

## CHANDAN DIAGNOSTIC CENTRE

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SUMITA SRIVASTAVA Registered On : 14/Feb/2024 09:23:15 Age/Gender Collected : 40 Y 7 M 16 D /F : 14/Feb/2024 09:41:03 UHID/MR NO : CDCA.0000080576 Received : 14/Feb/2024 10:30:58 Visit ID Reported : 14/Feb/2024 16:21:22 : CDCA0349352324

: Dr.Mediwheel - Arcofemi Health Care Ltd. Status Ref Doctor : Final Report

## **DEPARTMENT OF HAEMATOLOGY** MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) * , B	lood			
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Complete Blood Count (CBC) * , Whol	e Blood			
Haemoglobin	9.90	g/dl	1 Day- 14.5-22.5 g/dl 1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/d	
TLC (WBC) <u>DLC</u>	3,800.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
Polymorphs (Neutrophils )	67.00	%	55-70	ELECTRONIC IMPEDANCE
Lymphocytes	26.00	%	25-40	ELECTRONIC IMPEDANCE
Monocytes	4.00	%	3-5	ELECTRONIC IMPEDANCE
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE
Basophils <b>ESR</b>	0.00	%	<1	ELECTRONIC IMPEDANCE
Observed	56.00	Mm for 1st hr.		
Corrected	32.00	Mm for 1st hr.	< 20	
PCV (HCT) Platelet count	30.00	%	40-54	
Platelet Count	1.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	16.70	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	54.30	%	35-60	ELECTRONIC IMPEDANCE









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Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.12	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	14.00	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.40	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.23	fΙ	80-100	CALCULATED PARAMETER
MCH	29.11	pg	28-35	CALCULATED PARAMETER
MCHC	33.00	%	30-38	CALCULATED PARAMETER
RDW-CV	12.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	41.00	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	2,546.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	114.00	/cu mm	40-440	

Dr. R.K. Khanna (MBBS,DCP)









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Patient Name : Mrs.SUMITA SRIVASTAVA : 14/Feb/2024 09:23:17 Registered On Age/Gender : 40 Y 7 M 16 D /F Collected : 14/Feb/2024 15:50:37 UHID/MR NO : CDCA.0000080576 Received : 14/Feb/2024 16:45:56 Visit ID : CDCA0349352324 Reported : 14/Feb/2024 17:20:16

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## DEPARTMENT OF BIOCHEMISTRY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
GLUCOSE FASTING * , Plasma					
Glucose Fasting	99.20	mg/dl	< 100 Normal 100-125 Pre-diabetes > 126 Diabetes	GOD POD	

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

Glucose PP *	105.00	mg/dl	<140 Normal	<b>GOD POD</b>
Sample:Plasma After Meal			140-199 Pre-diabetes	
			>200 Diabetes	

#### **Interpretation:**

- a) Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- b) A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetics in future, which is why an Annual Health Check up is essential.
- c) I.G.T = Impared Glucose Tolerance.

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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit Bio.	Ref. Interval	Method	
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	** , EDTA BLOOD				
Glycosylated Haemoglobin (HbA1c)	4.70	% NGSP		HPLC (NGSP)	
Glycosylated Haemoglobin (HbA1c)	28.00	mmol/mol/IFCC			
Estimated Average Glucose (eAG)	88	mg/dl			

#### Interpretation:

#### NOTE:-

- eAG is directly related to A1c.
- An A1c of 7% -the goal for most people with diabetes-is the equivalent of an eAG of 154 mg/dl.
- eAG may help facilitate a better understanding of actual daily control helping you and your health care provider to make necessary changes to your diet and physical activity to improve overall diabetes mnagement.

The following ranges may be used for interpretation of results. However, factors such as duration of diabetes, adherence to therapy and the age of the patient should also be considered in assessing the degree of blood glucose control.

Haemoglobin A1C (%)NGSP	mmol/mol / IFCC Unit	eAG (mg/dl)	<b>Degree of Glucose Control Unit</b>
> 8	>63.9	>183	Action Suggested*
7-8	53.0 -63.9	154-183	Fair Control
< 7	<63.9	<154	Goal**
6-7	42.1 -63.9	126-154	Near-normal glycemia
< 6%	<42.1	<126	Non-diabetic level

<sup>\*</sup>High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc.

N.B.: Test carried out on Automated VARIANT II TURBO HPLC Analyser.

#### **Clinical Implications:**

- \*Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes.
- \*With optimal control, the HbA 1c moves toward normal levels.
- \*A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated \*Increases in glycosylated hemoglobin occur in the following non-diabetic conditions: a. Iron-deficiency anemia b. Splenectomy







<sup>\*\*</sup>Some danger of hypoglycemic reaction in Type 1diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.



Since 1991

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Dr. Mediwheel - Arcofemi Health Care Ltd.

Status

: Final Report

#### **DEPARTMENT OF BIOCHEMISTRY**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**Test Name** Result Unit Bio. Ref. Interval Method

c. Alcohol toxicity d. Lead toxicity



Dr. Anupam Singh (MBBS MD Pathology)







<sup>\*</sup>Decreases in A 1c occur in the following non-diabetic conditions: a. Hemolytic anemia b. chronic blood loss

<sup>\*</sup>Pregnancy d. chronic renal failure. Interfering Factors:

<sup>\*</sup>Presence of Hb F and H causes falsely elevated values. 2. Presence of Hb S, C, E, D, G, and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.



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# DEPARTMENT OF BIOCHEMISTRY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
BUN (Blood Urea Nitrogen) * Sample:Serum	8.56	mg/dL	7.0-23.0	CALCULATED
Creatinine * Sample:Serum	0.56	mg/dl	0.5-1.20	MODIFIED JAFFES
Uric Acid * Sample:Serum	5.80	mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	51.53	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	30.99	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	57.72	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.76	gm/dl	6.2-8.0	BIURET
Albumin	3.96	gm/dl	3.4-5.4	B.C.G.
Globulin	2.80	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.41		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	106.06	U/L	42.0-165.0.	IFCC METHOD
Bilirubin (Total)	0.72	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.16	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.56	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE (MINI) *, Serum				
Cholesterol (Total)	155.00	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	47.48	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	94	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High 160-189 High	
			> 190 Very High	
VLDL	13.88	mg/dl	10-33	CALC:
Triglycerides	69.40	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO- Sz. C. Khanna (MBBS,DCP)

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## **DEPARTMENT OF CLINICAL PATHOLOGY** MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE EXAMINATION, ROUTINE *	, Urine			
Color	PALE YELLOW			
Specific Gravity	1.020			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
	ADOENIT	0.4	> 500 (++++)	DIDOTION
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++) 1-2 (+++)	
			>2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	ing, an	hand had	
Bile Pigments	ABSENT			
Bilirubin	ABSENT			DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	Large number			MICROSCOPIC
P	3			EXAMINATION
Pus cells	1-2/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
				EXAMINATION
Others	ABSENT			
STOOL, ROUTINE EXAMINATION *	· , Stool			
Color	YELLOWISH			
Consistency	LOOSE			
Reaction (PH)	Neutral (7.0)			
Modellon (111)	recuttat (7.0)			







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# DEPARTMENT OF CLINICAL PATHOLOGY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interval	Method	
Mucus	ABSENT				
Blood	ABSENT				
Worm	ABSENT				
Pus cells	ABSENT				
RBCs	ABSENT				
Ova	ABSENT				
Cysts	ABSENT				
Others	ABSENT				
SLICAD FASTING STACE * Uring					

#### SUGAR, FASTING STAGE \* , Urine

Sugar, Fasting stage ABSENT gms%

#### **Interpretation:**

(+) < 0.5

(++) 0.5-1.0

(+++) 1-2

(++++) > 2

## **SUGAR, PP STAGE \***, Urine

Sugar, PP Stage ABSENT

#### **Interpretation:**

 $(+) \qquad <0.5~gms\%$ 

(++) 0.5-1.0 gms%

(+++) 1-2 gms%

(++++) > 2 gms%

Dr. R.K. Khanna (MBBS,DCP)

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Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

## DEPARTMENT OF IMMUNOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Test Name	Result	Unit	Bio. Ref. Interva	l Method
THYROID PROFILE - TOTAL **, Serum				
T3, Total (tri-iodothyronine)	125.62	ng/dl	84.61–201.7	CLIA
T4, Total (Thyroxine)	7.40	ug/dl	3.2-12.6	CLIA
TSH (Thyroid Stimulating Hormone)	2.350	μIU/mL	0.27 - 5.5	CLIA
Interpretation:				
		0.3-4.5 μIU/r	nL First Trimes	ster
		0.5-4.6 μIU/r	nL Second Trin	nester
		0.8-5.2 μIU/r	nL Third Trime	ster
		0.5-8.9 μIU/r	nL Adults	55-87 Years
		0.7-27 μIU/r	nL Premature	28-36 Week
		2.3-13.2 μIU/r	nL Cord Blood	> 37Week
		0.7-64 μIU/r		z - 20 Yrs.)
			/mL Child	0-4 Days
		1.7-9.1 μIU/r		2-20 Week

- 1) Patients having low T3 and T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile myxedema or autoimmune disorders.
- 2) Patients having high T3 and T4 levels but low TSH levels suffer from Grave's disease, toxic adenoma or sub-acute thyroiditis.
- 3) Patients having either low or normal T3 and T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
- **4)** Patients having high T3 and T4 levels but normal TSH levels may suffer from toxic multinodular goiter. This condition is mostly a symptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- **5**) Patients with high or normal T3 and T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 toxicosis respectively.
- **6**) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the catabolic state and may revert to normal when the patient recovers.
- 7) There are many drugs for eg. Glucocorticoids, Dopamine, Lithium, Iodides, Oral radiographic dyes, etc. which may affect the thyroid function tests.
- **8**) Generally when total T3 and total T4 results are indecisive then Free T3 and Free T4 tests are recommended for further confirmation along with TSH levels.

Being

Dr. Anupam Singh (MBBS MD Pathology)









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## DEPARTMENT OF X-RAY MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### X-RAY DIGITAL CHEST PA \*

#### (300 mA COMPUTERISED UNIT SPOT FILM DEVICE)

#### **CHEST P-A VIEW**

- Soft tissue shadow appears normal.
- Bony cage is normal.
- Diaphragmatic shadows are normal on both sides.
- Costo-phrenic angles are bilaterally clear.
- Trachea is central in position.
- Cardiac size & contours are normal.
- Hilar shadows are normal.
- Bilateral prominent bronchovascular markings.
- Pulmonary parenchyma did not reveal any significant lesion.

#### **IMPRESSION:**

Bilateral prominent bronchovascular markings.

Adv: clinico-pathological correlation and further evaluation.











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## DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### **ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \***

#### **LIVER**

• The liver is mildly enlarged in size measuring 15.2 cm and has a normal homogenous echotexture. No focal lesion is seen.

#### **PORTAL SYSTEM**

- The intra hepatic portal channels are normal.
- Portal vein is normal at the porta.
- Porta hepatis is normal.

#### **BILIARY SYSTEM**

- The intra-hepatic biliary radicles are normal.
- Common duct is normal at the porta. (4.7 mm)
- Gall bladder is well distended with a mobile calculus measuring 7.1 mm in the lumen & small
  immobile focus attached to posterior wall measuring 3.0 mm. There is mild eccentric wall thickening
  in fundal region, wall measuring upto 3.3 mm.

#### **PANCREAS**

• The pancreas is normal in size and shape and has a normal homogenous echotexture.

#### **RIGHT KIDNEY (10.1 x 3.1 cm)**

- Right kidney is normal in size and shape and cortical echotexture.
- Simple cortical cyst in mid pole measuring 11.4 x 6.1 mm.
- The collecting system is not dilated.
- The upper part of right ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.

#### **LEFT KIDNEY (11.6 x 5.1 cm)**

- Left kidney is normal in size and shape and cortical echotexture.
- The collecting system is not dilated.
- The upper part of left ureter is normal.
- The vesicoureteric junction is normal.
- Corticomedullary demarcation is clear.
- Renal respiratory excursions are normal.



Home Sample Collection 1800-419-0002



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## DEPARTMENT OF ULTRASOUND MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

#### **SPLEEN**

• The spleen is normal in size (10.8 cm) and has a homogenous echotexture.

#### **ILIAC FOSSA**

• Scan over the iliac fossae does not reveal any fluid collection or mass.

#### **URINARY BLADDER**

• The urinary bladder is normal. Bladder wall is normal in thickness and regular.

#### **UTERUS**

- The uterus is anteverted and anteflexed position and is normal in size measures 8.5 x 4.1 x 3.4 cm.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline. (4.9 mm)
- Cervix is normal.

#### **UTERINE ADNEXA**

- Adnexa on both sides are normal.
- Right ovary measures 3.7 x 2.1 cm.
- Left ovary measures 3.3 x 2.1 cm.
- Both the ovaries are normal in size.

#### **CUL-DE-SAC**

Pouch of Douglas is clear.

#### **IMPRESSION**

- MIId hepatomegaly.
- Cholelithiasis & small gall bladder polyp with eccentric wall thickening in fundal region -? fundal adenomyosis / chronic cholecystitis.
- Right renal simple cortical cyst.

Recommended: clinicopathological correlation.







1800-419-0002

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## **DEPARTMENT OF TMT**

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

### Tread Mill Test (TMT) \*

## **2D ECHO & COLOUR DOPPLER REPORT** 2D ECHO & M-MODE EXAMINATION VALUES MITRAL VALVE STUDY

DE Excursion :	1.76	cm/sec
E F Slope:	13.68	cm/s
EPSS:	1.16	cm
VALVE AREA (MVOA)		2 ,
PERIMETRY	3.56	cm <sup>2</sup>
PHT:	3.58	Cm <sup>2</sup>

#### **AORTIC VALVES STUDY**

Aortic Diam :	2.95	cm
LA Diam.	2.53	cm
AV Cusp.	1.24	cm

#### **LEFT VENTRICLE**

IVSD	0.72	Cm
LVIDD	3.83	Cm
LV PWD	0.88	Cm
IV Ss	0.93	Cm
LVIDs	2.58	Cm
LV PWS	0.98	Cm
EDV	62	MI
ESV	24	MI

**EJECTION FRACTION:**  $(60 \pm 7\%)$ SV (Teich) **24**ml

**SHÖRTENING FRACTION:** 32%  $(30 \pm 5\%)$ 

**RIGHT VENTRICLE** 

2.03 cm. **RVID**:







Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road

Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name : Mrs.SUMITA SRIVASTAVA Registered On : 14/Feb/2024 09:23:22

 Age/Gender
 : 40 Y 7 M 16 D /F
 Collected
 : N/A

 UHID/MR NO
 : CDCA.0000080576
 Received
 : N/A

Visit ID : CDCA0349352324 Reported : 14/Feb/2024 17:52:15

Ref Doctor : Dr. Mediwheel - Arcofemi Health Care Ltd. Status : Final Report

#### DEPARTMENT OF TMT

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**DIMENSIONAL IMAGING** 

**MITRAL VALVE:** Normal AORTIC VALVE : PULMONARY VALVE : Normal Normal TRICUSPID VALVE: Normal **INTER VENTRICULAR SEPTA:** Normal **INTERATRIAL SEPTUM:** Normal INTRACARDIAC CLOT / VEGETATION / MYXOMA: Absent **LEFT ATRIUM:** Normal **LEFT VENTRICLE:** Normal **RIGHT VENTRICLE:** Normal **RIGHT ATRIUM:** Normal **PERICARDIUM:** Normal OTHER: Normal

#### COLOUR FLOW MAPPING

DOPPLER STUDY

**VELOCITY** cm/s PRESSURE GRADIENT REGURGITATION **E**: 84 cm/s MITRAL FLOW Normal A: 61 cm/s **AORTIC FLOW** 89 cm/s Normal TRICUSPID FLOW 46 cm/s Normal PULMONARY FLOW 62 cm/s Normal

#### **SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS**

- IVFF 62 %
- RWMA not seen.
- No Diastolic dysfunction.
- No MS/TS/AS/PS.
- No MR/TR/PR/AR.
- No pericardial effusion.
- No vegetation.

#### \*\*\* End Of Report \*\*\*

(\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG



Sulland.

DR\_SUDHANSHU\_VERMA

This report is not for medico legal purpose. If clinical correlation is not established, kindly repeat the test at no additional cost within seven days

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Test And Health Check-ups, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2D Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services, Online Booking Facilities for Diagnostics, Online Report Viewing \*

\*Facilities Available at Select Location









Add: M-214/215, Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707,

CIN: U85110DL2003PLC308206



Patient Name

: Mrs.SUMITA SRIVASTAVA

Registered On

: 14/Feb/2024 09:23AM

Age/Gender

: 40 Y 7 M 16 D /F

Collected Received

: 14/Feb/2024 04:31PM : 15/Feb/2024 10:30AM

UHID/MR NO Visit ID

: CDCA.0000080576 : CDCA0349352324

Reported

: 15/Feb/2024 07:32PM

Status

: Final Report

Ref Doctor : Dr.Mediwheel - Arcofemi Health Care Ltd. -

Contract By

MEDIWHEEL - ARCOFEMI HEALTH CARE

LTD. [52610] CREDIT

#### DEPARTMENT OF CYTOLOGY

#### MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

**SPECIMEN:** 

**PAP SMEAR** 

CYTOLOGY NO:

358/24-25

**GROSS:** 

Four unstained smears received & stained by papanicolau's technique.

MICROSCOPIC: Smears show fair number of superficial & intermediate squamous epithelial cells all showing unremarkable cytology. No endocervical cells seen. No atypical cells seen.

**IMPRESSION:** 

SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

#### \*\*\* End Of Report \*\*\*

(\*) Test not done under NABL accredited Scope, (\*\*) Test Performed at Chandan Speciality Lab.

Result/s to Follow: ECG/EKG

Dr. Surbhi Lahoti (M.D. Pathology)

Dr. Nirupma Lal

MD(Pathology)

This report is not for medico legal purpose. If clinical correlation is not established kindly repeate the test at no additional cost within seven days.

Facilities: Pathology, Bedside Sample Collection, Health Check-ups, Digital X-Ray, ECG (Bedside also), Allergy Testing, Online Booking Facilities for Diagnostics Test And Health Check-ups, Online Report Viewing, Ultrasonography, Sonomammography, Bone Mineral Density (BMD), Doppler Studies, 2S Echo, CT Scan, MRI, Blood Bank, TMT, EEG, PFT, OPG, Endoscopy, Digital Mammography, Electromyography (EMG), Nerve Condition Velocity (NCV), Audiometry, Brainstem Evoked Response Audiometry (BERA), Colonoscopy, Ambulance Services\* 65 Days Open





