

**Dr. Nikhat Siddiqui**

M.B.B.S., M.S.(Obst. & Gynae.)

Consultant Gynaecologist & Obstetrician

Mob. : 9839601544

Arahana

43.

2/3/24,

for  
checkup.

Pap smear

Slide I - Endocx

II - Endocx

P/S

- Bulky Cx

± erosion.

- F heal cream



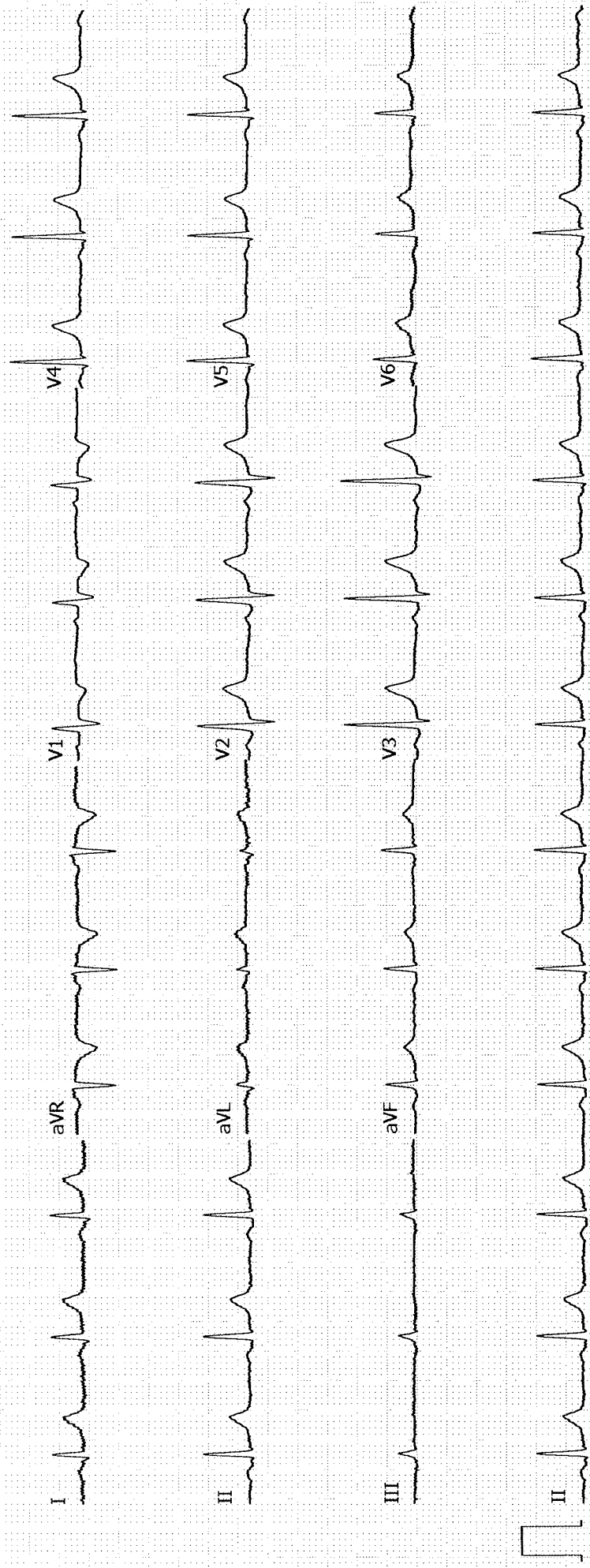
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

74 bpm  
-- / -- mmHg

QRS : 76 ms  
QT / QTcBaz : 374 / 415 ms  
PR : 104 ms  
P : 60 ms  
RR / PP : 814 / 810 ms  
P / QRS / T : -7 / 46 / 25 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*Mr. Archaw Chanting*  
*MI 152m*  
*mult block*



Patient Name : Mrs. ARCHANA CHAURASIA Age : 42 Y F  
UHID : SKAN.0000133539 OP Visit No : SKANOPV163009  
Reported on : 04-03-2024 14:53 Printed on : 04-03-2024 14:54  
Adm/Consult Doctor : 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.

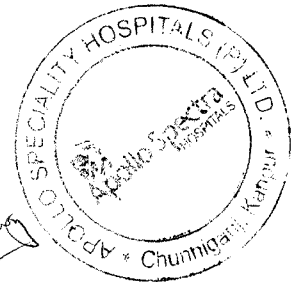
**CONCLUSION :**

No obvious abnormality seen

Printed on:04-03-2024 14:53

---End of the Report---

  
**Dr. DUSHYANT KUMAR VARSHNEY**  
MD, DNB  
Radiology



**Patient Name :- MRS. ARCHANA CHAURASIA**

**Date :- March 2, 2024**

**Referred By :- MHC**

**Age/Sex: 42/female**

**IPD/OPD:-**

**USG Whole Abdomen**

**Observation**

**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-** Normal in distension and wall thickness.No sizeable calculus or mass lesion. CBD 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** –is empty. Pelvic organs could not be commented.  
**Visualized lower abdomen shows mildly bulky cervix? cervicitis.**

**IMPRESSION:**

**? Cervicitis**



**Dr. Dushyant Varshney**  
MD(Radiodiagnosis)  
IMS BHU  
DNB(Radiodiagnosis)

Please correlate clinically  
**Kindly Note**

- ❖ Ultrasound is not the modality of choice to rule out subtle bowel lesions.
- ❖ 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 .

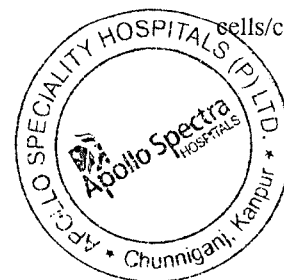
**The report and films are not valid for medico – legal purpose.**

## DEPARTMENT OF LABORATORY SERVICES

<b>Patient Name</b> : Mrs. ARCHANA CHAURASIA	<b>Age / Gender</b> : 42Y/Female
<b>UHID/MR No.</b> : SKAN.0000133539	<b>OP Visit No</b> : SKANOPV163009
<b>Sample Collected on</b> : 02-03-2024 11:45	<b>Reported on</b> : 02-03-2024 16:40
<b>LRN#</b> : LAB13373734	<b>Specimen</b> : Blood(EDTA)
<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<b>Emp/Auth/TPA ID</b> : 23M123746100094732S	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>HEMOGRAM + PERIPHERAL SMEAR</b>			
<b>Hemoglobin</b> Method: Cyanide Photometric	<b>10.2*</b>	11.5 - 15	g/dL
<b>RBC Count</b> Method: Electrical Impedance	<b>2.96*</b>	3.8 - 4.8	millions/cu mm
<b>Haematocrit</b> Method: Calculated	<b>31.6*</b>	36 - 46	%
<b>MCV</b> Method: Calculated	<b>106.8*</b>	83 - 101	fl
<b>MCH</b> Method: Calculated	<b>34.5*</b>	27 - 32	pg
<b>MCHC</b> Method: Calculated	32.3	31.5 - 34.5	g/dl
<b>RDW</b>	<b>17.1*</b>	11.6 - 14	%
<b>Platelet Count</b> Method: Electrical Impedance	1.63	1.5 - 4.1	lakhs/cumm
<b>TLC Count</b> Method: Electrical Impedance	4500	4000 - 11000	cells/cumm



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## Excel Hospitals (P) Ltd.

**Dr. SATINDER SINGH**  
 SONI, Chunniganj, Kanpur - 208001  
 Ph. 0512-2555991, 2555992  
 Email : excelhospitals@gmail.com  
 Pathology emergency No. 9935577550

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**Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology )**

Neutrophils	68	40 - 80	%
Lymphocytes	28	20 - 40	%
Monocytes	02	2 - 10	%
Eosinophils	02	1-6	%
Basophils	00	0-2	%
<b>Erythrocyte Sedimentation Rate (ESR)</b> Method: Westergrens Method.	19	0 - 20	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
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**BLOOD GROUP ABO AND RH FACTOR**

ABO Method: Microplate Hemagglutination	B
Rh (D) Type: Method: Microplate Hemagglutination	POSITIVE

**End of the report**



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Emergency No. 9935577550

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**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

**Age / Gender** : 42Y/Female  
**OP Visit No** : SKANOPV163009  
**Reported on** : 02-03-2024 16:42  
**Specimen** : Blood(EDTA)  
**Adm/Consult Doctor** :

### DEPARTMENT OF LABORATORY MEDICINE

#### PERIPHERAL SMEAR

Methodology : Microscopic  
RBC : Normocytic Normochromic  
WBC : within normal limits. DLC is as mentioned.  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic anemia.  
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Lab Technician / Technologist

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*Satinder Singh*  
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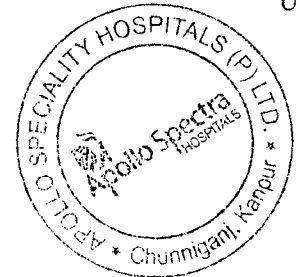
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<b>LRN#</b> : LAB13373734	<b>Specimen</b> : Plasma(Flouride)
<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<b>Emp/Auth/TPA ID</b> : 23M123746100094732S	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>GLUCOSE, FASTING</b>			
<b>FASTING SUGAR</b> Method: GOD-PAP	76	70 - 110	mg/dl
<b>GAMMA GLUTAMYL TRANFERASE (GGT)</b>			
<b>GAMMA GT</b> Method: Kinetic Photometric	28	< 38	U/L
<b>LIVER FUNCTION TEST (LFT)</b>			
<b>BILIRUBIN TOTAL</b> Method: Azobilirubin/dyphylline	0.85	0.2 - 1.3	mg/dL
<b>BILIRUBIN (DIRECT)</b> Method: Dual Wavelength Spectrophotometric	0.23	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
<b>BILIRUBIN UNCONJUGATED(INDIRECT)</b> Method: Dual Wavelength Spectrophotometric	0.62	0.0 - 1.1	mg/dL
<b>ALBUMIN</b> Method: Bromocresol Green dye binding	4.3	3.0 - 5.0	g/dL
<b>PROTEIN TOTAL</b> Method: Biuret Reaction	7.5	6.0 - 8.2	g/dL
<b>AST (SGOT)</b> Method: Kinetic (Leuco dye) with P 5 P	27	14 - 36	U/L



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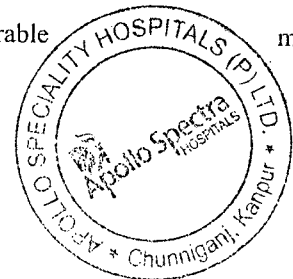
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Pathology Emergency No. 9935577550



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<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

<b>GLOBULINN</b>	3.2	2.8 - 4.5	g/dL
Method: Calculation			
<b>ALT(SGPT)</b>	25	9 - 52	U/L
<b>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</b>			
<b>CREATININE - SERUM / PLASMA</b>	0.8	0.55 - 1.02	mg/dl
Method: Jaffe's Kinetic			
<b>URIC ACID - SERUM</b>	4.6	2.6 - 6.0	mg/dl
Method: Modified Uricase			
<b>UREA - SERUM/PLASMA</b>	27	Female: 15 - 36	mg/dl
Method: Urease with indicator dye			
<b>CALCIUM</b>	<b>8.0*</b>	8.5 - 10.1	mg/dl
Method: O-Cresolphthalein complexone			
<b>BUN</b>	12.59	7-17	mg/dl
Method: Urease with indicator dye			
<b>PHOSPHORUS</b>	<b>5.3*</b>	2.5 - 4.5	mg/dl
Method: Phosphomolybdate -UV			
<b>ELECTROLYTES (Na)</b>	142	135 - 145	meq/L
Method: ISE-Direct			
<b>ELECTROLYTES (K)</b>	4.7	3.5 - 5.1	meq/L
Method: ISE-Direct			
<b>LIPID PROFILE</b>			
<b>CHOLESTEROL</b>	175	<200 - Desirable	mg/dL



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<b>Emp/Auth/TPA ID</b>	: 23M123746100094732S	<b>Adm/Consult Doctor</b>	:
<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED		

Method: CHOD-End Point POD (Enzymatic)		200-239 - Borderline High >=240 - High	
<b>HDL</b>	57	<40 - Low >=60 - High	mg/dL
Method: Direct Measure PEG			
<b>LDL</b>	90.2	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
<b>TRIGLYCERIDES</b>	139	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dl
Method: Enzymatic GPO/POD/End Point		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
<b>VLDL</b>	27.8	10-40	mg/dL
Method: Calculated			
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</b>			
<b>GLUCOSE - SERUM / PLASMA (POST PRANDIAL)</b>	103	70 - 140	mg/dl
Method: Glucose Oxidase-Peroxidase			

**End of the report**



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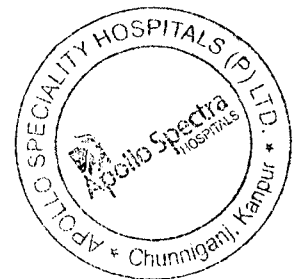
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<b>Ref Doctor</b>	: SELF		
<b>Package Name</b>	: ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS CHECK ADVANCED - FEMALE - 2D ECHO - PAN INDIA - FY2324		
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<b>Sponsor Name</b>	: ARCOFEMI HEALTHCARE LIMITED		

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>HbA1c, GLYCATED HEMOGLOBIN</b>			
<b>HbA1c, GLYCATED HEMOGLOBIN</b> Method:HPLC	5.4	<=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)	%
<b>eAG (estimated Average Glucose)</b> Method: Calculated	108.28		mg/dL

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**Sample Collected on** : 02-03-2024 11:45      **Reported on** : 02-03-2024 16:51  
**LRN#** : LAB13373734      **Specimen** : Urine  
**Ref Doctor** : SELF  
**Package Name** : ARCOFEMI - MEDIWHEEL - FULL BODY  
 ANNUAL PLUS CHECK ADVANCED - FEMALE -  
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**Sponsor Name** : ARCOFEMI HEALTHCARE LIMITED

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>	<u>REMARKS</u>
<b>COMPLETE URINE EXAMINATION</b>				
<b>Color:</b>	Straw	Pale Yellow		
<b>Specific Gravity</b> Method: Indicator Method	1.020	1.005 - 1.035		
<b>Transparency:</b>	Turbid	Clear		
<b>Protein :</b> Method: Indicator Method	Traces	Nil		
<b>Glucose:</b> Method: Glucose Oxidase	Absent	Nil		
<b>pH</b> Method: Indicator Method	5.0 ( Acidic )	4.6 - 8		
<b>DEPOSITS:</b>	Present			
<b>WBC/Pus Cells</b>	5-8	0-5	/hpf	
<b>Tc/Sqc(Transitional/Squamous epithelial cells)</b>	3-6	2-3	/hpf	

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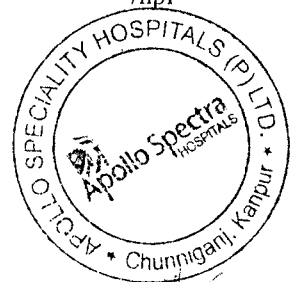
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

RBC	Nil	0 - 2	/hpf
Crystals:	Nil		
Casts:	Nil		/hpf

Remarks: Others : Candida Present

End of the report

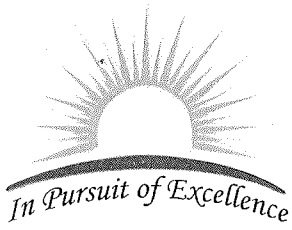


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# SONI DIAGNOSTICS

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Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

Patient Name : MRS. ARCHANA CHAURASIA

Age / Gender : 42 years / Female

Patient ID : 46120

Source : Excel Hospital

Referral : SELF

Collection Time : 02/03/2024, 02:21 p.m.

Reporting Time : 02/03/2024, 04:17 p.m.

Sample ID :



240620037

Test Description	Value(s)	Reference Range	Unit(s)
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## T3,T4,TSH

### SAMPLE TYPE : SERUM

T3 Method : CLIA	1.37	0.79 - 1.58	ng/mL
T4 Method : CLIA	11.0	5.2-12.7	µg/dL
TSH Method : CLIA	2.32	0.3-4.5	µIU/mL

### **Interpretation**

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

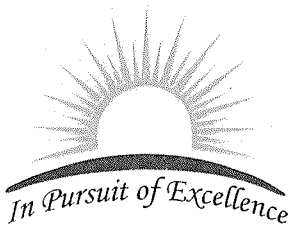
**\*\*END OF REPORT\*\***

All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to contact 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 correlation and further relevant investigations advised if warranted. Any discrepancies 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. ARCHANA CHAURASIA

**Age / Gender :** 42 years / Female

**Patient ID :** 46120

**Source :** Excel Hospital

**Referral :** SELF

**Collection Time :** 02/03/2024, 02:21 p.m.

**Reporting Time :** 04/03/2024, 03:11 p.m.

**Sample ID :**



240620037

## PAP Smear Cytology

**Reference Number :**

SD 78/24

**Type of sample**

Conventional

**Specimen Adequacy**

Smears show less than adequate cellularity of squamous epithelial cells. Transformation zone component is not identified.

**Interpretation**

Smears show less than adequate cellularity of squamous epithelial cells. No abnormal cell seen in the smears.

**Comment**

A repeat smear may be sent for evaluation if clinically warranted.

**\*\*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)**



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

# Apollo Clinic

## CONSENT FORM

Patient Name: ARJANA CHAURASIA Age: 42

UHID Number: 133539 Company Name: B.O.B

I Mr/Mrs/Ms Arjana CHAURASIA Employee of DEPENDENT

(Company) Want to inform you that I am not interested in getting Insurance 2020

Tests done which is a part of my routine health check package.

And I claim the above statement in my full consciousness.

Patient Signature: Arjana Date: 2/3/2021





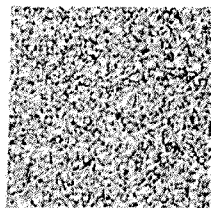


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2728/37932/93559

10  
ज्योति चौरसिया  
Archana Chaurasia  
W/O Veendra Kumar Chaurasia  
285/25 Kailash nagar, Jhansiapur, Jajmau  
Shikari, Taney S O  
Kanpur Nagar Uttar Pradesh - 208010  
9794819151



आपका आधार क्रमांक / Your Aadhaar No. :

3768 3848 7840

VID : 9189 5576 2221 3775

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



ज्योति चौरसिया  
Archana Chaurasia  
जन्म तिथि/DOB: 15/09/1981  
लिंग/ GENDER: FEMALE

3768 3848 7840

VID : 9189 5576 2221 3775

मेरा आधार, मेरी पहचान



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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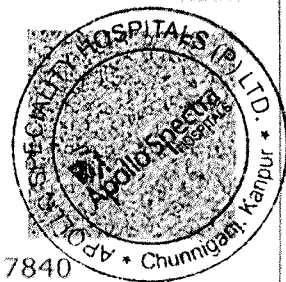


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



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