

Patient Name :	Mrs.SUSHILA	Collected :	16/Sep/2023 09:59AM
Age/Gender :	35 Y 9 M 10 D/F	Received :	16/Sep/2023 11:14AM
UHID/MR No. :	SKAR.0000099165	Reported :	16/Sep/2023 11:34AM
Visit ID :	SKAROPV126848	Status :	Final Report
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID :	4324		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

PERIPHERAL SMEAR , WHOLE BLOOD EDTA

RBCs	Show mild anisocytosis, are predominantly Normocytic Normochromic along with few microcytic hypochromic cells.
WBCs	Show mild leucopenia. No abnormal cells seen
Platelets	Mildly reduced in number, verified on smear, large platelets seen
	No Hemoparasites seen in smears examined.
Impression	Mild leucopenia with thrombocytopenia
Advice	Clinical correlation



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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HEMOGRAM , WHOLE BLOOD EDTA

HAEMOGLOBIN	10.1	g/dL	12-15	Spectrophotometer
PCV	31.10	%	36-46	Electronic pulse & Calculation
RBC COUNT	3.87	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	80	fL	83-101	Calculated
MCH	26.2	pg	27-32	Calculated
MCHC	32.5	g/dL	31.5-34.5	Calculated
R.D.W	15.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	3,600	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	54	%	40-80	Electrical Impedance
LYMPHOCYTES	40	%	20-40	Electrical Impedance
EOSINOPHILS	02	%	1-6	Electrical Impedance
MONOCYTES	04	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	1944	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1440	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	72	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	144	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	140000	cells/cu.mm	150000-410000	Electrical impedance
ERYTHROCYTE SEDIMENTATION RATE (ESR)	24	mm at the end of 1 hour	0-20	Modified Westergren

PERIPHERAL SMEAR



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UHID/MR No. :	SKAR.0000099165	Reported :	16/Sep/2023 02:44PM
Visit ID :	SKAROPV126848	Status :	Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA

BLOOD GROUP TYPE	AB			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



Patient Name	: Mrs.SUSHILA	Collected	: 16/Sep/2023 09:58AM
Age/Gender	: 35 Y 9 M 10 D/F	Received	: 16/Sep/2023 11:05AM
UHID/MR No	: SKAR.0000099165	Reported	: 16/Sep/2023 11:33AM
Visit ID	: SKAROPV126848	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 4324		

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	70-100	GOD - POD
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Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

1. The diagnosis of Diabetes requires a fasting plasma glucose of $>$ or \geq 126 mg/dL and/or a random / 2 hr post glucose value of $>$ or \geq 200 mg/dL on at least 2 occasions.
2. Very high glucose levels ($>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.



Patient Name	: Mrs.SUSHILA	Collected	: 16/Sep/2023 09:58AM
Age/Gender	: 35 Y 9 M 10 D/F	Received	: 16/Sep/2023 02:30PM
UHID/MR No	: SKAR.0000099165	Reported	: 16/Sep/2023 02:57PM
Visit ID	: SKAROPV126848	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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HbA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HbA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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Visit ID	: SKAROPV126848	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method



Patient Name :	Mrs.SUSHILA	Collected :	16/Sep/2023 09:58AM
Age/Gender :	35 Y 9 M 10 D/F	Received :	16/Sep/2023 11:49AM
UHID/MR No :	SKAR.0000099165	Reported :	16/Sep/2023 12:19PM
Visit ID :	SKAROPV126848	Status :	Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL CHOLESTEROL	136	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	50	mg/dL	<150	
HDL CHOLESTEROL	62	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	74	mg/dL	<130	Calculated
LDL CHOLESTEROL	64	mg/dL	<100	Calculated
VLDL CHOLESTEROL	10	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.19		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	> 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	> 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DEPARTMENT OF BIOCHEMISTRY

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.40	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	13	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	22.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	62.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.00	g/dL	6.7-8.3	BIURET
ALBUMIN	4.40	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.69		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

Patient Names : Mrs.SUSHILA Age/Gender : 35 Y 9 M 10 D/F UHID/MR No : SKAR.0000099165 Visit ID : SKAROPV126848 Ref Doctor : Dr.SELF Emp/Auth/TPA ID : 4324	Collected : 16/Sep/2023 09:58AM Received : 16/Sep/2023 11:49AM Reported : 16/Sep/2023 12:19PM Status : Final Report Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



T.O.U

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.52	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	11.10	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	5.2	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.30	mg/dL	3.0-5.5	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.30	mg/dL	2.6-4.4	PNP-XOD
SODIUM	141	mmol/L	135-145	Direct ISE
POTASSIUM	4.1	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	103	mmol/L	98-107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	10.00	U/L	16-73	Glycylglycine Kinetic method



Patient Name :	Mrs.SUSHILA	Collected :	16/Sep/2023 09:56AM
Age/Gender :	35 Y 9 M 10 D/F	Received :	16/Sep/2023 06:03PM
UHID/MR No :	SKAR.0000099165	Reported :	16/Sep/2023 07:17PM
Visit ID :	SKAROPV126648	Status :	Final Report
Ref Doctor :	Dr.SELF	Sponsor Name :	ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID :	4324		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE TOTAL (T3, T4, TSH), SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
TRI-IODOTHYRONINE (T3, TOTAL)	1.13	ng/mL	0.7-2.04	-
THYROXINE (T4, TOTAL)	11.38	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.960	µIU/mL	0.34-5.60	CLIA

Comment:

Note:

For pregnant females	Bio Ref Range for TSH in µIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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UHID/MR No	: SKAR.0000099165	Reported	: 16/Sep/2023 07:17 PM
Visit ID	: SKAROPV126848	Status	: Final Report
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Patient Name : Mrs.SUSHILA	Collected : 16/Sep/2023 09:58AM
Age/Gender : 35 Y 9 M 10 D/F	Received : 16/Sep/2023 01:08PM
UHID/MR No : SKAR.000099165	Reported : 16/Sep/2023 01:52PM
Visit ID : SKAROPV126848	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 4324	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY HC STARTER FEMALE - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION (CUE) , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Dipstick

BIOCHEMICAL EXAMINATION

URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	3-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	5-6	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

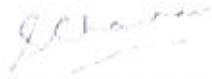
*** End Of Report ***

Results to Follow:

LBC PAP TEST (PAPSURE)



Dr. Tanish Mandal
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Shivangi Chauhan
M.B.B.S, M.D (Pathology)
Consultant Pathologist



Dr. Nidhi Sachdev
M.B.B.S, MD (Pathology)
Consultant Pathologist



Sushila
ID: 99166
35 Years
48.3 kg
156 cm Female

16.09.2023 11:20:43
APOLLO SPECIALITY HOSPITAL
ROHTAK ROAD
DELHI-110005

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

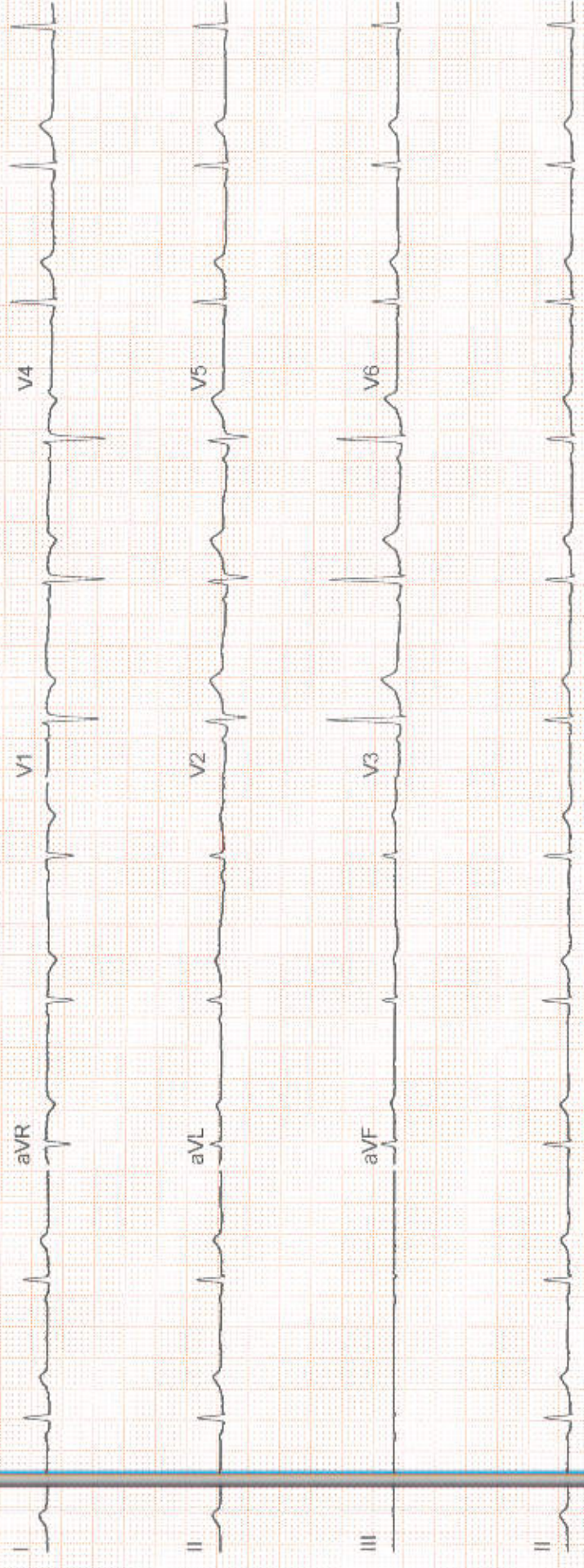
67 bpm
- / - mmHg

BMI: 19.8
BP: 90/60 mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG

QRS : 64 ms
QT / QTcBaz : 376 / 397 ms
PR : 132 ms
P : 86 ms
RR / PP : 898 / 895 ms
P / QRS / T : 2 / 30 / 23 degrees



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NAME: SUSHILA
REF. BY: HEALTH CHECK UP

=====

AGE: 35 Y /SEX/F
DATE: 16.9.2023

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and echotexture. Multiple small subcm sized calcified granuloma is seen in the right lobe of liver. Intrahepatic bile ducts and portal radicals are normal in caliber.

Gall bladder is not seen h/o operative removal.

CBD is not dilated.
Portal vein is normal in caliber.

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.
No free fluid seen in the peritoneal cavity.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Uterus is anteverted, normal in size, shape and echopattern.
Endometrium echo is 6 mm, echogenic.

Both the ovaries are appears normal in size, shape, and echopattern.

No free fluid or pelvic collection seen.

Please correlate clinically.


DR. SAURABH, MD
CONSULTANT RADIOLOGIST

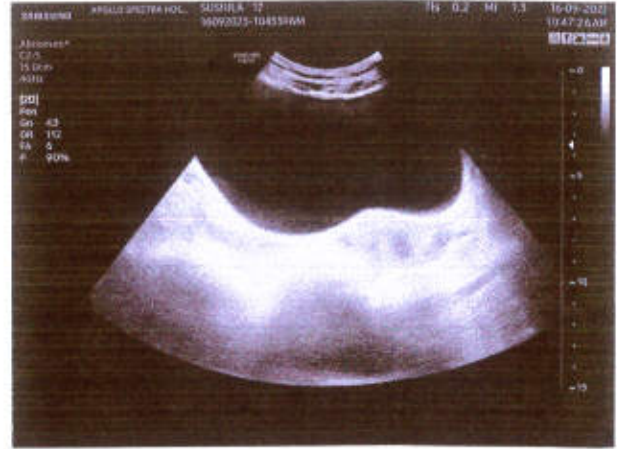
Note: It is only a professional opinion. Kindly correlate clinically.

Patient

ID Name Birth Date Gender
16092023-104559AM SUSHILA F

Exam

Accession #
Exam Date
Description
Operator



Deptt. of Obst. Gynae, Laparoscopic & Endoscopic Surgery

Dr. Malvika Sabharwal

M.B.B.S., D.G.O., Dipl., Endo. Surgery
Awarded Padmashri by the President of India
 Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
 Member : Adv. Laparoscopic & Hysteroscopic Surgery Dipl.
 International Society of Gynae Laparoscopists
 Association of Laparoscopic Surgeons, India
 Gasless Laparoscopic Surgeons International, Japan
 Indian Association of Gynae Endoscopists
 Association of Obst. & Gynaecologist of Delhi
 Faculty : Ethicon Institute of Surgical Education, Mumbai
 IMA - Academy of Medical Specialities
 Federation of Obst. & Gynae. Societies of India
 DMC Regn. No. 4686

MRE Sushri's 16/9/23
38y 10

M/H Regular
LMP = 7/9/23

D/H

Adv.

Dr. Shivani Sabharwal

M.B.B.S., M.S.
 Dept. of Gynaecology, Laparoscopic & Endoscopic Surgery
 Association of Obst. & Gynaecologist of Delhi
 Federation of Obst. & Gynae. Societies of India
 DMC Regn. No. 44715

P/L
LO = ♂, F/M, 7y

clingen v vaginal
- tab PN 15

Dr. Vinay Sabharwal

M.B.B.S., M.S., FICA, F.A.I.S.
Hon. Surgeon to the President of India, 2017
Sir Ganga Ram Hospital
 Sr. Member : Association of Surgeons of India
 Indian Association of Gastro, Endo Surgeons
 Indian Hernia Society
 Association of Min. Access Surgeons of India
 DMC Regn. No. 4687

P/s en (n)
LB taken

x 7 day
Every month x 3rd

Dr. Arush Sabharwal

M.B.B.S., M.S., FMAS (Minimal Access)
 DMC Regn. No. 2774

→ tab lysfol 5mg OD

Dr. Glossy Sabharwal

MD, Radio Diagnosis
 Breast Interventional Fellow (Paris)
 Dept. Clinical Imaging & Interventional Radiology

Streptin 2 - 2
Binants

For appointment please contact :
 011-49407700, 8448702877

Sh

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(Formerly known as Nova Specialty Hospitals Private Limited)
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Registered Address
 #7-1-617/A, 615 & 616 Imperial Towers,
 7th Floor, Opp. Ameerpet Metro Station,
 Ameerpet, Hyderabad-500038, Telangana.

Dr. Sanjiv Dang

MBBS, MS (ENT)
Ear, Nose & Throat Consultant
DMC Regn. No. 9555
Timing : 5.30 pm - 8.30 pm
E : sanjivdang.mamc@gmail.com

For appointment please contact :
011-49407700, 8448702877

Ms Sushila
f 35 years



ENT :

Normal



Adh
No medication
Sanjiv
16.9.23

TM (N) *(N)*
Rune + +
Weber ↔
Chest: clear

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7th Floor, Opp. Ameerpet Metro Station,
Ameerpet, Hyderabad-500038, Telangana.

16/09/23

Name: Mrs. Sushila .

Age/Sex: 35yrs/F

(R)

(L)

vision →

6/6

6/6

colour vision →

(N)

(N)



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