

14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550 Ph. No.: 0512 - 255 5991, 255 5992

www.apollospectra.com

Dr. Nikhat Siddiqui

M.B.B.S., M.S.(Obst. & Gynae.)
Consultant Gynaecologist & Obstetrician

Mob.: 9839601544

Mrs Shruangi

10/2/24

P1+0

LMP-11 Jan

Pap emean falch Eutoly O/B thick white dischargeting

Intermedy

Clen C Vg Suppostor

- Cp. Lactogut OD

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited)
CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 🖟 🗚 pngana, India.

BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE

1/1

25 mm/s 10 mm/mV

12SL™ v241

GE MAC2000 1.1



14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992 www.apollospectra.com

Patient Name

: Mrs. SHIVANGI YADAV

UHÍD

: SKAN.0000132922

Reported on

: 10-02-2024 12:44

Adm/Consult Doctor

Age

: 29 Y F

OP Visit No

: SKANOPV161759

Printed on

: 10-02-2024 12:44

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal.

No obvious active pleuro-parenchymal lesion seen.

Both costophrenic and cardiophrenic angles are clear.

Both diaphragms are normal in position and contour.

Thoracic wall and soft tissues appear normal.

CONCLUSION:

No obvious abnormality seen

Printed on:10-02-2024 12:44

---End of the Report---

Month of the Chambre of the Chambre

Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB Radiology

Page 1 of 1

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414



14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992

www.apollospectra.com

Patient Name

Reported on

UHID

: Mrs. SHIVANGI YADAV

: SKAN.0000132922 : 10-02-2024 12:43

Adm/Consult Doctor

Age

: 29 Y F

OP Visit No

: SKANOPV161759

Printed on

: 10-02-2024 13:33

Ref Doctor

: SELF

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

Liver- normal in size shape & echogenecity. No focal lesions. Intra hepatic biliary radicles not dilated. Portal vein is normal in course and caliber.

Gall Bladder- post prandial (contracted GB.)

CBD normal in course, caliber & clear in visualized region.

Pancreas - Normal in size, shape and echogenecity. No sizeable mass lesion. Main Pancreatic duct not dilated.

Spleen -normal in size, shape and echogenecity. No focal lesion. Splenic vein at hilum is normal caliber. Retroperitoneum -obscured by bowel gas..

Bilateral Kidney -Normal in size, shape, position and echogenecity. Corticomedullary differentiation preserved. Pelvicalyceal system not dilated. No calculus or mass lesion. Bilateral ureter not dilated. Urinary Bladder -is empty. Pelvic organs could not be commented.

No evidence of ascites.

IMPRESSION:

No significant abnormality seen on this study

Suggest - clinical correlation.

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

Printed on:10-02-2024 12:43

---End of the Report---

Dr. DUSHYANT KUMAR VARSHNEY

MD, DNB Radiology

Page 1 of 1

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414



14/138, Chunni Ganj, Mall Road, Kanpur-208 001 Helpline No.: +91 99355 77550 Ph. No.: 0512-255 5991, 255 5992 www.apollospectra.com

Patient Name :- MS SHIVANGI YADAV Date: - 10 February 2024

Age/Sex: 29Y/FEMALE Reffered By :- MHC

IPD/OPD:-OPD

HEART STATION ECHO REPORT

	1 1 hay / 11 1 1	<u> </u>	1011 -	<u> </u>		
PROCEDURES:	M-MODE/2D	DOPP	LER/CC	LOR/	CONTRA	AST B.S.A. M²
MEASUREMENTS:						NORMAL
Aortic root diameter	· •		2.0			2.0-3.7 cm < 2.2 cm
Aortic valve opening			1.8			1.5-2.6 cm
Right ventricular dim	ension		2.5			$0.7-2.6 \text{ cm} < 1.4 \text{ cm} / \text{M}^2$
Right atrial dimension	n		3.3			0.3-2.9 cm
Left atrial dimension			2.8			$1.9-4.0 \text{ cm} < 2.2 \text{ cm} / \text{M}^2$
Left ventricular ED d	limension		3.8			$3.7-5.6 \text{ cm} < 3.2 \text{ cm} / \text{M}^2$
Left ventricular ES d	imension		2.5			2.2-4.0 cm
Interventricular sept	al thickness	ED	1.1	ES	1.7	0.6-1.2 cm
Left vent PW thickne	ess	ED	1.1	ES	1.0	0.5-1.0 cm
INDICES OF LEFT	VENTRICLE F	UNCTIO	NC			
LV Ejection Fraction			64%		60-€	62%
DOPPLER						
MV	90		Cm/s	ec	MR	Nil
AoV	- 111		Cm/s	ec	AR	Nil
TV	85		Cm/s	ec	TR	Nil

PV FINAL DIAGNOSIS:

- > Normal cardiac chamber dimensions.
- No regional wall motion abnormality.
- ➤ LVEF 64%
- Normal valves and flows.
- > No evidence of pericardial effusion.
- ➤ No evidence of RHD/ASD/VSD/PDA.
- No LA/LV, Clot/Vegetation/mass (Kindly correlate clinically and further investigation)

72

DR. V K YADAV MD, DM (Cardiology) Consultant Cardiologist

Nil

Please correlate clinically

Cm/sec

PR

** Please intimete us for any typing mistakes and sond the report for correction within 7 days

** Please intimete us for any typing mistakes and sond the report for correction within 7 days

nee of Radiological diagnosis is based on the interpretation of various shadows produced by both the named and abunanal issues and are not always conclusive. Further biochemical and reducingual investigation & clinical correlation is required to enable the clinical in reach the final diagnosis.

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414



14/138, Chunni Ganj, Mall Road, Kanpur-208 001

Helpline No.: +91 99355 77550 Ph. No.: 0512 - 255 5991, 255 5992

www.apollospectra.com

Mas Siran & YARAY /29/porrely.

Ve

/ RH. 0.50/0.50 × 120 6/2

(Dislaul)

Mh Me

Colour

Usebu

Ra Luis Alementin

APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED

(Formerly known as Nova Specialty Hospitals Private Limited) CIN- U85100TG2009PTC099414

Registered Office: 1-10-60/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad-500 016, Telangana, India.



Patient Name

: Mrs. SHIVANGI YADAV

UHID/MR No.

: SKAN,0000132922

Sample Collected on: 10-02-2024 11:43

LRN#

: LAB13338676

Ref Doctor

: SELF

Package Name

: ARCOFEMI - MEDIWHEEL - FULL BODY

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

Emp/Auth/TPA ID : 23M122148100088060S

ECHO - PAN INDIA - FY2324

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Age / Gender

: 29Y/Female

OP Visit No

: SKANOPV161759

Reported on

Adm/Consult Doctor :

Specimen

: 10-02-2024 17:46

: Blood(EDTA)

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HEMOGRAM + PERIPHERAL SMEAR		ZAVA DAVITADO	
Hemoglobin Method: Cyanide Photometric	11.1*	11.5 - 15	g/dL
RBC Count Method: Electrical Impedance	4.64	3.8 - 4.8	millions/cu
Haematocrit Method: Calculated	35.4*	36 - 46	mm %
MCV Method: Calculated	76.3*	83 - 101	fl
MCH Method: Calculated	23.9*	27 - 32	pg
MCHC Method: Calculated	31.4*	31.5 - 34.5	g/dl
RDW	16.1*	11.6 - 14	%
Platelet Count Method: Electrical Impedance	2.15	1.5 - 4.1	lakhs/cumm
TLC Count Method: Electrical Impedance	5600	4000 - 11000	cells/cumm

Results are to be correlated clinically

NOTE Technician pethological test have technical limitations which, may all times cause interpretative errors. Collaborative crinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

TOOL HOSE

SONS, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 excelhospitals@gmail.com Pathology Emergency No. 9935577550

Chunnic



Patient Name

: Mrs. SHIVANGI YADAV

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No Reported on

: SKANOPV161759

Sample Collected on: 10-02-2024 11:43 LRN#

: 10-02-2024 17:46

: LAB13338676

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : 23M122148100088060S

Adm/Consult Doctor :

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

Differential Leucocyte Count(Fluorescence Flow

Cytometry / VCS Technology)

Neutrophils

50

40 - 80

%

Lymphocytes

46*

20 - 40

%

Monocytes

02

2 - 10

%

Eosinophils

02

1-6

%

Basophils

00

19

0 - 2

0 - 20

%

mm/hr

Erythrocyte Sedimentation Rate (ESR)

Method: Westergrens Method.

RESULT

BIOLOGICAL REFERENCE INTERVALS

UNITS

BLOOD GROUP ABO AND RH FACTOR

ABO

O

Method: Microplate Hemagglutination

Method: Microplate Hemagglutination

Rh (D) Type:

TEST NAME

POSITIVE

End of the report

Results are to be correlated clinically

NOTE: All pathological test have technical limitations with Technician timeschaples in terpretative errors. Collaborative Collaboration is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Keel Hose

\$0.01 14/138, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Pathology excelhospitals@gmail.com Emergency No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No

: SKANOPV161759

Sample Collected on: 10-02-2024 11:43

Reported on

: 10-02-2024 17:50

LRN#

: LAB13338676

Specimen

: Blood(EDTA)

Ref Doctor

: SELF

Emp/Auth/TPA ID : 23M122148100088060S

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

PERIPHERAL SMEAR

Methodology

Microscopic

RBC

Normocytic Normochromic, Normocytic Hypochromic to Microcytic

Hypochromic.

WBC

within normal limits. DLC is as mentioned.

Platelets

Adequate in Number

Parasites

No Haemoparasites seen

IMPRESSION

Normocytic normochromic Normocytic Hypochromic to Microcytic Hypochromic

anemia.

Adviced

Serum Iron Study.

Note/Comment

Please Correlate clinically

End of the report

Results are to be correlated clinically

Lab Technician / Technologist

Note: Earl Plathological test have technical limitations which may at times cause interpretative errors. Collaborative clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

Keel Host

Pathology 14/138, Ghunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Email: excelhospitals@gmail.com Emergency No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No

: SKANOPV161759

Sample Collected on: 10-02-2024 12:13

Reported on

: 10-02-2024 17:57

LRN#

: LAB13338676

Specimen

: Plasma(PP)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : 23M122148100088060S

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFEREN	CE <u>UNITS</u>
GLUCOSE, POST PRANDIAL (PP), 2 HOUR	S (POST MEAL)		
GLUCOSE - SERUM / PLASMA (POST	104	70 - 140	mg/dl
PRANDIAL)			
Method: Glucose Oxidase-Peroxidase			
GLUCOSE, FASTING			
FASTING SUGAR	82	70 - 110	mg/dl
Method: GOD-PAP			
GAMMA GLUTAMYL TRANFERASE (GGT	Γ)		
GAMMA GT	27	< 38	U/L
Method: Kinetic Photometric			
RENAL PROFILE/RENAL FUNCTION TES	T (RFT/KFT)		
CREATININE - SERUM / PLASMA	0.8	0.55 - 1.02	mg/dl
Method: Jaffe's Kinetic			
JRIC ACID - SERUM	5.3	2.6 - 6.0	mg/dl
Method: Modified Uricase			
UREA - SERUM/PLASMA	24	Female: 15 - 36	mg/dl
Method: Urease with indicator dye			
CALCIUM	9.7	8.5 - 10.1	AOSPITA (109/dl
Method: O-Cresolphthalein complexone		(\$7	AOSPITA GOE AL
		1 5-1	- 1 A

Results are to be correlated clinically

NOTE: All pathological test have technical limitations while to Treehnatidim execution of the pretative errors. Copyahogratize of initial pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.



149 Chunniganj, Kanpur - 208001 MD Ph. 0512-2555991, 2555992 Pathology Pathology No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No

: SKANOPV161759

Sample Collected on: 10-02-2024 12:13

Reported on

: 10-02-2024 17:57

LRN#

: LAB13338676

Specimen

: Plasma(PP)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : 23M122148100088060S

Adm/Consult Doctor:

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

BUN	11.19	7-17	/ 11
Method: Urease with indicator dye	*****	7-17	mg/dl
PHOSPOHORUS	4.0	2.5 - 4.5	ma/dl
Method: Phosphomolybdate -UV		2.00	mg/dl
ELECTROLYTES (Na)	145	135 - 145	meq/L
Method: ISE-Direct			moq/ E
ELECTROLYTES (K)	5.3*	3.5 - 5.1	meq/L
Method: ISE-Direct			vj
LIVER FUNCTION TEST (LFT)			
BILIRUBIN TOTAL	0.62	0.2 - 1.3	mg/dL
Method: Azobilirubin/dyphylline			mg/dL
BILIRUBIN (DIRECT)	0.15	Adults: 0.0 - 0.3	mg/dL
Method: Dual Wavelength Spectrophotometric		Neonates: 0.0 - 0.6	mg/ub
BILIRUBIN UNCONJUGATED(INDIRECT)	0.47	0.0 - 1.1	mg/dL
Method: Dual Wavelength Spectrophotometric			g, u.b
ALBUMIN	4.5	3.0 - 5.0	g/dL
Method: Bromocresol Green dye binding			8. 4.2
PROTEIN TOTAL	7.6	6.0 - 8.2	g/dL
Method: Biuret Reaction			8. 4.2
AST (SGOT)	26	14 - 36	U/L
Method: Kinetic (Leuco dye) with P 5 P			J. 13
GLOBULINN	3.1	2.8 - 4.5	g/dL
Method: Calculation		HOSPITA	ALS

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which Techniciatingschalogisterpretative errors. Cellahorative of inject pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

raal Hosp

1**\$/03***) Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Pathology Pathology No. 9935577550



: Mrs. SHIVANGI YADAV **Patient Name**

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No Reported on : SKANOPV161759

Sample Collected on: 10-02-2024 12:13

: 10-02-2024 17:57

LRN#

: LAB13338676

Specimen

: Plasma(PP)

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : 23M122148100088060S

Adm/Consult Doctor :

9 - 52

Sponsor Name ALT(SGPT)

: ARCOFEMI HEALTHCARE LIMITED

U/L

LIPID PROFILE

CHOLESTEROL

163

<200 - Desirable

mg/dL

Method: CHOD-End Point POD (Enzymatic)

30

200-239 - Borderline High

>=240 - High

58

<40 - Low

mg/dL

>=60 - High

LDL.

HDL

83.2

< 100 - Optimal

Method: Calculation Friedewald's Formula

100-129 - Near Optimal & Above

Optimal

TRIGLYCERIDES Method: Enzymatic GPO/POD/End Point

Method: Direct Measure PEG

109

Normal: <150

mg/dl

Border High: 150 - 199 High: 200 - 499

Very High : >= 500

Note: Overnight fasting of 10-12hrs

is recommended to avoid

fluctuations in Lipid Profile.

VLDL

Method: Calculated

21.8

10-40

mg/dL

End of the report



Results are to be correlated clinically

NOTE: All pathological test have technical limitations which Translating Technologing relative errors. Collaborative plinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

xcel Hospi

1480N Chunniganj, Kanpur - 208001 MD Ph. 0512-2555991, 2555992 nail : excelhospitals@gmail.com Pathologyrgency No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

UHID/MR No.

: SKAN.0000132922

Sample Collected on: 10-02-2024 11:43

Ref Doctor

: LAB13338676

: SELF

Package Name

: ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID : 23M122148100088060S

Sponsor Name

Method: Calculated

: ARCOFEMI HEALTHCARE LIMITED

Age / Gender

: 29Y/Female

OP Visit No Reported on

Specimen

: SKANOPV161759

: 10-02-2024 17:58

: Blood(bio/EDTA)

Adm/Consult Doctor:

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
HbA1c, GLYCATED HEMOGLOBIN			
HbA1c; GLYCATED HEMOGLOBIN Method:HPLC	5.2	<=5.6:Non-Diabetic 5.7-6.4: Prediabetes (Increased Risk for Diabetes) >=6.5: Diabetes Mellitus Note: In absence of unequivocal Hyperglycemia and the presence of discordant fasting, post prandial or Random Glucose values, result should be confirmed by repeat test(ADA Guidelines 2015)	%
eAG (estimated Average Glucose)	102.54		mg/dL

End of the report



Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Corlaborative chilical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

real Hosp

₩/∱38, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Pathology excelhospitals@gmail.com Emergency No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

UHID/MR No.

: SKAN.0000132922

Sample Collected on: 10-02-2024 11:43

LRN#

: LAB13338676

Ref Doctor

: SELF

Package Name

Sponsor Name

: ARCOFEMI - MEDIWHEEL - FULL BODY

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA 1D

: 23M122148100088060S

: ARCOFEMI HEALTHCARE LIMITED

Age / Gender

: 29Y/Female

OP Visit No

: SKANOPV161759

Reported on

Adm/Consult Doctor:

Specimen

: 10-02-2024 18:00

: Urine

DEPARTMENT OF LABORATORY MEDICINE

TEST NAME COMPLETE UDING TWANGENERS	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS
COMPLETE URINE EXAMINATION Color:	Pale Yellow	Pale Yellow	
Specific Gravity Method: Indicator Method	1.025	1.005 - 1.035	
Transparency:	Clear	Clear	
Protein : Method: Indicator Method	Nil	Nil	
Glucose: Method: Glucose Oxidase	Absent	Nil	
pH Method: Indicator Method	5.0 (Acidic)	4.6 - 8	
DEPOSITS:	Absent		
WBC/Pus Cells	Nil	0-5	/hpf
Tc/Sqc(Transitional/Squamous epithelial cells)	Occasional	2-3	/hpf

Results are to be correlated clinically

NOTE: All pathological test have technical limitations which echnical rimes cause interpretative errors. Conado Fative Linneal pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

raal Hosp

14538, Chunniganj, Kanpur - 208001 Ph. 0512-2555991, 2555992 Pathology excelhospitals@gmail.com Emergency No. 9935577550



Patient Name

: Mrs. SHIVANGI YADAV

Age / Gender

: 29Y/Female

UHID/MR No.

: SKAN.0000132922

OP Visit No

: SKANOPV161759

Sample Collected on: 10-02-2024 11:43

Reported on

: 10-02-2024 18:00

LRN#

: LAB13338676

Specimen

: Urine

Ref Doctor

: SELF

: ARCOFEMI - MEDIWHEEL - FULL BODY

Package Name

HEALTH ANNUAL PLUS CHECK - FEMALE - 2D

ECHO - PAN INDIA - FY2324

Emp/Auth/TPA ID

: 23M122148100088060S

Adm/Consult Doctor:

0 - 2

Sponsor Name

: ARCOFEMI HEALTHCARE LIMITED

/hpf

rystals:

Nil

Nil

Casts:

RBC

Nil

/hpf

End of the report



Results are to be correlated clinically

NOTE: All pathological test have technical limitations which may at times cause interpretative errors. Conabbrative Clinical pathological co-relation is necessary. In case of any discrepancy, results may be reviewed and repeat investigation is advised. Typographical errors should be reported immediately for correction. The report is not valid for medico legal purpose.

reel Hosp

14/1B8, Chunniganj, Kanpur - 208001 Pathology 0512-2555991, 2555992 Email: excelhospitals@gmail.com Emergency No. 9935577550



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254 e-mail: sonidiagnostics01@gmail.com

Patient Name: MRS. SHIVANGI YADAV

Age / Gender: 29 years / Female

Patient ID: 44838

Source: Excel Hospital

Referral: SELF

Collection Time: 11/02/2024, 03:41 p.m.

Reporting Time: 12/02/2024, 05:12 p.m.

Sample ID:

240420031

PAP Smear Cytology

Reference Number:

SD 48/24

Type of sample

Conventional

Specimen Adequacy

Smear is adequate and satisfactory for evaluation. Transformation zone component is not identified.

Interpretation

Negative for intraepithelail lesion/malignancy (NILM).

Comment

Others: Sheets of polymorphs are also seen masking squamous epithelial cells at places. Advice: HVS for culture and senstivity

END OF REPORT

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is advised to contact the lab immediately for a recheck.

Dr. S.S.Soni M.D. (PATHOLOGY)



SONI DIAGNOSTICS

118/572, KAUSHALPURI, GUMTI NO. 5, KANPUR - 208012

Ph.: 0512-2219667, 8858154254 e-mail: sonidiagnostics01@gmail.com

Patient Name: MRS. SHIVANGI YADAV

Age / Gender: 29 years / Female

Patient **ID**: 44776

Source: Excel Hospital

Referral: SELF

Collection Time: 10/02/2024, 05:20 p.m.

Reporting Time: 10/02/2024, 07:45 p.m.

Sample ID:

240410051

Test Description	Value(s)	Reference Range	Unit(s)
· · · · · · · · · · · · · · · · · · ·			

T3,T4,TSH

SAMPLE TYPE: SERUM

T3 0.88 0.79 - 1.58 ng/mL Method : CLIA

7.08 5.2-12.7 $\mu g/dL$

Method : CLIA
TSH 9.9 0.3-4.5 μIU/mL

Method : CLIA Interpretation

TSH	. T4	Т3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTYHROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

END OF REPORT

All the reports have to be correlated clinically. If the result of the tests are unexpected ,the patient is the lab immediately for a recheck.

Dr. S.S.Soni M.D. (PATHOLOGY)

All diagnostic tests have limitations & clinical interpretation should not be solely based on single investigation. Clinical corelation and further relevant investigations advised if warranted. Any discrepencies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.



भारत सरकार Government of India



ssue Date: 18/10/2011



शिवांगी यादव Shivangi Yadav जन्म तिथि/DOB: 05/09/1994 महिला/ FEMALE

8653 0970 2509

VID: 9110 7094 4885 6228

मेरा आधार, मेरी पहचान

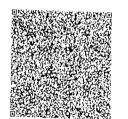
Submitted for Annal Mealth Checkery



भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

पता: पता: ८C/O विकम सिंह यादव, आई - ब्लोक हाउस न 37, 8 अदियापुरम भिंड रोड, गिर्द, ग्वालियर, ९ मध्य प्रदेश - 474020

S Address: 9 C/O Vikram Singh Yadav, I - block house no 8 37, adiyapuram bhind road, Gird, Gwalior, 9 Madhya Pradesh - 474020



8653 0970 2509

VID: 9110 7094 4885 6228

help@uidal.gov.in | ((iii)) www.uid.a.gov.ia

Chunnigan