

जाहार - बाम बादमी का अधिकार



#### भारतीय विशिष्ट यहचान प्राधिकरण выры ремпесатом антириту от INDIA

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W/O सांवर मन बर्मा, पीडम्बूटी वेस्ट हाउस के पिसे तार्ट न.१७, विदाया, मृंजुर्मु, राक्तवान, 333026

Address

W/O Sanwar Mai Sharma, PWO GUEST HOUSE KE PICHHE WARD N.17, Chirawa, Jhunjituhun, Rajandhan, 333026

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P.O. Bira No. 1847. Bangalaru 662 001

> Rajasthani Diagnostic & Medical Research Centre Jhunhunu

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## RAJASTHANI DIAGNOSTIC & MRI CENTRE

#### FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

CTSCAN

TMT

SONOGRAPHY

X-RAY

ECG

MAMOGRAPHY

NAME	SHASHI KALA SHARMA	AGE-	SEX: F
REF/BY:	MEDIWHEEL HEALTH CHECKUP	DATE	3-Feb-24

#### ULTRASONOGRAPHY WHOLE ABDOMEN

<u>Liver</u>: is normal in size, shape and mild bright echotexture. No IHBR dilatation is seen. No focal mass seen. Portal vein and hepatic veins are normal in diameter. Common bile duct is normal in diameter and lumen is clear.

Gall bladder: h/o cholecystectomy, GB fossa is normal.

Pancreas: is normal in size, shape and echotexture. No focal mass or lesion is detected.

Pancreatic duct is not dilated.

Rt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Lt. Kidney: is normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. No evidence of definite calculus/ hydronephrosis is seen.

Spleen: is normal in size, regular in shape and echo texture. No focal lesion is seen. Splenic vessels are normal.

Urinary Bladder: is well distended. Outline of bladder is regular. Wall thickness is normal. No focal mass is seen. No echogenic shadow suggestive of calculus is seen.

Uterus: is atrophic.

No evidence of ascites is seen. No significant Lymphadenopathy is seen. No obvious bowel pathology is seen. Retroperitoneum including aorta, IVC are unremarkable.

#### IMPRESSION:

· Grade I fatty liver.

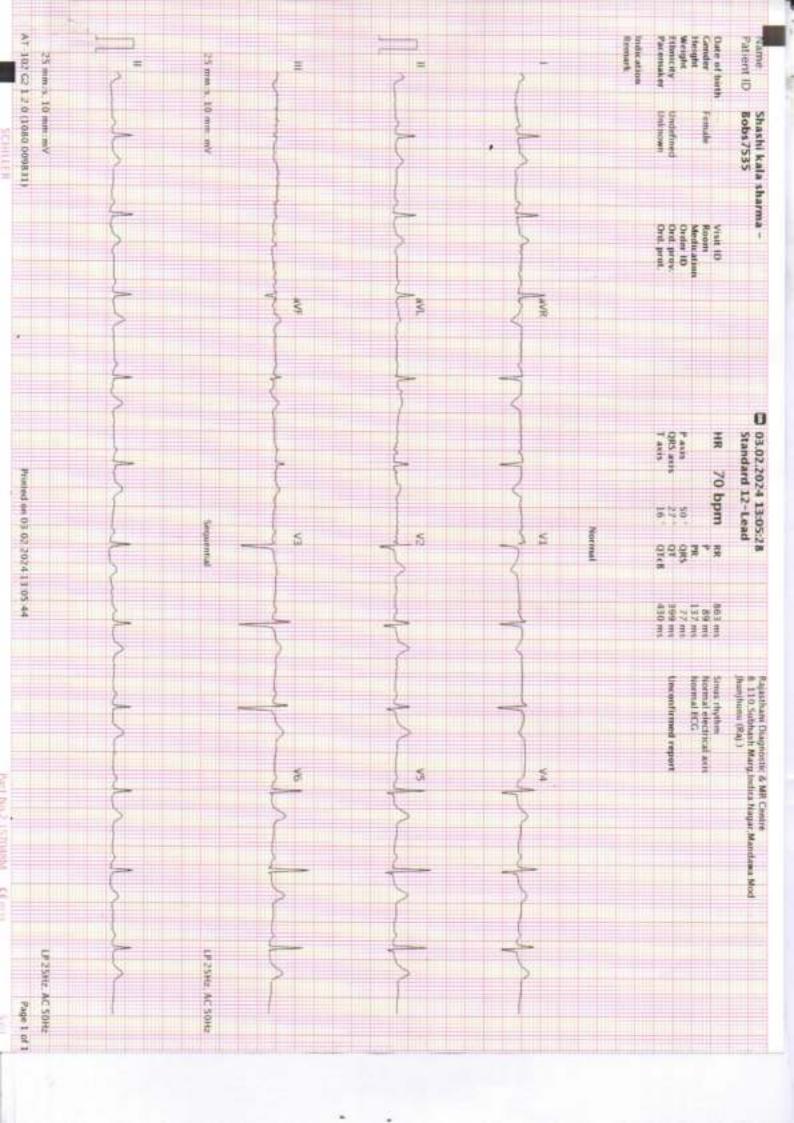
Advised: clinicopathological correlation

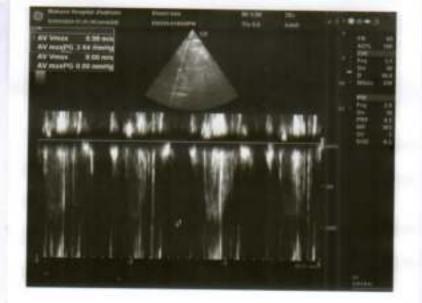
DR. ANUSHA MAHALAWAT

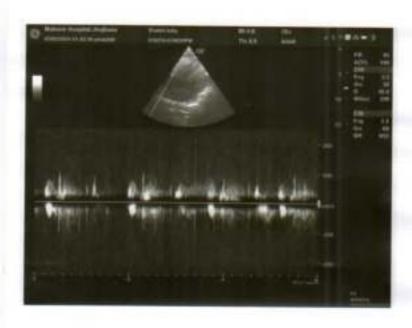
Dr. Anusha Mahainwat MD (Radiodingnosis) (RMC, 38742/25457)

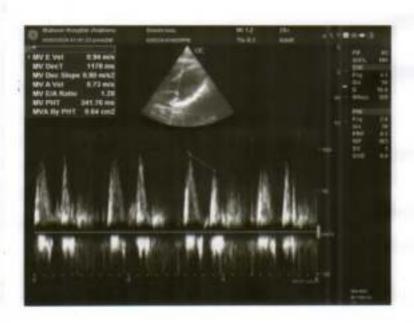












# MAHAVIR HOSPITAL Health & Hygiene



Tel.: 01592-232361 9680960962

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)

MAHAVIR HOSPITAL

Name

SASHI KALA SHARMA

Father/Husband

SANWAR MAL SHARMA

IPD/OPD status

:OPD

Age/Sex

:57 Y/Female

:OutSide

Catagory

CASH

Accession No.

Reg. No.

BILL NO

:20240203023 :2302246024

Bed No.

Consultant

M. S. MEEL

Date

:03/02/2024 1:31:46 PM

#### TRANSTHORACIC ECHO-DOPPLER TEST REPORT

MITRAL VALVE-

Morphology AML-Normal/Thickening/Calcification/Flutter/Restricted mobility/SAM/Doming. PML-Normal/Thickening/Calcification/Prolapse/Fixed/Restricted Mobility/Flutter.

Doppler- Normal/Abnormal

Mitral E/A Velocity= 94/73 (cm/sec).

Mitral Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Mitral Stenosis

Absent/Present.

TRICUSPID VALVE-

Morphology -Normal/Atresia/Thickening/Calcification/Prolapse/Doming.

Doppler- Normal/Abnormal

Tricuspid Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Tricuspid Stenosis

Absent/Present

PULMONARY VALVE-

Morphology -Normal/Atresia/Thickening/Doming/Vegetation.

Doppler- Normal/Abnormal

Pulmonary Valocity = 79 (cm/sec)

Pulmonary Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Pulmonary Stenosis

Absent/Present.

AORTIC VALVE-

Morphology -Normal/Thickening/Calcification/Flutter/Sclerosis/Doming.

No of Cusps- 1/2/3.

Doppler- Normal/Abnormal

Aorta = 2.6cm (2.0 - 3.7cm)

Aprtic Velocity = 99 (cm/sec)

Aortic Regurgitation

Absent/Trace/Mild/Moderate/Severe.

Aprilic Stenosis

Absent/Present.

Left Atrium = 4.5 cm (1.9 - 4.0 cm)

LV measurement

Diastole

Systole

IVS

1.3 cm (0.6-1.1cm)

1.5 cm

**EVID** 

5.4 cm (3.7-5.6cm)

3.5 cm (2.2 - 4.0 cm)

LVPW

1.6 cm (0.6-1.1cm)

1.9 cm

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy.

Contraction Normal/Reduced.

Regional wall motion abnormality : Present/Absent.

LANormal/Enlarged/Clear/Thrombus.

RANormal/Enlarged/Clear/Thrombus.

RVNormal/Enlarged/Clear/Thrombus.





# MAHAVIR HOSPITAL Health & Hygiene

D-15, Indira Nagar, Subhash Marg, JHUNJHUNU (Raj.)



Tel.: 01592-232361 9680960962

MAHAVIR HOSPITAL

#### COMMENTS & SUMMARY-

ECHO window-Good/Fair/Poor.

No regional wall motion abnormality seen, LVEF=55%,

Mild left ventricular hypertrophy seen.

Mild MR, trace TR, no PAH.

Normal systolic function.

Normal diastolic function.

No I/C clot/vegetation.

Intact IAS/IVS & No CoA, no pericardial effusion.

Dr M S Meel

MD Medicine

Senior Physician

Dr. M.S. MEEL MD (Medicine) Reg. No. 7937/2635

Mahavir Hospital, Jounghunu

Dr Pallavi Choudhary MD Paediatrics Consultant







## RAJASTHANI DIAGNOSTIC & MRI CENTRE

FULLY COMPUTERISED PATHOLOGY LABORATORY

MRI

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SONOGRAPHY

· X-RAY

ECG

MAMOGRAPHY

Patient ID		Patient Name	SASHI KALA
Age	57 Yrs.	Date	03-Feb-24
Gender	FEMALE	Ref Doctor	MEDIWHEEL HEALTH CHECK UP

### MAMMOGRAPHY-BILATERAL BREASTS

#### FINDINGS:

- BREAST COMPOSITION: Heterogeneous fibro glandular tissue present.
- 2. MASS: No definite mass lesions identified.
- 3. CALCIFICATIONS: None.
- 4. DILATED DUCTS: None.
- 5. INTRA-MAMMARY NODE: NIL
- 6. ASYMMETRIC BREAST TISSUE: NIL

### IMPRESSION:

No significant abnormality.

Suggested USG and clinical correlation.

DR. ANUSHA MAHALAWAT MD (RADIODIAGNOSIS)

RMC -38742/25457

Note - Please correlate the measurements on the typed report with the image and in case of any discrepancy/doubt, please contact us immediately. There is only a professional opinion and should be correlated clinically. No valid for medico-legal purpose.

Dr. Anusha Mahalawat

MD (Radiodiagnosis) (RMC, 38742/25457)







## RAJASTHANI DIAGNOSTIC & MEDICAL RESEARCH CENTRE

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SONOGRAPHY

X-RAY

ECG

MEMOGRAPHY

NAME : SHASHI KALA SHARMA	AGE 57 /SEX M
REF.BY :BOB HEALTH CHECK-UP	- DATE: 03.03.2024

#### X-RAY CHEST PA

- Both lung fields appear normal in under view
- No e/o consolidation or cavitations is seen.
- Both costo-phrenic angles appear clear.
- Cardiac size is within normal limits.
- Both domes of diaphragm appear normal.
- Bony thoracic cage & soft tissue shadow appear normal.

IMPRESSION :- NORMAL X-RAY CHEST (PA)

(In

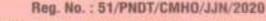
DR. ANUSHA MAHALAWAT

MD (RADIODIAGNOSIS)

RMG.n38742/254571 MD (Radiodiagnesis ) (RMC. 38742/25457)









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MRI

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TMT

SONOGRAPHY

X-RAY , ECG

MEMOGRAPHY



## Hematology Analysis Report

First Name: SHASHI KALA SHERMINE Type: Last Name:

Gender:

Female

Department: Med Rec. No : Sample ID: 7

Test Time: 03/02/2024 11:38

Age:	57 Year	wed Ke	G, 190,	Diagnosis	K.
Parameter		Result	Ref. Range	Unit	
1 WBC		9.57	4.00-10.00	10^3/uL	
2 Neu%		65.8	50.0-70.0		VBC
3 Lym%		27.5	20.0-40.0		
4 Mon%		3.5	3,0412.0	MEDIA	
5 Eos%		2.6	0.5-5.0	4	The second lines
6 Bas%		0.6	0.0-1.0	16	
7 Neu#		6.30	2.00-7.00	10*3/uL	-
8 Lym#		2.63	0.60-4.00	10^3/uL	INC
9 Mon#		0.33	0.12-1.20	10*3/uL	
10 Eos#		0.25	0.02-0.50	10*3/uL	
11 Bas#		0.06	0.00-0.10	10^3/uL	
12 RBC		5.04	H 3.50-5.00	10^6/uL	10kg 20kg 3kk
13 HGB		10.3	11.0-15.0	n/dl	THE RESERVE OF THE PARTY OF THE
14 HCT		36.9	37,0-47.0	N N	
15 MCV		73.1	80.0-100.0	n.	
16 MCH		20.4	27.0-34.0	pg Pg	
17 MCHG		27.9		g/dL	THE RESERVE TO SERVE
18 RDW-CV		14.4	11.0-16.0	%	10 20 30
19 RDW-SD		43.3	35.0-56.0	TL III	20 00
20 PLT		308	1 100-300	10*3/uL	
21 MPV		8.0	6.5-12.0	n.	-
22 PDW		10.0	9.0-17.0		Report to the
23 PCT		0.246	0.108-0.282	N -	
24 P-LCR		22.7	11.0-45.0	%	
25 P-LCC		70	30-90	10^3/uL	
	4		JHUNJH	UNU (RI	•
		16	with Whileh	120	S D1
		Dr. N	Vamta Khuteta		

Submitter: Draw Time:

Submitter: Operator admin Approver. Draw Time: 03/02/2024 11:37 Received Time: 03/02/2024 11:37 Validated Time: Report Time: 03/02/2024 12:49 Remarks:

'The Report is responsible for this sample only. If you have any questions, please contact us in 24 hours

M D. (Path.) RMC No 4720/16260







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MEMOGRAPHY



Patient Name: SHASHI KALA SHARMA

Sr. No. 1085 Patient ID No.: 1798

Age

57 Gender

: FEMALE

Ref. By Dr.: MEDI-WHEEL HEALTH CHECKUP

Registered on : 03-02-2024 12:48 PM

Collected On : 03-02-2024 12:48 PM

Received On : 03-02-2024 12:48 PM Reported On : 04-02-2024 01:20 PM

Bar Code LIS Number

#### LIPID PROFILE COMPLETE

Test Name		Observed Values	Units	Reference Intervals
Cholesterol (Mercol CHOS-RAP)	HOS	216.00	mg/dL	Adults- Desirable: <200 Borderline: 200-239 High: >239 Children- Desirable: <170 Borderline: 170-199 High: >199
HDL Cholesterol		59.00	mg/dL	3568
Triglycerides (Meteol GP0)		168.00	mg/dl.	Recommended triglycerides levels for adults. Normal: <161 High: 161-199 Hypertriglycerdemic: 200-499 Very high:>499
LDL Cholesterol	Н	123.40	mg/dL	0100
VLDL Cholesterol		33.60	mg/dL	0-35
TC/HDL Cholestrol Ratio		3.66	Ratio	2.55
LDL/HDL Ratio		2.09	Ratio	1.5-3.5

#### LIPID PROFILE COMMENTS

All above biological reference interval/sranges are in accordance to the recommendatons of The Natonal Cholesterol Educaton Program(N CEP) Adult Treatment Panel III

(ATP III) Guidelines providing the most desirable targets of various circulating lipid fractons in the bl. ood

Lipid level assessments must be made followin9g to 12 hours of fastn,g otherwise assay results might lead to erroneous interpretation

NCEP recommends the assessment of3 different samples drawn at intervals o1f w eek for harmonizing biological variables that might be encountered in single assays

Therapeutc target levels of lipids as per NCEP - ATP III recommendator:s

Total Cholesterol (mg/dL) <200 - Desirable 200-239 -Borderline high <240 - High

HDL Cholesterol(mg/dL), <40 - Low >60 - High

LDL Cholesterol(mg/dL) <100 Optmal

[ Primary Target of Therapy] 100-129 Near optmal/above optmal

130-159 Borderline high

160-189 High

>190 Very high

Serum Triglycerides (mg/dL) <150 Normal

150-199 Borderline high



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Marita Khesteli Dr.Mamta Khuteti M.D.(Path.) RMC No. 4720/1629

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MRI

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TMT

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X-RAY ECG

MEMOGRAPHY



Patient Name: SHASHI KALA SHARMA

Sr. No. 1085 Patient ID No.: 1798

Age

: 57 Gender

FEMALE

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Bar Code LIS Number 200-499 High >500 Very high

NCEP recommends lowering of LDL Cholesterol as the primary therapeuto target with lipid lowering age, nhtoswever, if triglycerides remain> 200 mg/dL afer LDL goal is

reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal.

Comparison of LDL Cholesterol and Non-HDL Cholesterol Goals for Three Risk Categories

Risk Category LDL Goal (mg/dL) Non-HDL Goal (mg/dL)

CHD and CHD Risk Equivalent <100 <130

(10-year risk for CHD >20%)

Multple (2+) Risk Factors and <130 <160

10-year risk <20%

0-1 Risk Factor <160 <190

Low HDL levels are an independent risk factor for occurrence of coronary artery disease

When Triglyceride level is > 400 mg/dL, Friedewald Equaton is not applicable for calculaton of LD&L VLDL. Hence the calculated values are not provided for such

samples.

#### HAEMATOLOGY

Test Name	Observed Values	Units	Reference intervals
ESR (Erythrocyte Sedimentation Rate)	16	mm/hr	20
BLOOD GROUPING (ABO & Rh )	A+ Positive		





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Patient Name: SHASHI KALA SHARMA

Sr. No. 1085 Patient ID No.: 1798

57 Gender

FEMALE

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12:48 PM

Bar Code LIS Number 04-02-2024 01:20 PM

#### HAEMATOLOGY

#### HbA1c(Glycosylated hemoglobin)

Test Name	Observed Values	Units	Reference Intervals
HbA1c(Glycosylated hemoglobin)	5.20	%	< 6.50 Non-Diabetic 6.50 - 7.00 Very Good Control 7.10 - 8.00 Adeqate Control 8.10 - 9.00 Suboptimal Control 9.10 - 10.00 Diabetic Poor Control > 10.00 Very Poor Control
eAG (Estimated Average Glucose)	102.54	mg/dL	
eAG (Estimated Average Glucose)	5.69	mmol/L	

Method: Fluorescence Immunoassay Technology

Sample Type: EDTA Blood

Test Performed by:-

Fully Automated (EM 200) ERBA MANNHEIM.

#### Remarks:

Gycosylated Hemoglobin Testing is Recommended for both (a) Checking Blood Sugar Control in People who might be Pre-Diabetic. (b) Monitoring Blood Sugar Control in patients in more elevated levels, termed Diabetes Mellitus. The American Diabetic Association suggests that the Glycosylated Hemoglobin Test be Performed atleast Two Times in Year in Patients with Diabetes that are meeting Treatement Goals (and That have stable glycomic Control) and Quarterly in Patients with Diabetes whos therapy has changed or that are not meeting Glycemic Goals.

Glycosylated Hemoglobin measurement is not appropriate where there has been change in diet or Treatment within 6 Weeks. Hence people with recent Blood Loss, Hemolytic Aneamia, or Genetic Differences in the Hemoglobin Molecule (Hemoglobinopathy) such as Sickle-cell Disease and other Conditions, as well as those that have donated Blood recently, are not suitable for this Test.

#### BIO-CHEMISTRY

Test Name	Observed Values	Units	Reference Intervals
Blood Sugar PP	106.00	mg/dL	Glucose 2 h Postparandial. <120

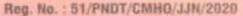


Marita Whitele Dr.Mamta Khuteta M.D.(Path.) RMC No. 4720/1626

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Patient Name: SHASHI KALA SHARMA

Sr. No. 1085 Patient ID No.: 1798

57 Gender FEMALE Age

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#### **BIO-CHEMISTRY**

#### **Liver Function Test**

Test Name	Observed Values	Units	Reference Intervals
0/2		1800	
SGOT/AST(Tech.:-UV Kinetic)	26.00	U/L	5-40
SGPT/ALT(Tech.:-UV Kinetic)	31.00	U/L	5-40
Bilirubin(Total)	0.95	mg/dL	Adults: 0-2, Cord < 2 Newborns, premature 0-1 day 1-8, 1-2 days: 6-12, 3-5 days 10-14 Newborns, full term 0-1 day: 2-6, 1-2 days: 6-10, 3-5 days: 4-8
Bilirubin(Direct)	0.22	mg/dL	0-0.3
Bilirubin(Indirect)	0.73	mg/dL	0.11.0
Total Protein	6.98	gidl. •	Adults: 6.4 - 8.3 Premature 3.6 - 6.0 Newborn: 4.6 - 7.0 1 Week: 4.4 - 7.6 7-12 months 5.1 - 7.3 1-2 Years: 5.5 - 7.5 = 2 Years: 6.0 - 8.0
Albumin	3.87		
Globulin(CALCULATION)	3.11	gm/dL	2.5-4.5
A/G Ratio(Tech.:-Calculated)	1.24	2/2	1.2-2.5
Alkaline Phosphatase(Tech.:-Pnp Amp Kinetic)	215.00	U/L	108-306









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Age

: 57 Gender

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### THYROID HORMONES T3,T4,TSH (THYROID PROFILE)

Test Name	Observed Values	Units	Reference Intervals
T3 (Total Triiodothyronine)	0.93	ng/ML	0.5 - 1.5 ng/ML
T4 (TotalThyroxine)	8.57	µg/dL	4.60-12.50 µg/dL
TSH (Thyroid Stimulating Hormone)	1.22	µIU/mL	0.35 - 5.50 µlU/mL

Sample Type : Serum

Test Performed by:-

Fully Automated Chemi Luminescent Immuno Assay (ARCHITECT- 11000 PLUS ) Abbott USA

#### Remarks

Primary malfunction of the Thyroid gland may result in excessive (hyper) or Low (hypo) release of T3 or T4. In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity.

Disease in any portion of the thyroid-pituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary Hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in Euthyroid sick syndrome, multiple alterations in serum thyroid function test findings have been recognized.



Marsta Kheleh Dr.Mamta Khutesa M.D.(Path.) RMC No. 4720/1626

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Age

# Reg. No.: 51/PNDT/CMHQ/JJN/2020

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Patient Name: SHASHI KALA SHARMA

Sr. No. 1085 Patient ID No.: 1798

> 57 Gender : FEMALE

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### URINE EXAMINATION URINE COMPLETE

Test Name	Observed Values	Units	Reference Intervals
PHYSICAL	The same of the sa		
Quantity		mi	
Colour	Pale Yellow		
Appearance / Transparency	Clear	10	
Specific Gravity	Q.N.S.	10	
PH	1.020		4.5-6.5
CHEMICAL		11.	
Reaction	6.0		
Albumin	TRACE		
Urine Sugar	Nii		
MICROSCOPIC		ZV.	
Red Blood Cells	Nil	/h.p.f.	
Pus Cells	2-3	/h.p.f.	
Epithelial Cells	1-2	/h.p.f.	
Crystals	Alexander Nil	/h.p.f.	
Casts	Nitra	/h.p.f. ×	
Bactria	Nil	/h.p.f.	
Others	Nil	/h.p.f.	
Test Name	Observed Values		
URINE SUGAR PP	Observed values	Units	Reference Intervals
UNINE SUGAN PP	OTA WING		
	STAINING		
Test Name	Observed Values	Units	Reference Intervals
PAP S SMEAR			

END OF REPORT



Marile Butch Dr.Mamta Khufe) M.D.(Puth.) RMC No. 4720/1626

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