



PT. NAME	:- MRS. SHASHI MALVI	Sample Collected On	:- 02/10/2024
PT. AGE/SEX	:- 40 Y / M	Report Released On	:- 02/10/2024
MOBILE NO	:- 00	Accession On	:- 10
Ref. By.	:- SELF	Patient Unique ID No.	:- 10432
Company	:- -	TPA	:- MEDIWHEEL

BIO CHEMISTRY

Description	Result	Unit	Biological Ref. Range
FASTING BLOOD SUGAR	80.0	mg/dL	70 - 110
POST PRANDIAL BLOOD SUGAR	96.0	mg/dl	70 - 140
Uric Acid	4.0	mg/dL	3.5 - 8.5
Blood Urea Nitrogen (BUN)	10.9	mg/dL	7 - 18
Serum Creatinine	0.79	mg/dl	0.66 - 1.25
Cholesterol	144.3	mg/dl	Desirable : <200 Borderline :200 - 239 High : >=240
Triglycerides	86.3	mg/dl	<150 : Normal 150-199 : Borderline - High 200-499 : High >500 : Very High
HDL	46.2	mg/dl	<40 : Low 40-60 :Optimal >60 : Desirable
LDL	80.84	mg/dl	<100 : Normal 100-129 : Desirable 130-159 : Borderling-High 160-189 : High >190 : Very High
VLDL	17.26	mg/dl	7 - 40
Cholesterol/HDL Ratio	3.12		0 - 5.0
LDL/HDL Ratio	1.7	ratio	0 - 3.5

Clinical Significance :

Total Cholesterol

Serum cholesterol is elevated in hereditary hyperlipoproteinemias and in other metabolic diseases. Moderate-to-markedly elevated values are also seen in cholestatic liver disease, risk factor for cardiovascular disease. Low levels of cholesterol may be seen in disorders like hyperthyroidism, malabsorption, and deficiencies of apolipoproteins.

Triglycerides

Increased serum triglyceride levels are a risk factor for atherosclerosis. Hyperlipidemia may be inherited or may be due to conditions like biliary obstruction, diabetes mellitus, nephrotic syndrome, renal failure, certain metabolic disorders or drug induced.

LDL Cholesterol (Direct) - LDL Cholesterol is directly associated with increased incidence of coronary heart disease, familial hyperlipidemias, fat rich diet intake, hypothyroidism, Diabetes mellitus, multiple myeloma and porphyrias. Decreased LDL levels are seen in hypolipoproteinemias, hyperthyroidism, chronic anaemia, and Reye's syndrome.

Undetectable LDL levels indicate abetalipoproteinemia

HDL Cholesterol - High-density lipoprotein (HDL) is an important tool used to assess risk of developing coronary heart disease. Increased levels are seen in persons with more physical activity. Very high levels are seen in case of metabolic response to medications like hormone replacement therapy. Low HDL cholesterol correlates with increased risk for coronary heart disease (CHD). Very low levels are seen in Tangier disease, cholestatic liver disease and in association with decreased hepatocyte function.

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD

PATHOLOGY (AIIMS, NEW DELHI)

REG. NO. : CG MCI-2996/2010

सही जाँच ही सही इलाज का आधार है...



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Bilirubin - Total	0.56	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.12	mg/dl	0 - 0.3
Bilirubin (Indirect)	0.44	mg/dl	0 - 1.1
SGOT (AST)	22.6	U/L	17 - 59
SGPT (ALT)	31.9	U/L	21 - 72
Alkaline phosphatase (ALP)	120.3	U/L	38 - 126
Total Proteins	6.9	g/dl	6.3 - 8.2
Albumin	4.0	g/dl	3.5 - 5.0
Globulin	2.90	g/dl	2.3 - 3.6
A/G Ratio	1.38		1.1 - 2.0
Gamma GT	26.7	U/L	<55

Clinical Significance :

Alanine transaminase (ALT)

ALT is an enzyme found in the liver that helps your body metabolize protein . When the liver is damaged, ALT is released into the bloodstream and levels increase .

Aspartate transaminase (AST)

AST is an enzyme that helps metabolize alanine, an amino acid. Like ALT, AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP)

ALP is an enzyme in the liver, bile ducts and bone. Higher-than-normal levels of ALP may indicate liver damage or disease , such as a blocked bile duct, or certain bone diseases.

Albumin and total protein

Albumin is one of several proteins made in the liver. Your body needs these proteins to fight infections and to perform other functions . Lower-than-normal levels of albumin and total protein might indicate liver damage or disease.

Bilirubin.

Bilirubin is a substance produced during the normal breakdown of red blood cells. Bilirubin passes through the liver and is excreted in stool. Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

T3 (Triiodothyronine)	130.9	ng/dl	80 - 253 : 1yr - 10 Yr 76 - 199 : 11 Yr - 15 Yr 69 - 201 : 16 Yr - 18 Yr 60 - 181 : > 18 Yrs
T4 (Thyroxine)	5.6	ug/dl	4.6 - 12.5
TSH	2.96	uiU/mL	0.52 -16.0 : 1 Day - 30 Days 0.55-7.10 : 1 mon-5yrs 0.37 -6.00 : 6 Yrs - 18 Yrs 0.35 - 5.50 : 18 Yrs - 55 Yrs 0.50 - 8.90 : > 55 Yrs

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CLINICAL PATHOLOGY

Description	Result	Unit	Biological Ref. Range
URINE R/M			
Appearance	Clear		Clear
Specific Gravity	1.010		1.003 - 1.030
Urine Glucose(Sugar)	Nil		Not Detected
<u>Microscopic Examination</u>			
Epithelial cells	05-06	/HPF	0 - 5
PUS CELLS	02-03	/HPF	0 - 5
RBC (Urine)	Absent	/HPF	0 - 3
Casts	Absent		Not Detected
Crystals	Absent		Not Detected
Bacteria	Absent		Not Detected
Reaction (pH)	Acidic		
<u>Chemical Examination</u>			
Others	Not detected		
<u>Physical Examination</u>			
Colour	Pale Yellow		Pale Yellow
Urine Protein(Albumin)	Nil		Not Detected

CHECKED BY

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HAEMATOLOGY

Description	Result	Unit	Biological Ref. Range
BLOOD GROUP			
BLOOD GROUP	" O "		
Rh	Positive		

NOTE :- This technique is used for preliminary ABO grouping specimen should be further tested by tube method for confirmation.

W.B.C. Indices

TOTAL WBC COUNT	4800	/cumm	4000 - 11000
NEUTROPHILS	74	%	40 - 70
LYMPHOCYTES	21	%	20 - 52
MONOCYTES	04	%	4 - 12
EOSINOPHILS	01	%	1 - 6
BASOPHILS	00	%	0 - 1

R.B.C. Indices

HAEMOGLOBIN	7.5	gm/dL	12.5 - 16.5
RBC COUNT	4.0	Mill/cumm	4.2 - 5.5
HEMATOCRIT (PCV)	24.2	%	37.5 - 49.5
MCV	59.3	fL	80 - 95
MCH	18.3	pg	26 - 32
MCHC	30.99	g/dl	32 - 36
RDW-CV	17.6	%	11.5 - 16.5

Platelet Indices

PLATELET COUNT	197000	/ μ L	150000-400000
MPV	8.9	fl	7.0 - 11.0
PDW	15.4	%	12 - 18
P-LCR	23.2	%	13 - 43
ESR	18	after 1 hr	0 - 15
Advice			Correlate Clinically

CHECKED BY

DR. MAIKAL KUJUR MBBS, MD
PATHOLOGY (AIIMS, NEW DELHI)
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HbA1C-Glycosylated Haemoglobin	4.6	%	Normal Range : <6% Good Control : 6 - 7% Fair Control : 7 - 8% Unsatisfactory Control : 8 -10% Poor Control : >10%
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Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span, and may not reflect glycemic control in these cases accurately.

--- End Of Report ---

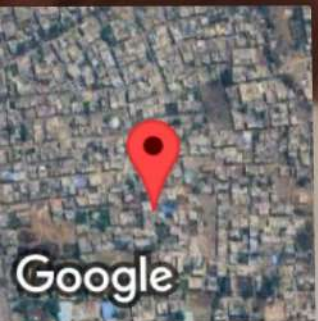
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PATHOLOGY (AIIMS, NEW DELHI)
REG. NO. : CG MCI-2996/2010

सही जाँच ही सही ईलाज का आधार है...



 GPS Map Camera



रायपुर, छत्तीसगढ़, भारत

6J6W+C64, कृष्णा नगर, संतोषी नगर, रायपुर, मथुरेना, छत्तीसगढ़ 492001, भारत

Lat 21.211112°

Long 81.645609°

02/10/24 12:07 PM GMT +05:30



PATIENT NAME MRS. SHASHI MALVI
AGE/SEX 39 YRS /FEMALE
REF. BY MEDIWHEEL

DATE- 02-Oct-24

X-RAY CHEST PA VIEW **Observation & Impression**

- Bilateral lung fields are clear.
- Both costophrenic angles are normal.
- Bilateral hila are normal.
- The cardiac shadow is normal.
- The bony thorax is normal.

IMPRESSION No significant abnormality is seen.

Needs clinical correlation & other investigations.



Hulesh Mandle, MD
Consultant Radiologist

Investigations have their limitation, solitary radiological / pathological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to symptom and other related test please interpret accordingly.

Note-

1. The report & film are not valid for medico-legal purpose.
2. Please intimate us if any typing mistakes & send the report for correction within 7 days.

DR. HULESH MANDLE
MBBS, MD
CGMC-223/04



DATE- 02-Oct-24

PATIENT NAME MRS. SHASHI MALVI
AGE/SEX 39 YRS / FEMALE
REF. BY MEDIWHEEL

SONOGRAPHY OF THE ABDOMEN + PELVIS

PROCEDURE DONE BY ULTRASOUND MACHINE Canon Apilo a450 (4D COLOR DOPPLER)

LIVER : The liver is normal in size, shape & contour with normal echotexture.
A small heterogenous lesion, size ~ 18.2 x 16.3 mm noted in right lobe of liver.
The intrahepatic biliary ducts are normal. The CBD is normal in course, caliber & contour. Hepatic & portal vein appear normal in morphology.

GALL BLADDER : well distended & shows normal wall thickness. Few echogenic foci, size ~ 2.4 mm in gall bladder.

PANCREAS : appears normal in size, shape & echo pattern. Pancreatic duct appear normal.

SPLEEN : Spleen is normal size, shape and position. No focal lesion seen.

KIDNEY : Right kidney measures ~ 11.3 x 3.8 cm.
Left kidney measures ~ 11.4 x 4.4 cm.
Both Kidneys are normal size, shape and position.
Renal parenchymal echogenicities are normal.
No evidence of any calculus or pelvicalyceal dilation.

URINARY BLADDER: UB is well distended with normal wall thickness. No evidence of mass /calculus.

UTERUS : Anteverted bulky uterus & measuring 10.1 x 4.9 x 5.3 cm & vol-140.7 cc
Centrally situated endometrium is normal (12.3 mm). Myometrium is normal.

OVARY : Right ovary measures ~4.1 x 2.9 cm.
Left ovary measures ~3.6 x 2.5 cm.
Both ovaries are normal in size, shape and echotexture.

RETRO PERITONEUM No evidence of lymphadenopathy / mass.

FREE FLUID : No free fluid seen in abdomen & peritoneal cavity.
Umbilical hernia content omentum defect wall ~ 13.6 mm.

IMPRESSION :

- ❖ A small heterogenous lesion noted in right lobe of liver. –Likely Hemangioma.
- ❖ Few echogenic foci in gall bladder.--? Sludge / calculi (Advice – Follow up suggest).
- ❖ Bulky uterus.
- ❖ Umbilical hernia.

Needs clinical correlation & other investigations.



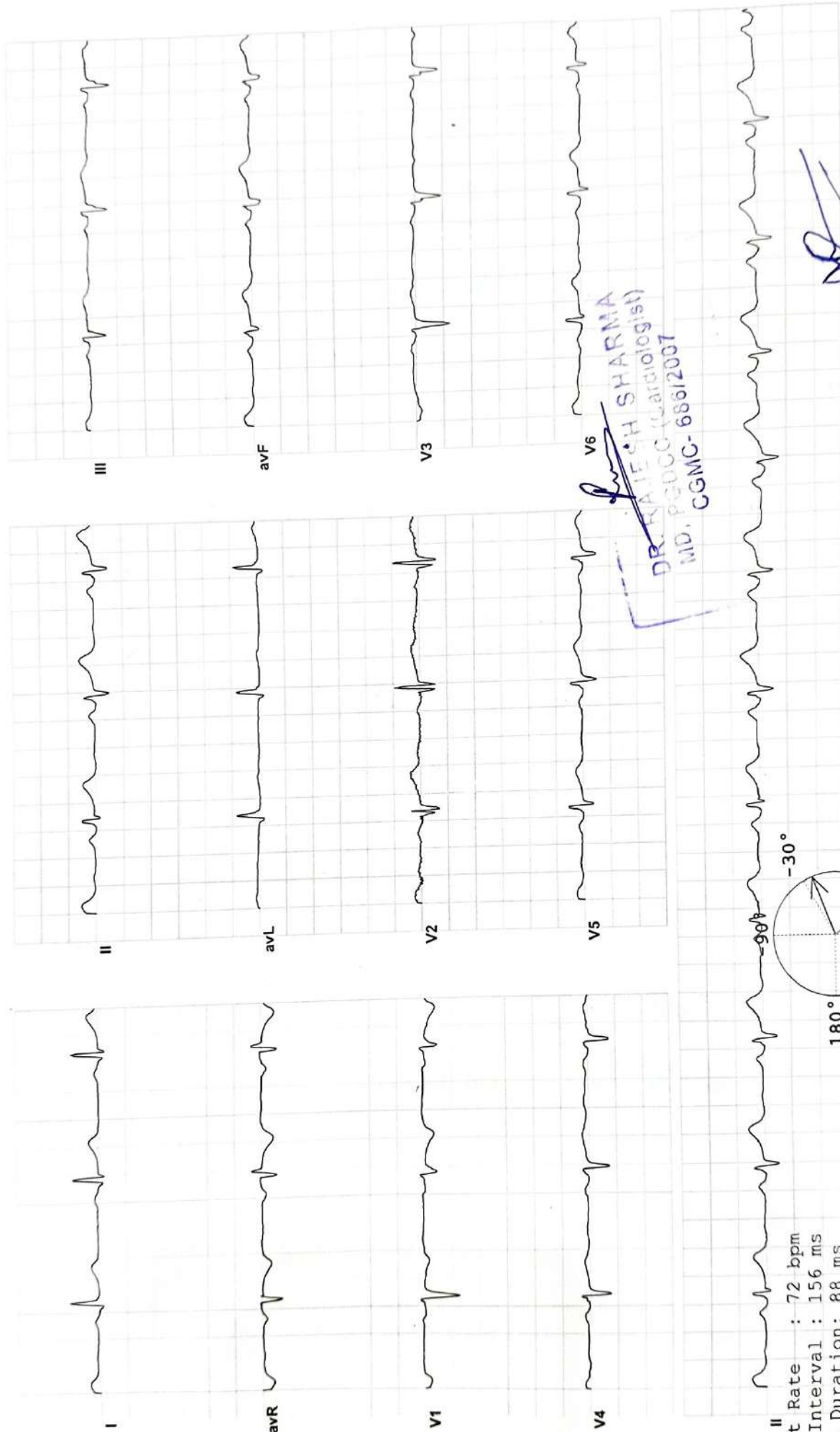
Dr. Hulesh Mandle, MD
Consultant Radiologist

Kindly Note:-

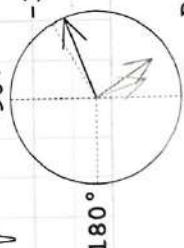
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- कृपया अगली बार जांच के लिए आने पर पुराना रिपोर्ट साथ में लावे ।

सही जाँच ही सही ईलाज का आधार है...





Vent Rate : 72 bpm
 PR Interval : 156 ms
 QRS Duration: 88 ms
 QT/QTc Int : 396/414 ms
 P-QRS-T axis: 70.00 • -21.00 • 56.00 •
 Comments: NORMAL



DR. KATEESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC-686/2007

Reported By:



DATE 2-Oct-24

PATIENT NAME MRS. SHASHI
AGE/SEX 39 YRS / FEMALE
REF. BY MEDIWEEL

USG OF BOTH BREASTS

RIGHT BREAST

- Prominent fibro glandular parenchyma noted in right breast.
- Rest right the breast is are normal in echotexture.
- No mass could be identified. No calcification is seen.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Right axillae is clear.

LEFT BREAST

- Prominent fibro glandular parenchyma noted in left breast.
- Few well defined hypoechoic lesion of left breast size & location are ~ :
 - 3 o'clock position- 10.1 x 5.0 mm.
 - 6 o'clock position- 20.3 x 10.4 x 19.7 mm & vol 2.2 cc. with coarse calcification seen.
 - 12 o'clock position- 8.7 x 4.6 mm.
- Rest left the breast is normal in echotexture.
- Ductal system appears normal.
- Skin and subcutaneous tissue appears normal.
- Few subcentimetric left axillary lymph nodes noted with maintained fatty hilum, largest size ~ 11.8 x 4.9 mm

IMPRESSION:

- ❖ Prominent fibro glandular parenchyma in both breasts—S/o Changes of fibroadenosis. (BIRADS-II).
- ❖ Few well defined hypoechoic lesion of left breast – Likely fibroadenoma. (BIRADS- II).

Needs clinical correlation & other investigations.

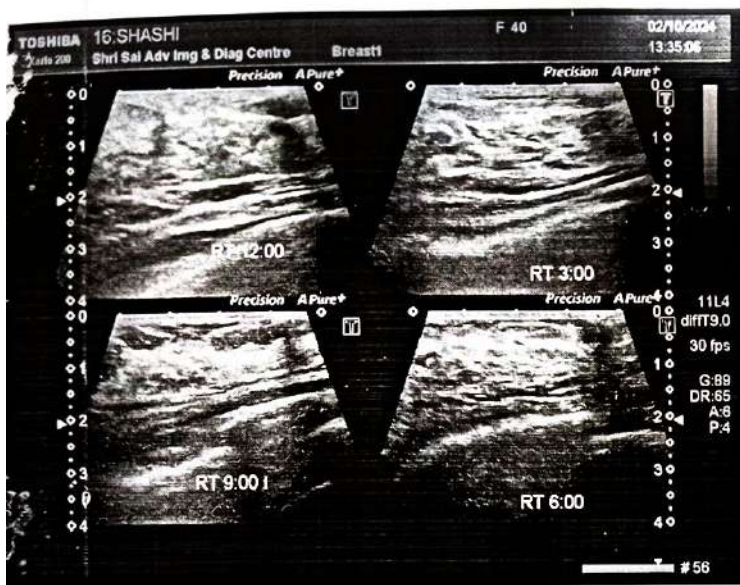


Dr. Aisaba Khan MD
Consultant Radiologist

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SAI DIAGNOSTIC CENTER RAIPUR

2024 Study : Breast
 Patient : SHASHI



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

RADHAKRISHNA VIHAR SANTOSHI NAGAR EMAIL:

461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / NonSmoker
 Date: 02 - 10 - 2024 Refd By : BANK OF BARODA Examined By:

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:29	0:29	00.0	00.0	01.0	075	41 %	110/69	082	00	
Standing	00:52	0:23	00.0	00.0	01.0	075	41 %	110/69	082	00	
ExStart	01:44	0:52	00.0	00.0	01.0	084	46 %	110/69	092	00	
BRUCE Stage 1	04:44	3:00	01.7	10.0	04.7	120	66 %	118/72	141	00	
BRUCE Stage 2	07:44	3:00	02.5	12.0	07.1	141	78 %	125/80	176	00	
PeakEx	07:58	0:14	03.4	14.0	07.4	141	78 %	125/80	176	00	
Recovery	08:58	1:00	01.1	00.0	01.2	126	70 %	120/75	151	00	
Recovery	09:58	2:00	01.1	00.0	01.0	094	52 %	118/70	110	00	
Recovery	11:28	3:30	01.1	00.0	01.0	082	45 %	110/69	090	00	

FINDINGS :

Exercise Time : 06:14
 Max HR Attained : 141 bpm 78% of Target 181
 Max BP Attained : 125/80 (mm/Hg)
 Max WorkLoad Attained : 7.4 Fair response to induced stress
 Test End Reasons : Test Complete, Heart Rate Achieved

REPORT : TMT Repeat is negative.

DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC-686/2007

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
 RADHAKRISHNA VIHAR SANTOSHI NAGAR Email:

461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / NonSmoker
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ExStart	01:44	0:52	00.0	00.0	01.0	084	46 %	110/69	092	00	
BRUCE Stage 1	04:44	3:00	01.7	10.0	04.7	120	66 %	118/72	141	00	
BRUCE Stage 2	07:44	3:00	02.5	12.0	07.1	141	78 %	125/80	176	00	
PeakEx	07:58	0:14	03.4	14.0	07.4	141	78 %	125/80	176	00	
Recovery	08:58	1:00	01.1	00.0	01.2	126	70 %	120/75	151	00	
Recovery	09:58	2:00	01.1	00.0	01.0	094	52 %	118/70	110	00	
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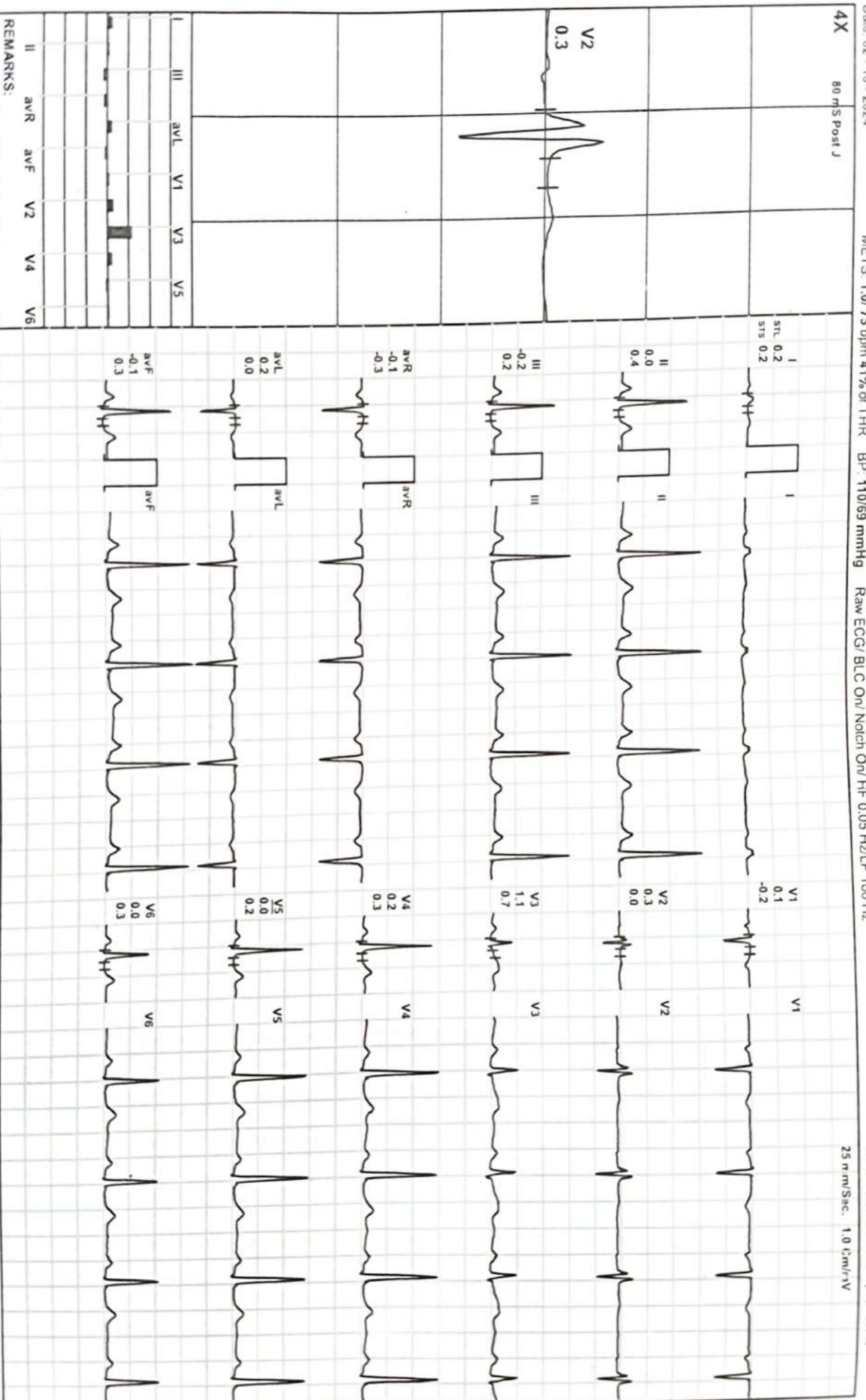


[Signature]
DR. RAJESH SHARMA
 MD, PGDCC (Cardiologist)
 CGMC- 68612007

Date: 02 - 10 - 2024

METS: 1.0/ 75 bpm 41% of THR BP: 110/69 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 100 Hz

EXTime: 00:00 0.0 mph, 0.0%



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / HR : 84

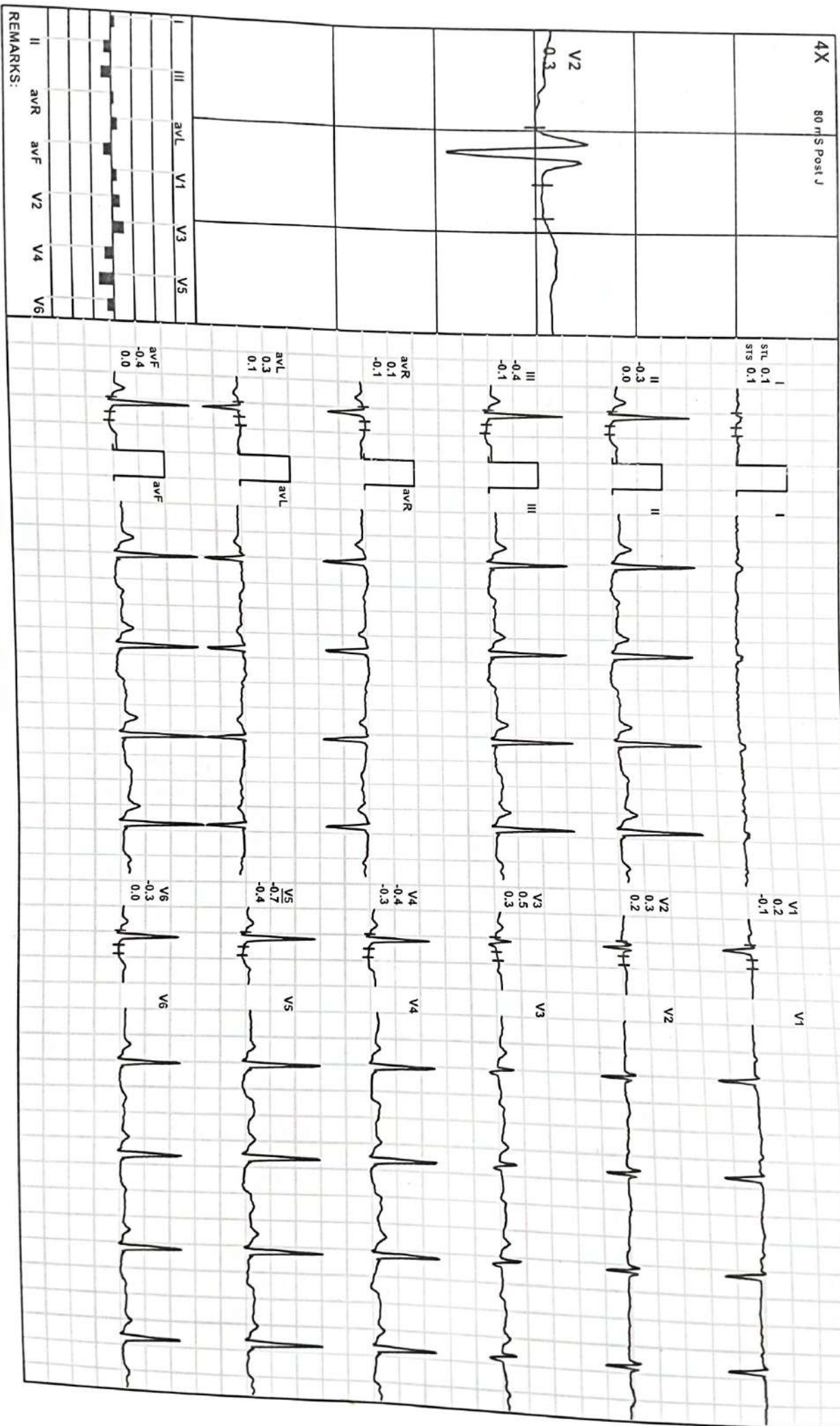
Date: 02 - 10 - 2024

METS: 1.0/ 84 bpm 46% of THR BP: 110/69 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 HZLF 100 Hz

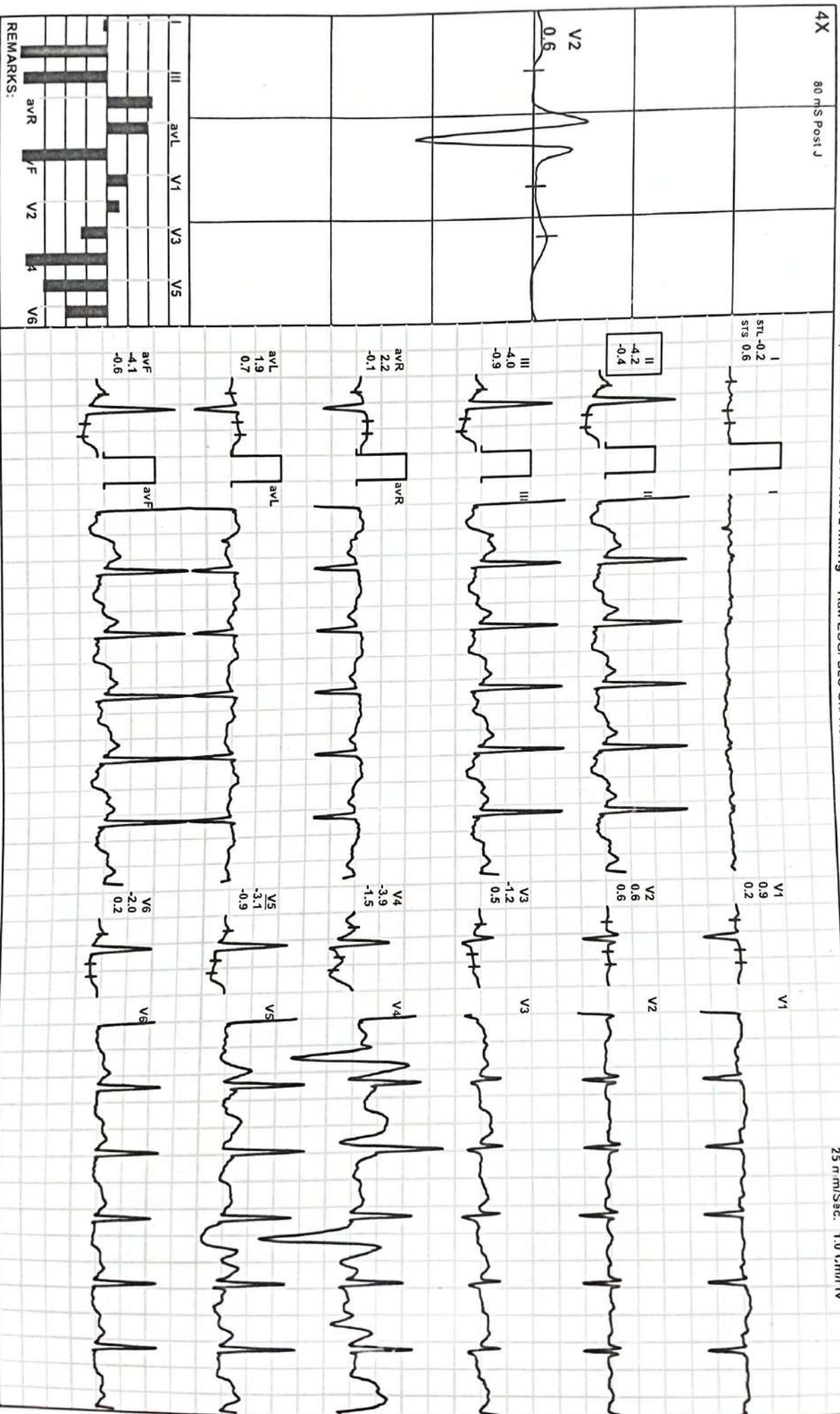
ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 cm/rV

ExStart



REMARKS:



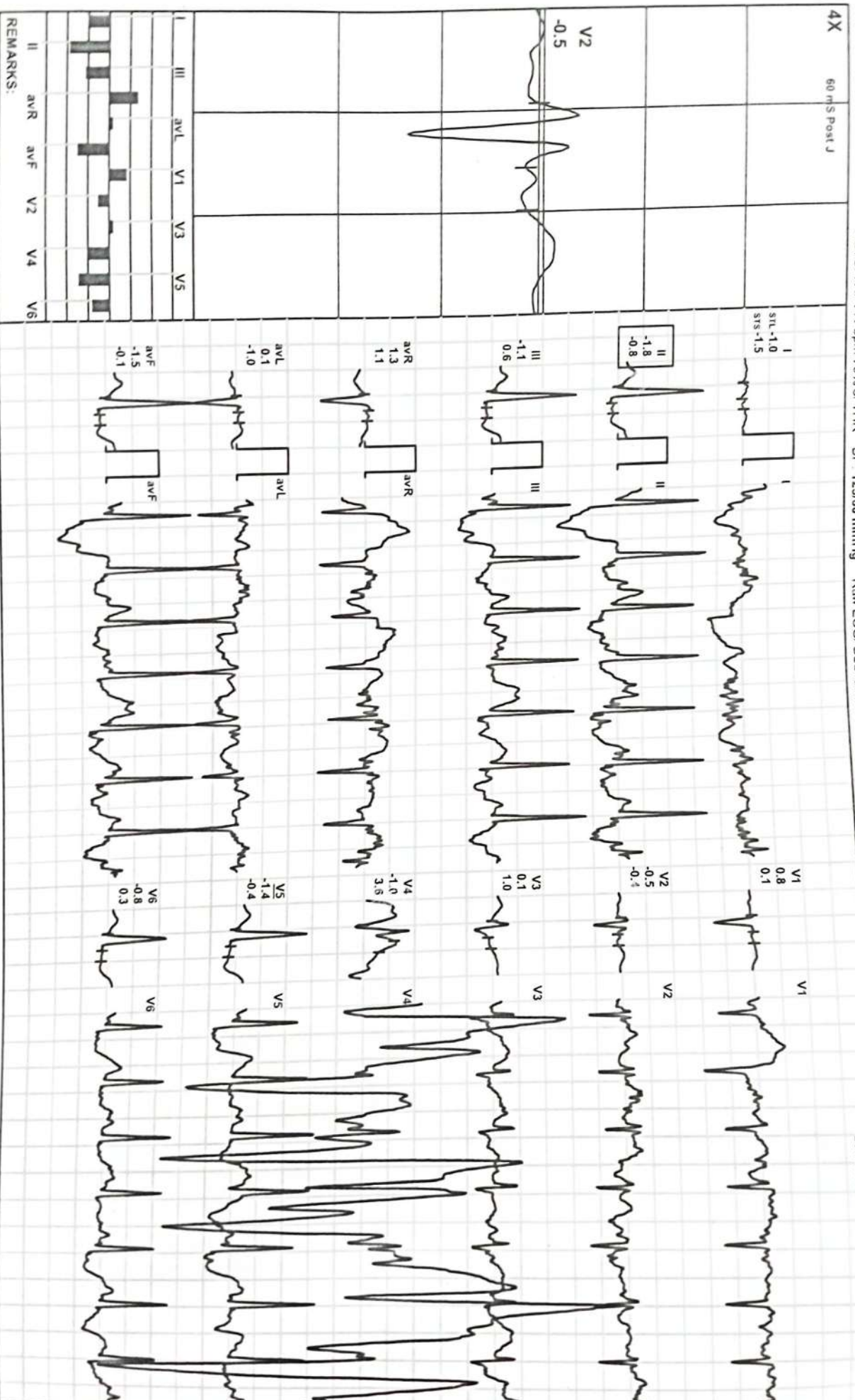
SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / HR : 141

Date 02 - 10 - 2024

METS 7.4/ 141 bpm 70% of THR BP 125/80 mmHg Raw ECG/ BUC On/ Match On/ HF 0.05 HzLF 100 Hz

EXTime: 06:14 3.4 mph, 14.0%
25 mm/Sec. 1.0 (cm/rV)



SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER
 461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / HR : 126

Recovery(1:00)

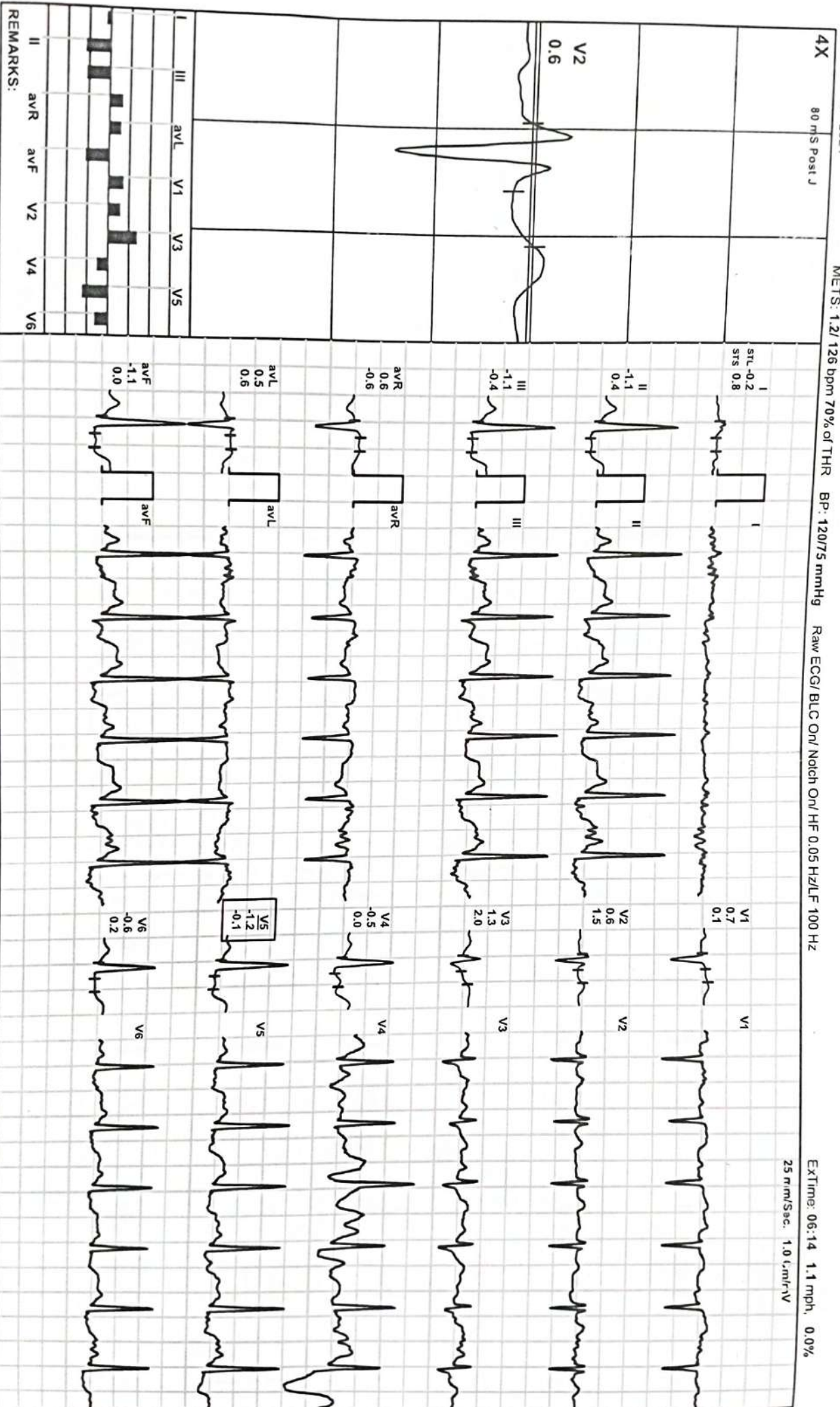


Date: 02 - 10 - 2024

METS: 1.2/ 126 bpm 70% of THR BP: 120/75 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 06:14 1.1 mph, 0.0%

25 r/m/Sec. 1.0 cm/rV



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / HR : 94

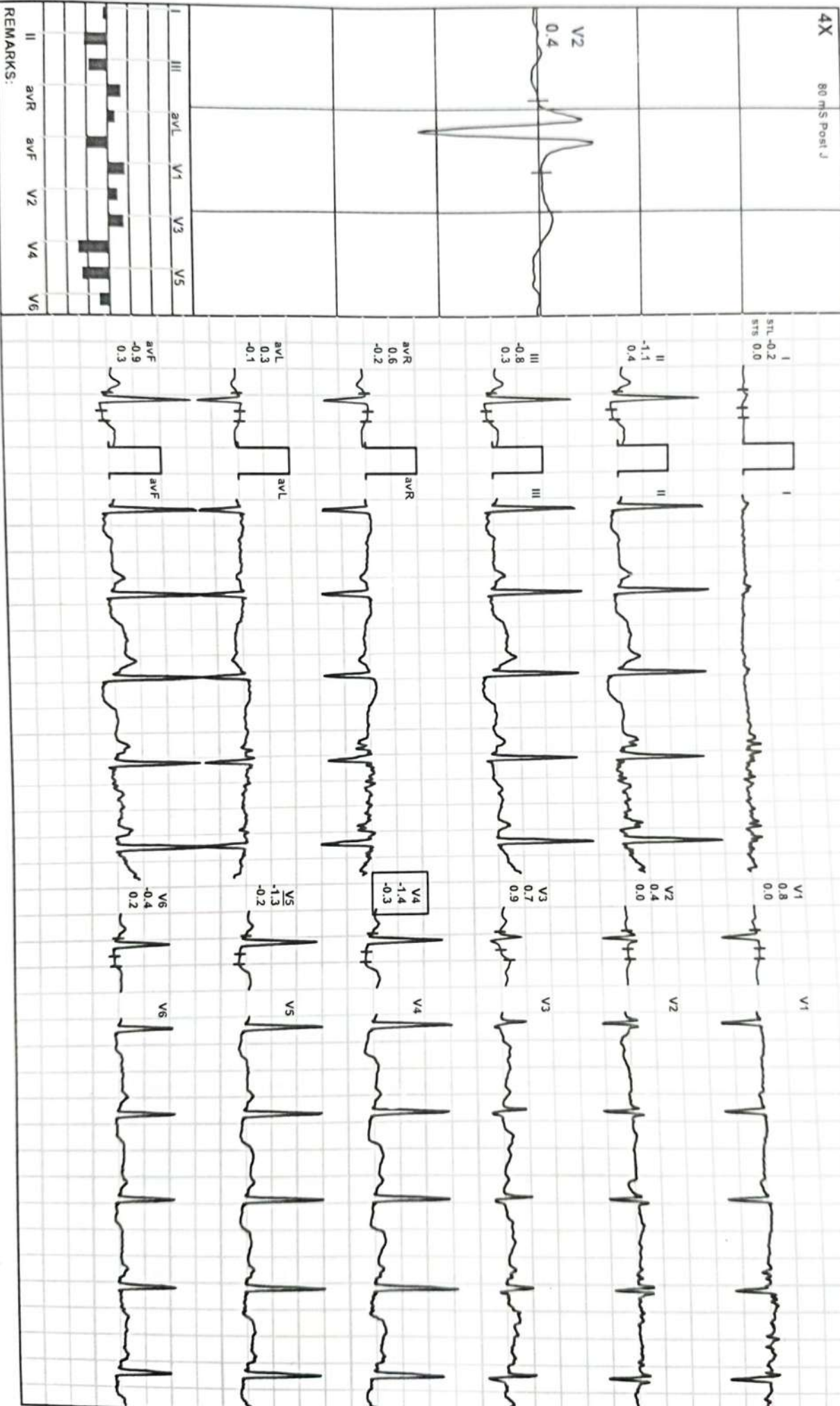
Date: 02 - 10 - 2024

METS: 1.0/ 94 bpm 52% of THR BP: 118/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 06:14 1.1 mph, 0.0%
25 mm/Sec. 1.0 cm/mV

Recovery(2:00)

ACIPL



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER

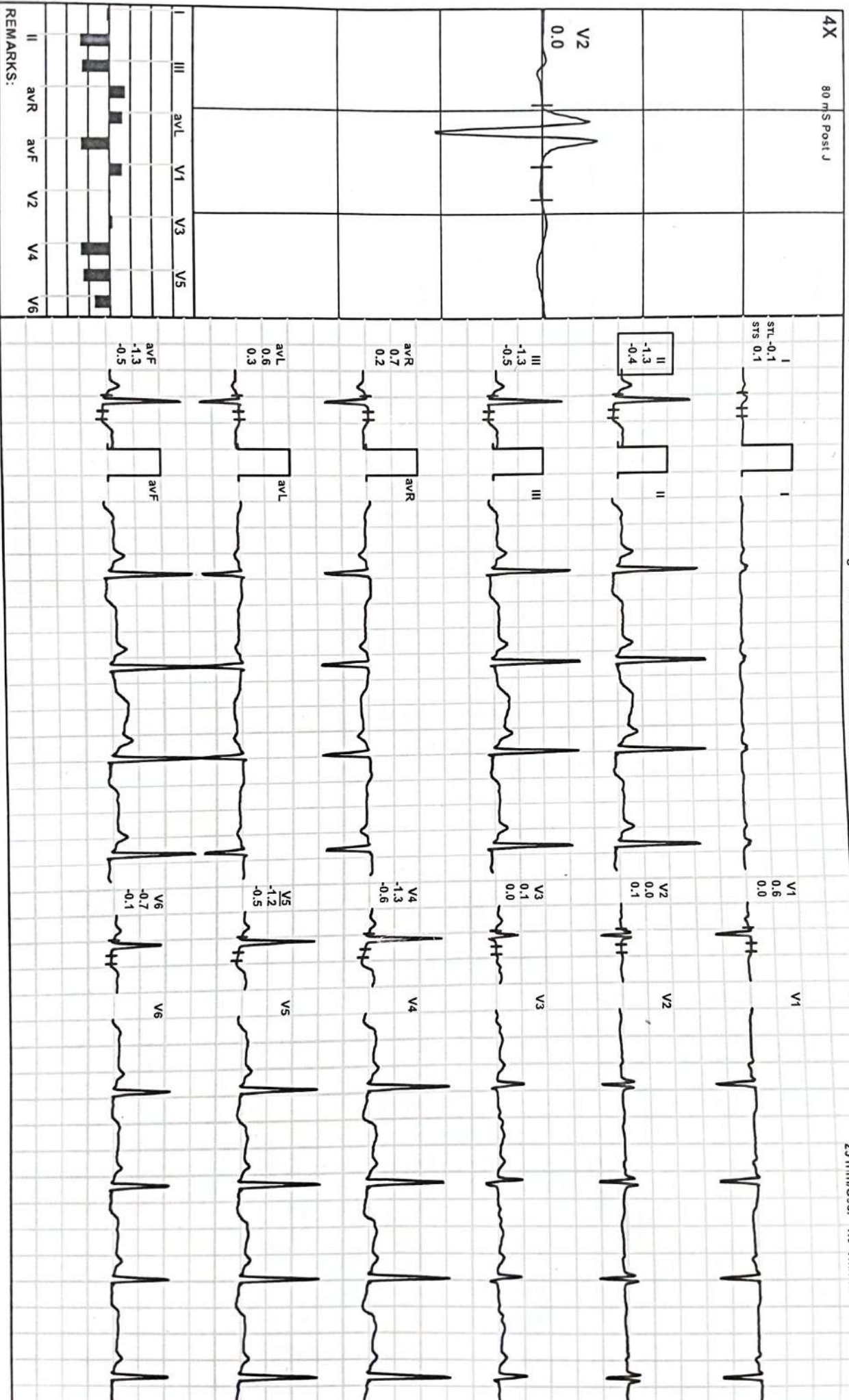
461 / MRS SHASHI MALVI / 39 Yrs / F / 165 Cms / 56 Kg / HR : 82

Date: 02 - 10 - 2024

METS: 1.0/ 82 bpm 45% of THR BP: 110/69 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ/LF 100 Hz

EXTime: 06:14 1.1 mph, 0.0%
25 mm/Sec. 1.0 (cm/rV)

4X 80 mS Post J



REMARKS:

SHRI SAI ADVANCE IMAGING AND DIAGNOSTIC CENTER Median Measurement Summary

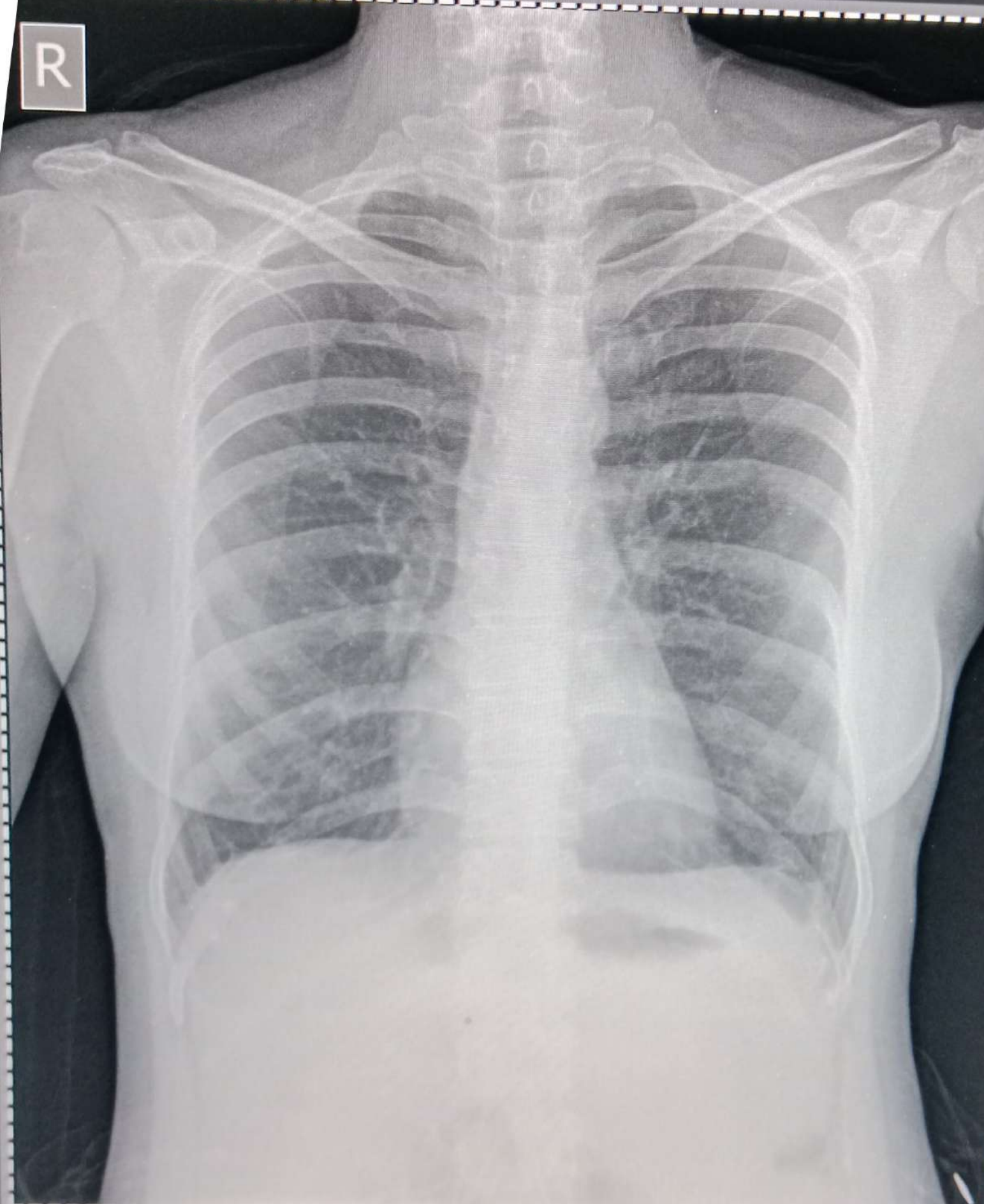
RADHAKRISHNA VIHAR SANTOSHI NAGAR

461 / MRS SHASHI MALVI / 39 Yrs / Female / 165 Cm / 56 Kg / Non Smoker



Time	HR	PR Int	QRS WId	QRS Axis	QTC	P(μV)	R(μV)	S(μV)	T(μV)	Min. J Leads for (μV)	Min. Post JRR (μV)	Var (%)	VEB (Counts)	Missed Beats (Counts)
(Min.)	(bpm)	(ms)	(ms)	(Deg.)	(ms)	(Max)	(Max)	(Min)	(Max)	(μV)	(μV)	(%)	(Counts)	(Counts)
00:30	74	164	118	85	455	278	1637	-856	280	59	-45	0.00	0	0
01:00	77	180	68	75	452	449	1682	-678	1210	-253	-224	0.00	0	0
01:30	85	210	190	86	401	-788	1654	-863	1210	10	-95	0.00	0	0
02:00	94	218	90	88	470	350	1674	-877	-660	-61	-72	0.00	0	0
02:30	101	196	70	87	177	597	1618	-697	674	-30	-103	0.00	0	0
03:00	116	134	52	88	466	327	1646	-693	-445	133	-127	0.00	0	0
03:30	118	162	66	88	397	303	1664	-778	-291	-94	-159	0.00	0	0
04:00	122	148	54	87	416	357	1652	-543	-296	155	-133	0.00	0	0
04:30	119	132	68	88	476	316	1660	-669	-332	-80	-118	0.00	0	0
05:00	126	140	66	86	359	582	1672	-669	-337	-8	-181	0.00	0	0
05:30	133	142	66	88	405	657	1621	-799	-717	-146	-175	0.00	0	0
06:00	135	-138	52	87	241	-676	1610	-541	-787	89	-158	0.00	0	0
06:30	138	138	66	89	248	677	1611	-795	-533	-162	-184	0.00	0	0
07:00	139	134	90	87	446	641	1654	-792	-673	-189	-165	0.00	0	0
07:30	140	116	66	88	432	465	1636	-817	-673	-183	-502	0.00	0	0
08:00	143	124	68	87	426	645	1721	-813	636	205	-412	0.00	0	0
08:30	133	124	92	86	350	350	1624	-693	-372	-308	-254	0.00	0	0
09:00	120	154	84	86	432	348	1727	-873	300	-111	-128	0.00	0	0
09:30	102	140	68	88	400	331	1702	-820	260	-121	-105	0.00	0	0
10:00	93	212	70	91	414	329	1747	-569	207	-51	-99	0.00	0	0
10:30	85	226	68	86	500	324	1716	-554	233	-66	-96	0.00	0	0
11:00	82	170	68	87	484	341	1720	-795	160	-45	-76	0.00	0	0

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MRS. SHASHI MALVI

Female 39 year (Chest

02/10/2024 12:03:10

MRDIWHEEL

SHRI SAI ADVANCE IMAGING & DIAGNOSTIC CENTER



S. No	MDL/24/PAP-90	Name	SHASHI MALVI
Age (Years):	40	Sex:	Female
Receiving Date:	02/10/2024	Reporting Date:	02/10/2024
Referred By:	Shri Sai Advance Imaging & Diagnostic Center, Raipur		

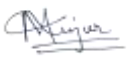
SITE/ SPECIMENS:	Conventional slides were received	HISTORY:	NA
SLIDES:	3 conventional slides were received	STAIN:	Conventional Papanicolaou (PAP) stain

Adequacy:	<input checked="" type="checkbox"/> Satisfactory	Organisms:	<input checked="" type="checkbox"/> Shift in flora suggesting Bacterial Vaginosis
	<input type="checkbox"/> Un-Satisfactory		<input type="checkbox"/> Candida (Fungus)
	<input type="checkbox"/> insufficient squamous cells		<input type="checkbox"/> Trichomonas vaginalis
	<input type="checkbox"/> insufficient endo-cervical cells		<input type="checkbox"/> Actinomyces
	<input type="checkbox"/> poor fixation/preservation		<input type="checkbox"/> Herpes simplex virus
	<input type="checkbox"/> Obscuring inflammation/ blood		<input type="checkbox"/> Lactobacillus overgrowth
Non-neoplastic findings:	<input checked="" type="checkbox"/> Acute inflammatory background	Epithelial Cell Abnormality:	<input type="checkbox"/> ASC-US: Atypical Squamous Cells of Undetermined Significance
	<input type="checkbox"/> Reactive changes		<input type="checkbox"/> ASC-H: Atypical squamous cells cannot exclude HSIL
	<input checked="" type="checkbox"/> Atrophy		<input type="checkbox"/> LSIL: Low-grade Squamous Intraepithelial Lesion
	<input type="checkbox"/> Squamous metaplasia		<input type="checkbox"/> HSIL: High-grade Squamous Intraepithelial Lesion
			<input type="checkbox"/> Suspicious for invasion Squamous Cell Carcinoma
			<input type="checkbox"/> Atypical glandular cells (AGC)
			<input type="checkbox"/> Adenocarcinoma, NOS

INTERPRETATION/RESULT:

Atrophic acute inflammatory smear; Negative for intraepithelial lesion or malignancy (NILM).

ADVICE: Kindly repeat if clinically indicated.

 Dr MAIKAL KUJUR MBBS, MD Pathology (AIIMS, New Delhi) CG MCI-2996/2010	<p>NOTE:</p> <ul style="list-style-type: none"> -Slides and paraffin blocks at the lab will be stored for six months from the reporting date. -Tissue specimens received at the lab will be discarded one week after the final report. -Reports are not for MLC/ Legal purposes. -In case of discrepancy kindly get a review done.
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