



VID :- E/13267

PID No. :- 202410217127097

Name :- Mrs LEENA BARLA

Age/Sex :- 50 Y / F

Ref. By. :- ARCOFEMI HEALTHCARE LIMITED

Sample Received on/at :

10/02/2024 11:20AM

Reported on/at

10/02/2024 7:37PM

### BIOCHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Range
<b>GGT/GammaGT</b>			
<b>Gamma GT</b>	19.5	U/L	11 - 34
Szasz method			
<b>BLOOD SUGAR F</b>			
Glucose Fasting	68	mg/dl	60 - 110
<b>BLOOD SUGAR PP</b>			
Glucose PP	71	mg/dl	70 - 140
<b>LFT (LIVER FUNCTION TEST)</b>			
<b>Bilirubin (Total)</b>	0.65	mg/dL	<1.0
(Serum, Diazo)			
<b>Bilirubin (Direct)</b>	0.10	mg/dL	0 - 0.3
(Serum, Diazo)			
<b>Bilirubin (Indirect)</b>	0.55	mg/dL	UPTO 1.0
(Serum, Calculated)			
<b>SGOT (AST)</b>	23	U/L	5 - 31
(Serum, Enzymatic)			
<b>SGPT (ALT)</b>	17	U/L	10 - 40
(Serum, Enzymatic)			
<b>Alkaline Phosphatase</b>	185	U/L	80 - 290
(Serum, pNPP)			
<b>Total Proteins</b>	7.00	g/dL	6.4 - 8.3
(Serum, Biuret)			
<b>Albumin</b>	4.11	g/dL	3.7 - 5.6
<b>Globulin</b>	2.89	g/dL	1.8 - 3.6
(Serum)			
<b>A/G Ratio</b>	1.42	g/dl	1.1 - 2.2
(Serum)			
<b>Gamma GT</b>	19.5	U/L	11 - 34
Szasz method			

----- End Of Report -----

Dr. Avishesh Kumar Singh  
M.D. (Pathologist)

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**Lipid Profile (Fasting Sample Required)**

Cholesterol - Total	210	mg/dL	Desirable <200 Borderline High : 200-239 High :>=240
Triglycerides Level	166	mg/dL	Normal : <150 Borderline High :150-199 High : 200-499 Very High : >=500
HDL Cholesterol	45	mg/dl	Major risk factor for heart Disease :<40 Negative risk factor for heart Disease:>=60
LDL Cholesterol	131.80	mg/dL	
VLDL Cholesterol	33.20	mg/dL	6-38
LDL/HDL RATIO	2.93		2.5-3.5
CHOL/HDL RATIO	4.67		3.5 - 5

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

**RFT (RENAL FUNCTION TEST)**

**Renal (Kidney) Function Test**

Urea (Serum)	22.1	mg/dL	15 - 43
Creatinine (Serum, Jaffe)	0.73	mg/dL	0.57 - 1.4
Sodium	141	mmol/L	135 - 145
Potassium	4.22	mmol/L	3.5 - 5.1
Uric Acid (Serum, Uricase)	4.66	mg/dL	2.6 - 6
Chlorides	102	mmol/L	98 - 107

*The performance of the Roche cobas c 111 was evaluated using sigma metrics. The calculations were performed using James O. Westgard methodology.[2] This approach uses an assays total allowable error (TEa), accuracy (bias), and precision (SD) to calculate a Sigma metric to characterize the performance of that assay.*

----- End Of Report -----



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### HBA1C

HbA1c Value	4.33	%	4-6=Normal Control Control 8-10=Unsatisfactory Control >10%=Poor Control	6-7=Good 7-8=Fair
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Glycosylated Hemoglobin/Glycated Hemoglobin/GlycoHemoglobin/HbA1c. [1]

Its primary use is to monitor diabetic patient's compliance and long term blood glucose level control . It is an index of diabetic control (direct relationship between poor control and development of complications). It predicts development and progression of diabetic microvascular complications.

----- End Of Report -----



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### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
<b>URINE R/M</b>			
<b><u>Physical Examination</u></b>			
Specific Gravity	1.030		1.003-1.030
Appearance	Clear		Clear
Colour	Pale Yellow		Pale Yellow
pH (Reaction)	Acidic		
<b><u>Chemical Examination</u></b>			
Protein	NIL		NIL
Glucose	NIL		NIL
<b><u>Microscopic Examination</u></b>			
PUS CELLS	2-4	/hpf	0-5
Epithelial Cells	0-2	/hpf	0-5
RBC	Absent	/hpf	Absent
Bacteria	Absent		Absent
Crystals	Absent		Absent
Casts	Absent		Absent

*Test Done by Urisys 1100 (ROCHE) Fully Automatic.*

----- End Of Report -----

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### Complete Blood Count (Haemogram)

Investigation	Observed Value	Unit	Biological Reference Range
<b>CBC</b>			
<b><u>Erythrocytes</u></b>			
Haemoglobin (Hb)	10.6	gm/dL	12.5 - 16.5
Erythrocyte (RBC) Count	5.32	mill/cu.mm	4.2 - 5.6
PCV (Packed Cell Volume)	35.3	%	36 - 47
MCV (Mean Corpuscular Volume)	66	fl	78 - 95
MCH (Mean Corpuscular Hb)	20.0	pg	26 - 32
MCHC (Mean Corpuscular Hb Concn.)	30.2	g/dL	32 - 36
RDW (Red Cell Distribution Width)	15.8	%	11.5 - 14
<b><u>Leucocytes</u></b>			
Total Leucocytes (WBC) Count	6800	cells/cu.mm	4000 - 11000
Neutrophils	70	%	40 - 75
Lymphocytes.	25	%	20 - 40
Monocytes	04	%	2-10
Eosinophils	01	%	1-6
Basophils	00	%	0 - 1
<b><u>Platelets-</u></b>			
Platelet count	189	x10 <sup>9</sup> /L	150 - 450
MPV (Mean Platelet Volume)	9.6	fL.	6 - 9.5
PCT ( Platelet Haematocrit)	0.135	%	0.15 - 500
PDW (Platelet Distribution Width)	12.7	%	11 - 18

EDTA Whole Blood - Tests done on Automated ABX Micros ES60(HORIBA) Cell Counter. WBC, RBC & Platelet count by impedance method, WBC differential by VCS technology & other parameters calculated) All abnormal Haemograms are reviewed & confirmed microscopically. Differential count is based on approximately 10,000 cells.

----- End Of Report -----

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### Hematology

Investigation	Observed Value	Unit	Biological Reference Range
<b>Blood Group &amp; RH Type Screening</b>			
ABO Group	"A"		
Rh Type	"POSITIVE"		

Method: Column agglutination technology (CAT) is an automated. System for blood grouping which is superior in sensitivity to conventional tube method.

### **ESR**

ESR - Erythrocyte Sedimentation Rate (Citrate Blood) Method: Westergren	<b>30</b>	mm at 1hr	0 - 20
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### Interpretation:

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma.

----- End Of Report -----

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### PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Range
<b>Urine Sugar Fasting</b>			
Urine Sugar (Fasting)	Absent		Absent
<b>Vitamin B12</b>			
Vitamin B12 (Serum CMIA)	328.5	pg/ml	187-883

#### Interpretation:

- Vit B12 levels are decreased in megaloblastic anemia partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- Holo Transcobalamin II levels are a more accurate marker of active Vit B 12 component

#### **Thyroid Panel 1 (T3, T4, TSH)**

T3	1.03	ng/dl	0.6-1.8
----	------	-------	---------

Remarks : 1. Decreased values of T3 (T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

T4	6.89	ug/dl	4.5-12.6
----	------	-------	----------

Remark: 1. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites Pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin) Nephrosis etc. In such cases Free T3 and Free T4 give corrected values.

TSH	3.02	uIU/ml	0.25 - 5.5
-----	------	--------	------------

Remarks : 1.4.51 to 15  $\mu$ IU/mL - Suggested clinical co-relation or repeat the test with new sample as physiological factors can give falsely high TSH.

2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

3. Drugs that decrease TSH values e.g: L-dopa, Glucocorticoids Drugs that increase TSH values e.g Iodine, Lithium, Amiodarone

Remark

Method Used : ELFA (Enzyme Linked Fluorescence Assay) on Mini Vidas most Efficient Analyzer Internationally accepted most advanced technology with high quality result.

----- End Of Report -----

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**Vitamin D3**

Vitamin D3	36.4	ng/ml	Deficiency <20ng/ml Insufficiency 20-30 ng/ml Sufficiency > 30 ng/ml
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Comments:

Vitamin D is a steroid hormone involved in the intestinal absorption of calcium . In the liver, the vitamin D is hydroxylated to 25-hydroxyvitamin D (25-OH vitamin D), the major circulating metabolite of Vitamin D .

Vitamin D deficiencies can be observed even in young persons with gastrointestinal illnesses (liver function defects, malabsorption) or accelerated metabolism (from drugs such as antiepileptics). Clinical applications

Method Used : ELFA (Enzyme Linked Fluorescence Assay) Internationally accepted most advanced technology.with high quality result.

----- End Of Report -----

**Dr. Avishesh Kumar Singh**  
M.D. (Pathologist)



भारत सरकार  
GOVERNMENT OF INDIA

लीना बरला  
Leena Barla  
जन्म तिथि/ DOB: 23/09/1973  
महिला / FEMALE



3083 9524 3698

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
W/O: औगुस्टीन डुंगडुंग, 88,  
कचनार टोली, हेसाग, हटिया,  
राँची,  
झारखण्ड - 834003

Address:  
W/O: Augustin Dugdung, 88,  
Kachnar Toli, Hesag, Hatia,  
Jharkhand - 834003

3083 9524 3698

Aadhaar-Aam Admi ka Adhikar

  
**Dr. Shailendra Ruprela**  
MD, Medicine  
Reg. No.: CG MC-511/2006

*Leena*



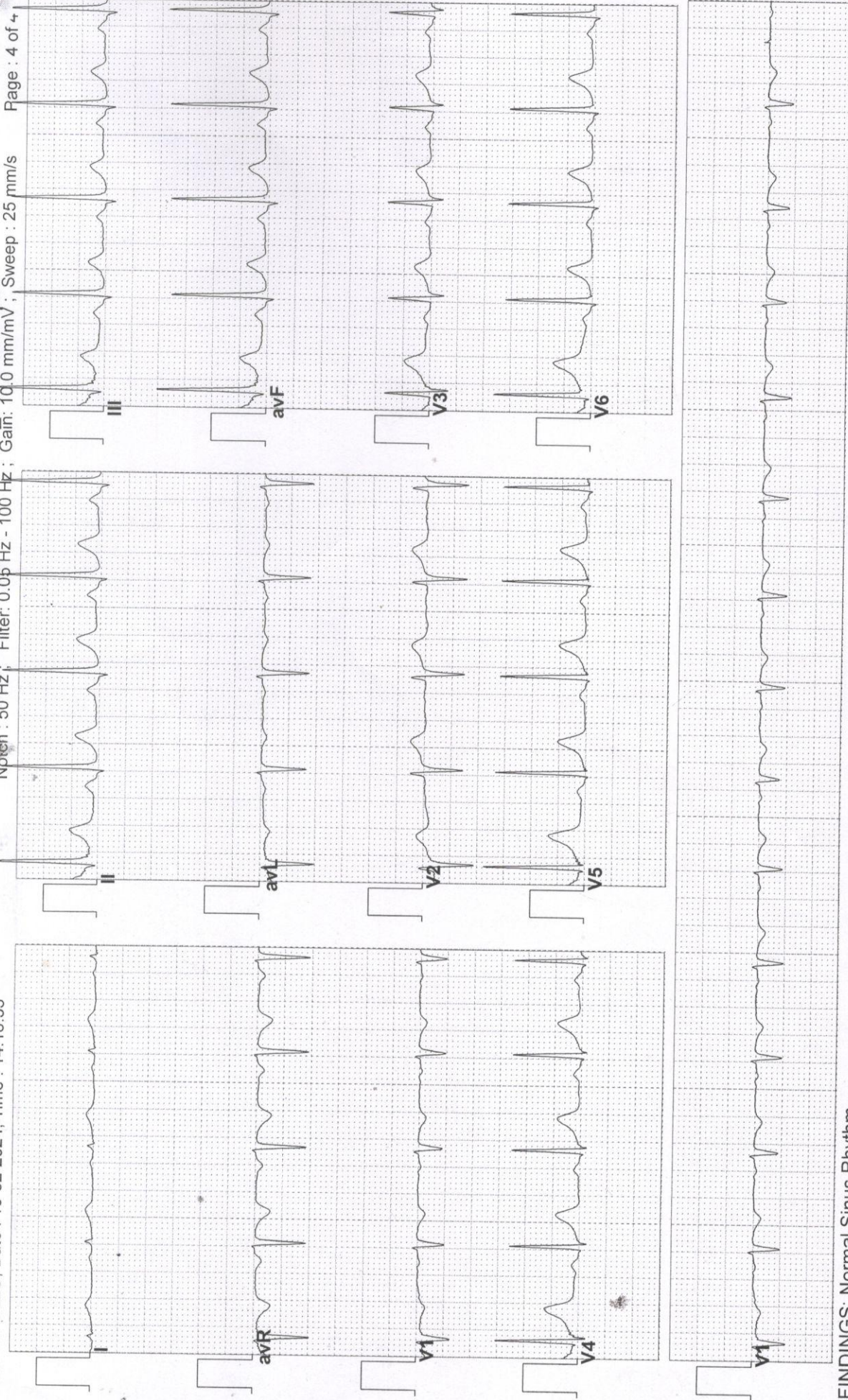
**DR. RUPRELAS NMS DIAGNOSTICS AND IMAGING FAFADIH BILASPUR ROAD RAIPUR**

5476550007; MRS LEENA BARLA; Female; 50 Yrs 00 Mths  
Ref.: APOLLO; Date : 10-02-2024; Time : 14:18:53

Ht: 155 Cms; Wt: 65 Kgs; BP: 120/80 ; HR: 85 bpm  
Pch: 50 Hz; Filter: 0.05 Hz - 100 Hz; Gain: 10.0 mm/mV; Sweep: 25 mm/s

RMS

Page : 4 of 4



FINDINGS: Normal Sinus Rhythm

Vent Rate : 85 bpm PR Interval : 144 ms QRS Duration: 86 ms QT/QTc Int : 349/417

P-QRS-T axis: 77.87.67. (Deg)

Comments :

**Dr. Shailendra Ruprela**  
MD, Medicine

Reg. No.: CG-MC-511/2006

*to send*





**NAME : MRS. LEENA BARLA**

**AGE : 50 Y/SEX/F**

**Ref. By : ARCOFEMI HEALTHCARE LTD.**

**DATE : 10.02.2024**

Complain Of : No Complaints

Ocular H/O: Nil

Family Ocular H/O: Nil

Drug Allergy (If Any): Not Aware

**DISTANCE VISION:**

**RE**

6/6

**LE**

6/6

(With / without PGP)

**NEAR VISION:**

**RE**

N/9

**LE**

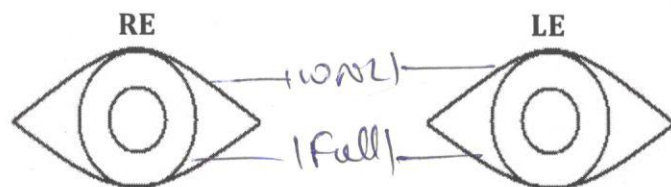
N/9

(With / without PGP)

**REFRACTION:**

EYE	SPH	CYL	AXIS	ADD	VISION
RE	+0.75	_____	_____	6/6	N/6
LE	+0.75	_____	_____	6/6	N/6

**EXTERNAL EYE EXAMINATION:**



**EOM: NAD**

**SQUINT EVALUATION: ABSENT**

**NYSTAGMUS: ABSENT**

**COLOR VISION TEST: NORMAL**

**NYCTALOPIA (Night Blindness): ABSENT**

**Dr. Vaishav Sharma**  
Ophthalmologist  
Reg. No. MCI/10-37782

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in



Dr. Ruprela's  
**NMS** Diagnostics & Imaging  
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### SONO-MAMMOGRAPHY OF BOTH BREAST

The sonography of both breast and axillary region was done using high frequency transducer

- The breast parenchyma is normal in echotexture for age.
- No focal lesion on sono mammography.
- Skin and subcutaneous fat unremarkable.
- Nippo-areolar complex is normal.
- Anterior mammary fascia and posterior mammary fascia is intact.
- There is no evidence of enlarged intramammary or axillary lymphnodes.
- The retromammary region consisting of fat, ribs, and muscles is normal.

#### IMPRESSION.

**Normal sono-mammography study of both breast.**

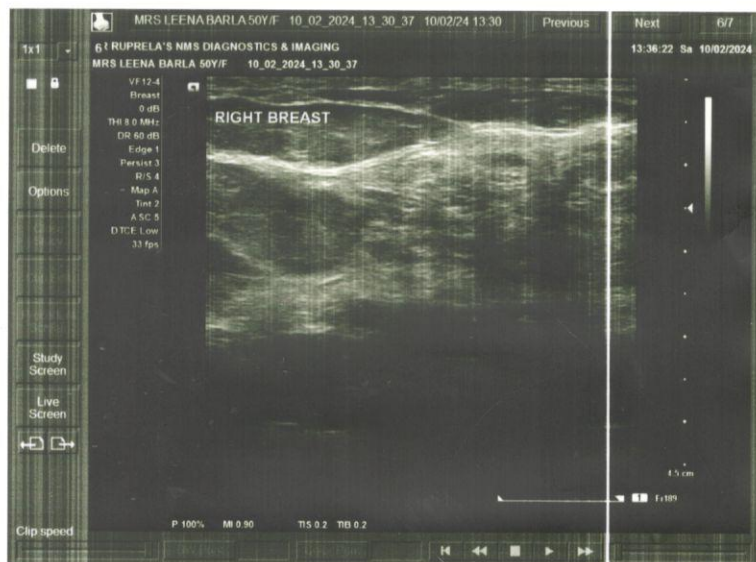
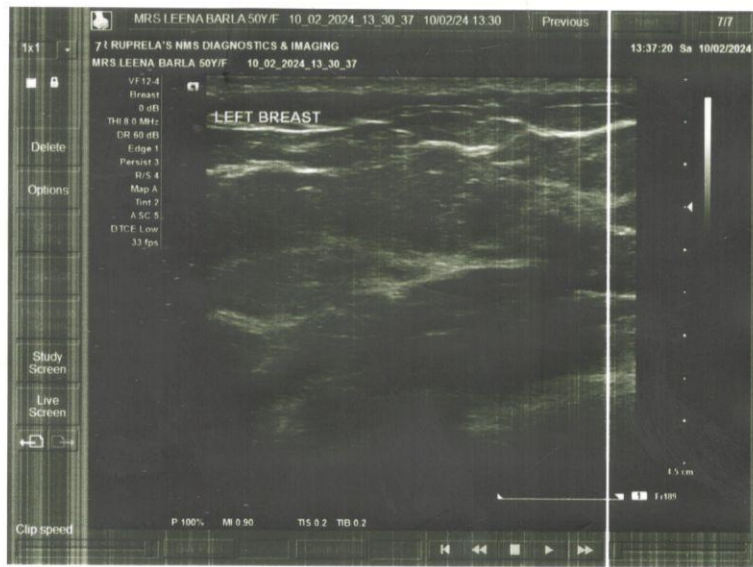
Thanks for reference  
With regards

#### 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 .**

*Gangde*  
Dr. Chhavi Jangde  
MD  
Reg.No.:CGMC-5516/2014

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### SONOGRAPHY OF WHOLE ABDOMEN & PELVIS

The Real time, B mode, gray scale sonography of the abdominal organs was performed.

**LIVER** :The liver is normal in size, shape and has smooth margins. It is uniformly isoechoic , has normally distributed and normal size biliary and portal radicles and is without solid or cystic mass lesion or calcification.

**GALL BLADDER** :The gall bladder is seen as a well distended, pear shaped bag with uniformly thin and regular walls, without, gall stones or mass lesions.

**COMMON BILE DUCT** :The common bile duct is normal in caliber.

**PANCREAS** :The pancreas is normal in size, shape, contours and echotexture.  
No evidence of solid or cystic mass lesion is noted.

**KIDNEYS** :The kidneys are normal in size and have smooth renal margins.  
Cortical echotexture is normal.

The central echocomplex does not show evidence of calculus or hydronephrosis.

**URINARY BLADDER** :The urinary bladder is well distended. No calculi/mass.

**SPLEEN** : The spleen is normal in size and shape. Its echotexture is homogeneous. No evidence of focal lesion is noted.

**PELVIS** : The uterus is antetverted, & appears normal.

The uterine margins is smooth and does not reveal any contour abnormalities.

The uterine myometrium shows homogeneous echotexture.

The ovaries on the either side show normal echotexture.

The endometrial echo is in the midline.

No adnexal mass is seen.

No fluid is noted in the cul-de-sac.

### IMPRESSION :

**The sonography of abdomen and pelvis within normal limits.**

Thanks for reference with regards.

### Kindly Note!

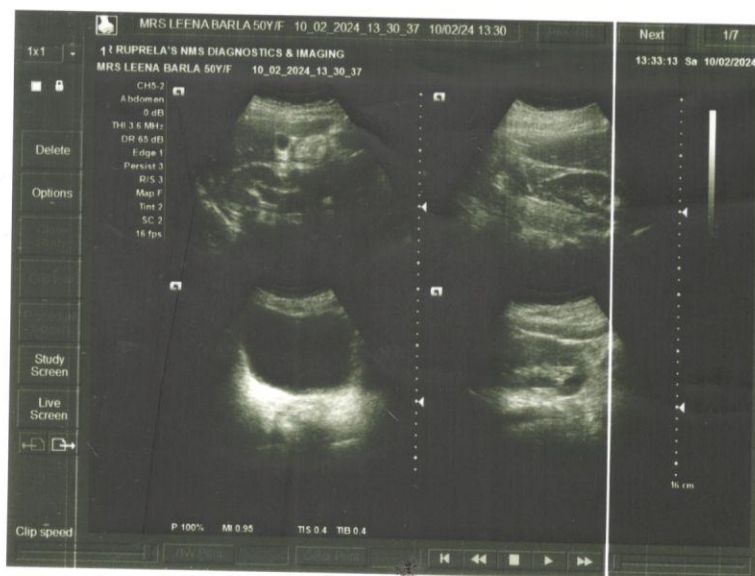
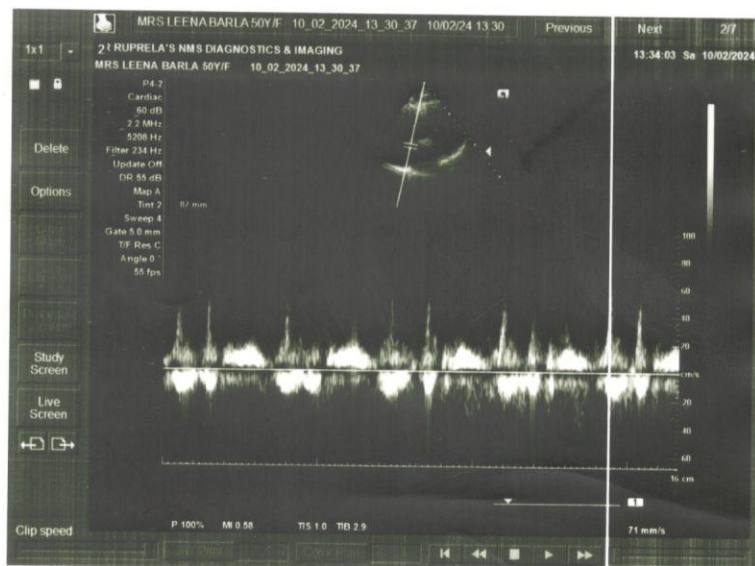
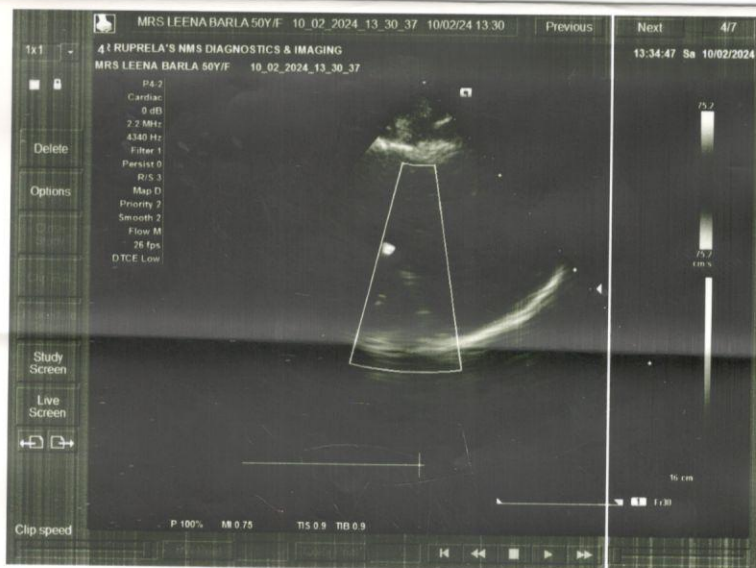
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*Chhavi*  
**Dr. Chhavi Jangde**  
MD  
Reg.No.:CGMC-5516/2014

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X-RAY CHEST PA VIEW

- The lungs on the either side show equal translucency.
- The peripheral pulmonary vasculature is normal.
- No focal lung lesion is seen.
- The pleural spaces are normal.
- The cardiac size is normal.
- The domes of the diaphragms are normal in position, and show smooth outline.
- Both hila are normal in size, have equal density and bear normal relationship.
- The heart and trachea are central in position and no mediastinal abnormality is visible.
- **IMPRESSION** : No evidence of pulmonary, pleural or cardiac pathology is noted.  
Radiograph of chest is within normal limits.



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**MRS. LEENA BARLA**

DATE : 10.02.2024

AGE : 50

SEX : FEMALE

HEIGHT : 155 cms

WEIGHT : 65 kgs

BMI : 27.1

BLOOD PRESSURE : 116/75 mmhg

MEDICAL HISTORY : NOT SIGNIFICANT

ADVICE :

1. DRINK MINIMUM 10 GLASSES OF WATER.
2. EXERCISE/BRISK WALK FOR MINIMUM 50 MINS DAILY.
3. INCREASE INTAKE OF FIBRE LIKE SALAD, FRUIT, SPROUTS.
4. TAKE GOOD SLEEP FOR 7-8 HOURS DAILY.
5. AVOID SPICY AND DEEP FRIED FOOD.
6. AVOID ALCOHOL, SMOKING, NICOTINE.
7. AVOID STRESS.
8. RELAX AND BE HAPPY.



**DR. RASHI SALUJA**  
CONSULTANT DIETICIAN

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

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THIS IS TO DECLARE THAT MRS. LEENA BARLA AGE 50 YEAR/FEMALE HAS UNDERGONE GYNAECOLOGICAL EXAMINATION ON 10.02.2024 DURING HER EXAMINATION NO ABNORMALITIES WERE DETECTED.

HEIGHT:155cms,

WEIGHT: 65kg,

BP: 116/75 mmhg,

NO MENSTRUATION IRRREGULARITIES.

NO DISCHARGE / ITCHING PER VAGINA.

SHE APPEARS TO BE HEALTHY.

DR.PRIYANKA JAIN

MD(OBS. & GYNAE.)



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 "HEALTH" +  "HUMAN" +  "COMPLETE SOLUTION" = 



NAME : MRS. LEENA BARLA  
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AGE/SEX : 50 Y/F  
DATE: 10.02.2024

### ECHO - CARDIOGRAPHY

#### M-MODE MEASUREMENTS:

	Patient value (cm)	normal value (cm)
Aortic Root	3.0	2.0-3.7
Left Atrial Dimension	3.9	1.9-4.0
Left Ventricular ED	4.2	3.7-5.6
Left Ventricular ES	2.8	2.2-4.0
Interventricular Septal	ED : 0.8      ES : 0.9	0.6-1.2
LEFT VENT PW	ED : 0.8      ES : 0.9	0.6-1.2

#### 2 D ECHO

CHAMBERS	- All cardiac chambers normal.
VALVE	- NORMAL
SEPTAE	- IVS/IAS INTACT
RWMA	- NO
EF (OVERALL)(LV)	- 60 %
CLOT/ VEGETATION	- NIL
PER. EFFUSION	- NIL

#### CONTINUOUS WAVE & PULSE WAVE DOPPLER

Valve	Regurgitation	Gradient(mm Hg)
Mitral Valve	NIL	Not Significant
Aortic Valve	NIL	Not Significant
Tricuspid Valve	NIL	PASP=
Pulmonary Valve	Nil	Not Significant

#### PULSE WAVE DOPPLER

MITRAL VALVE INFLOW	> Waves DT	m sec
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#### IMPRESSION -

- NO RWMA AT REST, LVEF=60%
- NORMAL BIVENTRICULAR FUNCTION
- NORMAL CHAMBERS DIMENSION.
- NO CLOT/VEGETATION/PERICARDIAL EFFUSION.
- NORMAL VALVES

  
DR AJAY HALWAI  
MBBS,MD,PGDCC

FAFADIH, NEAR OVER BRIDGE, RUPRELA MARG (SINCE 1937), RAIPUR (C.G.)

Ph.: 0771-4048886, 2888800, Mob.: 9406396296, Email : nmsdiagnostic.service@gmail.com, Website : www.nmsdiagnostics.co.in





Dr. Ruprela's  
**NMS** Diagnostics & Imaging

"अचूक निदान" स्वस्थ जीवन की ओर...

**TO WHOM SO EVER IT MAY CONCERN**

THIS IS TO DECLARE THAT MRS. LEENA BARLA AGE-50/F HE UNDERGONE ENT EXAMINATION ON 10/02/2024. DURING HIS EXAMINATION NO SOFT AND HARD TISSUE ABNORMALITIES WERE DETECTED IN THE EAR, NOSE AND THROAT. NO DISCHARGE FOUND. NO SIGNIFICANT HISTORY.

NO LYMPH NODES WERE TENDER AND PALPABLE.

AIR AND BONE CONDUCTION TEST WERE NEGATIVE.

ADVISE: MAINTAIN GOOD HYGIENE AND FOLLOW UP

*Anoop*  
Dr. Anoop Rekha Mudgal  
MS, ENT  
Reg. No.: CGMC- 5083/2014

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**TO WHOM SO EVER IT MAY CONCERN**

**THIS IS TO DECLARE THAT MRS. LEENA BARLA AGE 50 Y/F HAS UNDERGONE  
DENTAL EXAMINATION ON 10.02.2024.**

**DURING HER INTRAORAL EXAMINATION NO HARD AND SOFT TISSUE  
ABNORMALITIES WERE DETECTED.**

**NO CAVITIES DETECTED.**

**CALCULUS +**

**STAINS +**

**HER EXTRAORAL EXAMINATION REVEALS NO ABNORMALITY.**

**ADVISE: ORAL PROPHYLAXIS,**

**MAINTAIN GOOD ORAL HYGIENE,**

**FOLLOW UP,**

**BRUSH TWICE DAILY.**

  
**Dr. Poonam Ruprela**  
Consultant Dental Surgeon  
CGDC/15/G/2169

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NAME : MRS. LEENA BARLA  
AGE/SEX : 50 Y/F  
REFERRED BY : ARCOFEMI HEALTHCARE LTD.  
DATE : 10.02.2024

**PERIPHERAL SMEAR EXAMINATION**

**RBC** : Macrocytic normochromic .

**WBC**: Total counts within normal range. No toxic granulation seen.  
Band cells-9%, Neutrophils-46%, Lymphocytes-43%, Monocytes-2%.

**Platelets**: Appears adequate on smear.

**Haemoparasite**: No haemoparasite seen.

  
Dr. Avishesh Kumar Singh  
MD (Pathologist)



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