN 192760

Age OP Visit No : 31 Y/F : SKANOPV163501

Conducted Date

: 09-03-2024 15:51

#### HEART STATION ECHO REPORT

| PROCEDURES:                       | MEASUREMENTS: |              |      | B.S.A. M <sup>2</sup><br>Normal                    |        |  |
|-----------------------------------|---------------|--------------|------|--|--------|--|
|                                   | M-MOD         | E/2D/DOPPLER | /COL | OR/CO  | NTRAST |  |
| Aortic root diameter              |               | 2.2          |      | ******   |        | 2.0-3.7 cm < 2.2 cm                                    |
| Aortic valve opening              |               | 23           |      |  |        | 1.5-2.6 cm   |
| Right ventricular dimension       |               | 4.2          | )    |  |        | $0.7$ - $2.6 \text{ cm} < 1.4 \text{ cm} / \text{M}^2$ |
| Right atrial dimension            |               | 4.1          |      |  |        | 0.5-2.9 cm   |
| Left atrial dimension             |               | 4.2          |      |  |        | $1.9-4.0 \text{ cm} < 2.2 \text{ cm} / \text{M}^2$     |
| Left ventricular ED<br>dir. ion   | 3.9           |              |      | $3.7-5.6 \text{ cm} < 3.2 \text{ cm} / \text{M}^2$ |        |  |
| Left ventricular ES dimension     |               | 2.6          |      | ***************************************            |        | 2.2-4.0 cm   |
| Interventricular septal thickness | ED            | 0.7          |      | ES   | 1.1    | 2.2-4.0 cm   |
| Left vent PW thickness            | ED            | 1.1          |      | ES   | 1.1    | 0.5-1.0 cm   |
| NDICES OF LEFT VENTRICLE          | FUNCTION      |              |      |  |        |  |
| LV Ejection Fraction              |               |              |      | ·  | 60-629 | %  |
| OOPPLER                           |               |              |      |  |        | ***************************************                |
| MV                                | 80            | Cm/sec       |      |  | MR     | Nil  |
| AoV                               | 80            | Cm/sec       |      |  | AI     | Nil  |
| TV                                | 95            | Cm/sec       |      |  | TR     | Nil  |
| PV                                | 80            | Cm/sec       |      |  | PI     | Nil  |
|                                   |               |              |      |  |        |  |

#### **FINAL DIAGNOSIS:**

Normal LV contractility.

No regional wall motion abnormality.

LVFF =60%.

No al cardiac chambers.

Normal valves and flows.

No evidence of pericardial effusion.

No evidence of RHD/ASD/VSD/PDA.

No LA/LV, Clot/Vegetation.

(Kindly correlate clinically and further investigation)

vestigation)

DR MOHD SHAHID

MD (Med), DMRD

Please correlate clinically Kindly Note

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive.

Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.

The report and films are not valid for medico—legal purpose.

#### APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP Visit No** 

: SKANOPV163501

Sample Collected on: 09-03-2024 12:10

Reported on

: 09-03-2024 17:05

LRN#

: LAB13385983

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor :

**Sponsor Name** 

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME                                     | RESULT | BIOLOGICAL REFERENCE<br>INTERVALS | UNITS             |
|---|--------|-----------------------------------|-------------------|
| HEMOGRAM + PERIPHERAL SMEAR                   |        |                                   |                   |
| <b>Hemoglobin</b> Method: Cyanide Photometric | 12.6   | 11.5 - 15                         | g/dL              |
| RBC Count Method: Electrical Impedance        | 5.59*  | 3.8 - 4.8                         | millions/cu<br>mm |
| <b>Haematocrit</b><br>Method: Calculated      | 41.9   | 36 - 46                           | %                 |
| MCV Method: Calculated                        | 75.0*  | 83 - 101                          | fl                |
| MCH Method: Calculated                        | 22.5*  | 27 - 32                           | pg                |
| MCHC ethod: Calculated                        | 30.1*  | 31.5 - 34.5                       | g/dl              |
| RDW   | 15.1*. | 11.6 - 14                         | %                 |
| Platelet Count Method: Electrical Impedance   | 2.12   | 1.5 - 4.1                         | lakhs/cumm        |
| TLC Count Method: Electrical Impedance        | 10000  | 4000 - 11000 HOSPITALS            | cells/cumm        |

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Calla Devaltivical imical Treathological sto-relation is necessary. kn case of any otiscrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



รูปฟูฟู8, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MD<sub>Email</sub>: excelhospitals@gmail.com Pathologymergency No. 9935577550



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP** Visit No

: SKANOPV163501

Sample Collected on: 09-03-2024 12:10 LRN#

Reported on

: 09-03-2024 17:05

: LAB13385983

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| Differential Leucocyte Count(Fluorescence | Flow |
|---|------|
|---|------|

|           |       | -      |      |
|-----------|-------|--------|------|
| Sytometry | / VCS | Techno | logy |

| ytometry / VCS Technology)                                       |    |         |       |
|--|----|---------|-------|
| Neutrophils  | 70 | 40 - 80 | %     |
| Lymphocytes  | 25 | 20 - 40 | %     |
| Monocytes  | 02 | 2 - 10  | %     |
| Eosinophils  | 03 | 1-6     | %     |
| Basophils  | 00 | 0-2     | %     |
| Erythrocyte Sedimentation Rate (ESR) Method: Westergrens Method. | 18 | 0 - 20  | mm/hr |

| TEST NAME                           | RESULT | BIOLOGICAL REFERENCE<br>INTERVALS |
|-------------------------------------|--------|-----------------------------------|
| LOOD GROUP ABO AND RH FACTOR        |        |                                   |
| ABO                                 | В      |                                   |
| Method: Microplate Hemagglutination |        | HOSPITAL                          |

Method: Microplate Hemagglutination

Rh (D) Type:

**POSITIVE** 

End of the report



Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. LGolfFbotatikeialinicEbpathollogicat co-relation is necessary. KIA Rase premy discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

IXCO HOSP

SON 38, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MD Email: excelhospitals@gmail.com Pathology Emergency No. 9935577550

**UNITS** 



Patient Name

: Mrs. NEHA GUPTA

UHID/MR No.

: SKAN.0000133768

Sample Collected on: 09-03-2024 12:10

LRN#

: LAB13385983

Ref Doctor

: SELF

Emp/Auth/TPA ID : bobS11338

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Age / Gender

: 31Y/Female

**OP Visit No** 

: SKANOPV163501

Reported on

Adm/Consult Doctor:

**Specimen** 

: 09-03-2024 17:06

: Blood(EDTA)

DEPARTMENT OF LABORATORY MEDICINE

#### PERIPHERAL SMEAR

Methodology

Microscopic

**RBC** 

Normocytic Normochromic

**WBC** 

within normal limits. DLC is as mentioned.

**Platelets** 

Adequate in Number

**Parasites IMPRESSION** 

No Haemoparasites seen Normocytic normochromic blood picture

Note/Comment

Please Correlate clinically

End of the report



Results are to be correlated clinically

nician / Technologist | pathological test have technical limitations FAI pathological test have technical limitations may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Excel Hospii

14/138, Chunniganj, Kanpur - 208001 Pathologh, 0512-2555991, 2555992 Email: excelhospitals@gmail.com Emergency No. 9935577550



**Patient Name** 

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP** Visit No

: SKANOPV163501

Sample Collected on: 09-03-2024 16:10

Reported on

: 09-03-2024 17:23

LRN#

: LAB13385983

Specimen

: Plasma(PP)

**Ref Doctor** 

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

**Sponsor Name** 

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME   | RESULT        | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|---|---------------|--------------------------------|-------|
| GLUCOSE, POST PRANDIAL (PP), 2 HOURS  | S (POST MEAL) |                                |       |
| GLUCOSE - SERUM / PLASMA (POST PRANDIAL) Method: Glucose Oxidase-Peroxidase | 128           | 70 - 140                       | mg/dl |
| GLUCOSE, FASTING  |               |                                |       |
| FASTING SUGAR<br>Method: GOD-PAP  | 87            | 70 - 110                       | mg/dl |
| GAMMA GLUTAMYL TRANFERASE (GGT  | )             |                                |       |
| GAMMA GT Method: Kinetic Photometric  | 18            | < 38                           | U/L   |
| RENAL PROFILE/RENAL FUNCTION TEST   | (RFT/KFT)     |                                |       |
| CREATININE - SERUM / PLASMA —lethod: Jaffe's Kinetic                        | 0.8           | 0.55 - 1.02                    | mg/dl |
| URIC ACID - SERUM Method: Modified Uricase                                  | 4.7           | 2.6 - 6.0                      | mg/dl |
| UREA - SERUM/PLASMA Method: Urease with indicator dye                       | 24            | Female: 15 - 36                | mg/dl |
| CALCIUM Method: O-Cresolphthalein complexone                                | 9.7           | 8.5 - 10.1 HOSPITALO           | mg/dl |

Results are to be correlated clinically

**NOTE:** All pathological test have technical limitations which may at times cause interpretative errors. Colla Fordive cimical Fathonogical sto-relation is necessary. IN pase pitary discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



14/138, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MDEmail: excelhospitals@gmail.com Pathor Emergency No. 9935577550



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP Visit No** 

: SKANOPV163501

Sample Collected on: 09-03-2024 16:10

Reported on

: 09-03-2024 17:23

LRN#

: LAB13385983

Specimen

: Plasma(PP)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

| Sponsor Hame . TIRCOT EITH HEALTHCARE      | LIMITED |                     |       |
|--|---------|---------------------|-------|
| BUN  | 11.19   | 7-17                | mg/dl |
| Method: Urease with indicator dye          |         |                     | J     |
| PHOSPOHORUS                                | 3.5     | 2.5 - 4.5           | mg/dl |
| Method: Phosphomolybdate -UV               |         |                     |       |
| ELECTROLYTES (Na)                          | 138     | 135 - 145           | meq/L |
| Method: ISE-Direct                         |         |                     |       |
| ELECTROLYTES (K)                           | 4.5     | 3.5 - 5.1           | meq/L |
| Method: ISE-Direct                         |         |                     |       |
| LIVER FUNCTION TEST (LFT)                  |         |                     |       |
| BILIRUBIN TOTAL                            | 0.49    | 0.2 - 1.3           | mg/dL |
| Method: Azobilirubin/dyphylline            |         |                     |       |
| BILIRUBIN (DIRECT)                         | 0.31    | Adults: 0.0 - 0.3   | mg/dL |
| Method: Dual Wavelength Spectrophotometric |         | Neonates: 0.0 - 0.6 |       |
| BILIRUBIN UNCONJUGATED(INDIRECT)           | 0.18    | 0.0 - 1.1           | mg/dL |
| Method: Dual Wavelength Spectrophotometric |         |                     |       |
| ALBUMIN                                    | 4.5     | 3.0 - 5.0           | g/dL  |
| Method: Bromocresol Green dye binding      |         |                     | · ·   |
| ROTEIN TOTAL                               | 7.5     | 6.0 - 8.2           | g/dL  |
| Method: Biuret Reaction                    |         |                     | ū     |
| AST (SGOT)                                 | 23      | 14 - 36             | U/L   |
| Method: Kinetic (Leuco dye) with P 5 P     |         |                     |       |
| GLOBULINN                                  | 3.0     | 2.8 - 4.5           | g/dL  |
| Method: Calculation                        |         | HOSPITALE           | _     |

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which enaying the times have sinterpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



State (1888), Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MDEmail: excelhospitals@gmail.com Pathologemergency No. 9935577550



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP** Visit No

: SKANOPV163501

Sample Collected on: 09-03-2024 16:10

Reported on

: 09-03-2024 17:23

LRN#

: LAB13385983

Specimen

: Plasma(PP)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

9 - 52

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

ALT(SGPT)

U/L

LIPID PROFILE

**CHOLESTEROL** 

190

21

<200 - Desirable

mg/dL

Method: CHOD-End Point POD (Enzymatic)

200-239 - Borderline High

HDL

59

<40 - Low >=60 - High

>=240 - High

mg/dL

Method: Direct Measure PEG

< 100 - Optimal

Method: Calculation Friedewald's Formula

Method: Enzymatic GPO/POD/End Point

110.6

100-129 - Near Optimal & Above

Optimal

TRIGLYCERIDES

102

Normal: <150

mg/dl

Border High: 150 - 199 High: 200 - 499

Very High: >= 500

Note: Overnight fasting of 10-12hrs

is recommended to avoid

fluctuations in Lipid Profile.

**VLDL** 

LDL.

Method: Calculated

20.4

10-40

mg/dL

End of the report



Results are to be correlated clinically

**NOTE**: All pathological test have technical limitations which may at times cause interpretative errors. Callaborative clinical pathological sto-relation is necessary. In case of any discrepancy, results may be reviewed and repeal investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



SMAR, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MD<sub>Email</sub>: excelhospitals@gmail.com Pathologymergency No. 9935577550



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP Visit No** 

: SKANOPV163501

Sample Collected on: 09-03-2024 12:10

Reported on

: 09-03-2024 17:10

LRN#

: LAB13385983

Specimen

: Blood(bio/EDTA)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Method: Calculated

Adm/Consult Doctor :

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME                              | RESULT | BIOLOGICAL REFERENCE INTERVALS  | UNITS |
|--|--------|---|-------|
| HbA1c, GLYCATED HEMOGLOBIN             |        |   |       |
| HbA1c, GLYCATED HEMOGLOBIN Method:HPLC | 5.5    | <=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015) | %     |
| eAG (estimated Average Glucose)        | 111.15 |   | mg/dL |

End of the report



Results are to be correlated clinically

**NOTE:** All pathological test have technical limitations which may at times cause interpretative errors. Contabbrative clinical partially relation is necessary. IN CASE MINDLONG repancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



\$4ንነጻ\$, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MD Pn. 05 12-20059 1, 20055 Pmail: excelhospitals@gmail.com Pathologyhergency No. 9935577550



Patient Name

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

**OP** Visit No

: SKANOPV163501

Sample Collected on: 09-03-2024 12:10

Reported on

: 09-03-2024 19:11

LRN#

: LAB13385983

Specimen

: Urine

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

**Sponsor Name** 

: ARCOFEMI HEALTHCARE LIMITED

#### DEPARTMENT OF LABORATORY MEDICINE

| TEST NAME                                      | RESULT          | BIOLOGICAL REFERENCE INTERVALS | UNITS |
|--|-----------------|--------------------------------|-------|
| COMPLETE URINE EXAMINATION                     |                 |                                |       |
| Color:   | Straw           | Pale Yellow                    |       |
| Specific Gravity Method: Indicator Method      | 1.005           | 1.005 - 1.035                  |       |
| Transparency:                                  | Clear           | Clear                          |       |
| Protein : Method: Indicator Method             | Nil             | Nil                            |       |
| Glucose: Method: Glucose Oxidase               | Absent          | Nil                            |       |
| pH Method: Indicator Method                    | 7.0 ( Neutral ) | 4.6 - 8                        |       |
| DEPOSITS:                                      | Absent          |                                | ,     |
| WBC/Pus Cells                                  | Nil             | 0-5                            | /hpf  |
| Tc/Sqc(Transitional/Squamous epithelial cells) | Occasional      | 2-3                            | /hpf  |

Results are to be correlated clinically

**NOTE:** All pathological test have technical limitations which may at times cause interpretative errors. Condo drawled interpretation is necessary. Inkcase of Early Idio depancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



19/038] Chunniganj, Kanpur - 208001 MD Ph. 0512-250055 ii 2005 Email : excelhospitals@gmail.com Ph. 0512-2555991, 2555992 Pathologyergency No. 9935577550

Chunnic<sup>3</sup>



**Patient Name** 

: Mrs. NEHA GUPTA

Age / Gender

: 31Y/Female

UHID/MR No.

: SKAN.0000133768

OP Visit No

: SKANOPV163501

Sample Collected on: 09-03-2024 12:10

Reported on

: 09-03-2024 19:11

LRN#

: LAB13385983

Specimen

: Urine

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : bobS11338

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

**RBC** 

Nil

0 - 2

/hpf

Crystals:

Nil

Casts:

Nil

/hpf

End of the report



Results are to be correlated clinically

**NOTE**: All pathological test have technical limitations which may at times cause interpretative errors. Cohaborative crimical pathological co-relation is necessary. Kn Acase Foll-lany Conscrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

ticel Hospite

SIGNUS, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 MD Email: excelhospitals@gmail.com Pathologemergency No. 9935577550



# SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254 e-mail: sonidiagnostics01@gmail.com

Patient Name: MRS. NEHA GUPTA

Age / Gender: 31 years / Female

Patient ID: 46534

Source: Excel Hospital

Referral: SELF

Collection Time: 09/03/2024, 03:09 p.m.

Reporting Time: 09/03/2024, 08:28 p.m.

Sample ID:

| Test Description | Value(s) | Reference Range | Unit(s) |
|------------------|----------|-----------------|---------|
|                  |          |                 |         |

#### **T3,T4,TSH**

SAMPLE TYPE: SERUM

**T**3 1.21 0.79 - 1.58ng/mL Method: CLIA

T4 9.72 5.2-12.7 µg/dL Method: CLIA

**TSH** 3.47 0.3-4.5 µIU/mL

Method: CLIA Interpretation

| тѕн  | T4             | ТЗ             | INTERPRETATION  |
|------|----------------|----------------|---|
| HIGH | NORMAL         | NORMAL         | MILD (SUBCLINICAL)HYPOTHYROIDISM                                |
| HIGH | LOW OR NORMAL  | LOW OR NORMAL  | HYPOTHYROIDISM  |
| LOW  | NORMAL         | NORMAL         | MILD (SUBCLINICAL)HYPERTYHROIDISM                               |
| LOW  | HIGH OR NORMAL | HIGH OR NORMAL | HYPERTHYROIDISM   |
| LOW  | LOW OR NORMAL  | LOW OR NORMAL  | NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM |

#### \*\*END OF REPORT\*\*

All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to the lab immediately for a recheck.

> Dr. S.S.Soni M.D. (PATHOLOGY)

All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical corelation and further relevant investigations advised if warranted. Any discrepencies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.



# SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254

e-mail: sonidiagnostics01@gmail.com

Patient Name: MRS. NEHA GUPTA

Age / Gender: 31 years / Female

Patient ID: 46534

Source: Excel Hospital

Referral: SELF

Collection Time: 09/03/2024, 03:09 p.m.

Reporting Time: 11/03/2024, 02:23 p.m.

Sample ID:

240690049

### PAP Smear Cytology

Reference Number:

SD 85/24

Type of sample

Conventional

Specimen Adequacy

Smear is adequate and satisfactory for evaluation. Transformation zone component is not identified.

Interpretation

Negative for intraepithelial lesion/malignancy (NILM).

#### \*\*END OF REPORT\*\*

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni M.D. (PATHOLOGY)

SICT ACEST

from My No heafter AFRITHIN TO CONTINUE (CALIFORNIA) NOTE CAIDAS 22/06/1992

TRAN FEMALE

8904 5545 2896





Download Date: 26 06 2021