



1/3/22

Mrs. Rubi Sudha / 44yo.

CLM spotting midcycle just one episode
in last menstrual cycle
otherwise m.c. are regular

Pap smear - NAD

P/S/V - Cervix

On. BIL Breast examination

vaginal (H)

Symmetrical, nontender

No discharge

NAD

Shukla



NAME- MRS. RUBI SINHA	AGE/SEX- 46 YRS/FEMALE
PAP SMEAR No.-WC/P/22/03	DATE OF RECEIPT- 27/02/2022
REFD. BY- ANIS SIDDEQUI	DATE OF REPORT-28/02/2022

PAP SMEAR REPORT

Clinical diagnosis/Provisional Diagnosis: Routine health check-up.

Specimen type: Cervical Pap smear.

Specimen adequacy: Satisfactory for evaluation.

Microscopic examination:

Pap smears show predominantly superficial and intermediate squamous epithelial cells with preserved nuclear polarity and focal overlapping of nuclei and occasional navicular cells in a background of mild acute inflammatory infiltrates.

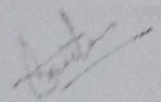
Interpretation:

Cervical Pap Smear-Negative for Intraepithelial Lesions or Malignancy (NILM).


Advise: Kindly correlate clinically.

Note: This is a screening test with an inherent, but low, probability of error. A negative report indicates a high probability of being disease free from squamous cervical cancer and pre-cancer during the next year.

----- End of Report -----


TEST DONE BY
SR. TECHNOLOGIST
SATYANARAYAN SINGH

REPORTS CHECKED BY
TECHNICIAN


PATHOLOGIST
DR. D. PRASHANT
MD (PATHOLOGY)



Shut Rubi Singh . 461F

26/02/2022

Medicine med of chest

PR. 9316

PTN: not significant

BP. 120/80

PTN - 1-1-

DM 14

MB. 8.7 ↓

WBC: 8.5 Q/W

76 - 8460 / 64 | 31124 / 12

As: Sines & work

MBMC - 4.25, (TOL - 48)

PTA: Post NT
W-PT

BD sup. O/W
PR - 106, PP - 125

CMS: 4 R

U-1 - NAD, VCR - 143

WBC Profile - WBC

UFT - WBC
20 cells - 12/100

(F 60%)

Shut

9-10

Imp! No significant medical
comorbidity noted except w/d
Iron Deficiency Anemia

ly ① hb 10.2 mg
Drobes - 47 ① 100

Doblyer

EYE EXAMINATION

NAME: -
AGE/SEX

Shri Rishi Singh - 46/F

DATE:- 26/02/22

1. EXAMINATION OF EYES : (BY OPHTHALMOLOGIST)

EXTRENAL, EXAMINATION				
SQUINT				
NYSTAGMUS				
COLOUR VISION				
FUDUS				
INDIVIDUAL COLOUR IDENTIFICATION				
DISTANT VISION				
NEAR VISION				
NIGHT BLINDNESS				
	SPH	CYL	AXIS	ADD
RIGHT	+0.75			+2.00
LEFT	+0.75			+2.00
REMARK :-				

Dr. Vikash Mishra
MBBS, MS (Oph.)
Consultant-Ophthalmology
We Care Super Speciality Hospital
(SIGN.)

PATIENT'S NAME: RUBI SINHA 46YR F
REFERRED BY: DR A SIDDIQUI
MRD NO: XR CHEST 32219 PS 112 PACKAGE

STUDY TIME: 26-02-22
REPORT TIME: 26/02/22 2:30 PM
PRINT TIME: 26/02/22 4:41 PM

STUDY: XRAY OF THE CHEST PA VIEW

INDICATION: Routine Health check up. No complaints otherwise.

COMPARISON: None.

OBSERVATIONS & CONCLUSION:

NO ACUTE BONY PATHOLOGY IS SEEN.

NO PULMONARY INFILTRATE, COLLAPSE OR CONSOLIDATION, EFFUSION, OR PNEUMOTHORAX IS SEEN.

TRACHEA IS IN MIDLINE.

NO CARDIOMEGALY IS SEEN.

THE SOFT TISSUES DEMONSTRATE NO ACUTE PATHOLOGY.

DR NEERAJ GAUTAM
DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST





Mrs RUBI SINHA	Reference: DR.A.SIDDIQUI	VID: 620106/1159
PID NO. 20222622343436		Sample Received on/at: 26/02/2022 02:30PM
AGE 46 Y/ SEX Female		Reported on/at 26/02/2022 04:29PM

IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
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Thyroid Panel (T3T4TSH)

T3 (Triiodothyronine)

1.11

ng/ml

0.6 - 2.0

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 condition 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.

3. Total T3 may decrease by <25 percent in healthy.

T4 (Thyroxine)

9.25

µg/dL

5.0 - 13.0

Remarks: 1. Total T3 and T4 Values may also be altered in other condition 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 3rd Generation

3.3

uIU/ml

0.4 - 6.0

(Serum)

References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001

2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

Gyan Prakash Dharewa

Dr. Gyan Prakash Dharewa

M.B.B.S D.C.P.

Consultant Pathologist

PATIENT NAME : MRS.RUBI SINHA
UHID NO. : 32219
AGE / SEX : 46 Y Female
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/112
SAMPLE RECEIVED ON / AT : 26/02/2022 10:00AM
SAMPLE REPORTED ON / AT : 26/02/2022 02:21PM

COMPLETE BLOOD COUNT(CBC)

RBC

Haemoglobin (HB)	8.7	gm%	12 - 14
Haematocrit (HCT)	27.2	%	35 - 50
RBC Count	3.91	millions/cumm	4 - 5
MCV	69.6 ↓	fL	78 - 92
MCH	22.3	pg	27 - 32
MCHC	32.0	g/dl	32 - 36
RDW-CV	15.0	%	11 - 16

WBC

Total Leucocyte Count (TLC) 8400 4000 - 11000

Differential Leucocyte Count (DLC)

Neutrophils	64	%	40 - 75
Lymphocytes	30	%	20 - 40
Monocytes	04	%	0 - 8
Eosinophils	00	%	
Basophils	02	%	0 - 1

PLATELETS

PLT Count	2.02	lakhs/cmm	1.0 - 4.0
MPV	8.4	fL	8 - 11

Advice

The test results are to be used for help in diagnosing/treating medical diseases & not for forensic applications. These result cannot be used for medico-legal purposes. These reported results are for the information of referring clinical only.

Test Done By MEDONIC M-SERIES Fully Automatic.



Test Done By
Senior Technologist
SATYANARAYAN SINGH



Report Checked By
Technician



Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT NAME : MRS.RUBI SINHA	RECEIPT NO. : PAC/112
UHID NO. : 32219	SAMPLE RECEIVED ON / AT : 26/02/2022 10:00AM
AGE / SEX : 46 Y Female	SAMPLE REPORTED ON / AT : 26/02/2022 02:21PM
CONSULTANT : DR ANIS SIDDIQUI	

HAEMATOLOGY

TEST	RESULT	UNIT	REF. RANGE
HbA1c (Glycosalated Haemoglobin)			
HbA1C-Glycosalated Haemoglobin	4.85	%	4 to 6% Non-diabetic 6 to 7% Excellent control 7 to 8% fair to good control 8 to 10% Unsatisfactory control Above 10% poor Contr

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The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

ESR	48	mm at 1hr	up to 20 mm(1 hr)
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Blood Group

ABO Group	O Rh Positive
SLIDE METHOD.	

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Machine Footer



Test Done By
Senior Technologist
SATYANARAYAN SINGH



Report Checked By
Technician



Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT NAME : MRS.RUBI SINHA	RECEIPT NO. : PAC/112
UHID NO. : 32219	SAMPLE RECEIVED ON / AT : 26/02/2022 10:00AM
AGE / SEX : 46 Y Female	SAMPLE REPORTED ON / AT : 26/02/2022 02:21PM
CONSULTANT : DR ANIS SIDDIQUI	

PATHOLOGY

TEST	RESULT	UNIT	REF. RANGE
BSF (Fasting Sample Required)	106		<110 mg/dl



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CONSULTANT : DR ANIS SIDDIQUI	

BIO CHEMISTRY

TEST	RESULT	UNIT	REF. RANGE
BSPP	125		<140 mg/dl
Urine SUGAR(PP)	ABSENT		ABSENT
GGT(GAMMA GT)			
GGT(GAMMA GT)	14.6	U/L	<38
LFT(Liver Function Test)			
Bilirubin - Total	0.36	mg/dl	0.2 - 1.3
Bilirubin - Direct	0.17	mg/dl	Adult : 0.0 - 0.4 Neonatal : - 0.0 - 0.6
Bilirubin (Indirect)	0.19	mg/dl	Adult : 0.0 - 0.9 Neonatal : 0.6 - 10.5
Total Proteins	5.69	g/dl	6.4 - 8.3 g/dl
Albumin	4.12	g/dl	3.5 - 5.2 g/dl
Globulin	1.57	g/dl	2.3 - 3.6
A/G Ratio	2.62		1.10 - 2.20
Alkaline Phosphatase	90	U/L	4 - 15 Yrs 54 - 369 20 - 59 Yrs 42 - 98 Yrs 53 - 141 >60
SGOT (AST)	19	U/L	upto 31 U/L
SGPT (ALT)	16	U/L	upto 34 U/L

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Senior Technologist
SATYANARAYAN SINGH



Report Checked By
Technician



Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT NAME : MRS.RUBI SINHA	RECEIPT NO. : PAC/112
UHID NO. : 32219	SAMPLE RECEIVED ON / AT : 26/02/2022 10:00AM
AGE / SEX : 46 Y Female	SAMPLE REPORTED ON / AT : 26/02/2022 02:21PM
CONSULTANT : DR ANIS SIDDIQUI	

Lipid Profile

Total Cholesterol	176	mg/dl	Desirable : <200 Borderline : 200 - 239 High : >= 240
Triglycerides	70	mg/dl	Normal:<161 High : 161 - 199 Hypertriglyceridemic : 200 - 499 Very High : > 499

Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.

HDL Cholesterol	53	mg/dl	42-88
LDL Cholesterol	109	mg/dl	60 - 165
<i>Note: The National Cholesterol Education Program Adult Treatment Panel III ((NCEP-ATP III) report.</i>			
VLDL Cholesterol	14	mg/dl	20 - 50
Total Cholesterol/HDL Ratio	3.32		0 - 5.1
LDLC/HDLC Ratio	2.06		2.5 - 3.5

Correlates with Lipdi Profile:

1. Fasting state: Fasting should begin 12 to 14 Hrs before the sample collection. This includes all beverages, although water is permitted. No alcohol should be taken 24 before sample collection.
2. Drugs: Cholesterol and Triglyceride lowering agents. Please repeat with fresh sample if dinically indicated.

The test has been performed on fully-Automated Biochemistry Analyser "ERBA EM 200"

KFT(KIDNEY FUNCTION TEST)

Urea	22	mg/dL	15 - 45
Serum Creatinine	0.71	mg/dl	0.50 - 0.90 mg/dL
Uric Acid	4.7	mg/dL	2.6 - 6.0

Test Done By MICRO LAB 300 Fully Automatic.



Test Done By
Senior Technologist
SATYANARAYAN SINGH



Report Checked By
Technician



Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT NAME : MRS.RUBI SINHA
UHID NO. : 32219
AGE / SEX : 46 Y Female
CONSULTANT : DR ANIS SIDDIQUI

RECEIPT NO. : PAC/112
SAMPLE RECEIVED ON / AT : 26/02/2022 10:00AM
SAMPLE REPORTED ON / AT : 26/02/2022 02:21PM

CLINICAL PATHOLOGY

TEST	RESULT	UNIT	REF. RANGE
URINE SUGAR(F)			
Urine Sugar (Fasting)	ABSENT		ABSENT



Test Done By
Senior Technologist
SATYANARAYAN SINGH

Report Checked By
Technician



Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT NAME : MRS.RUBI SINHA
UHID NO. : 32219
AGE / SEX : 46 Y Female
CONSULTANT : DR ANIS SIDDIQUI

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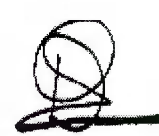
ROUTINE URINE ANALYSIS TEST

TEST	RESULT	UNIT	REF. RANGE
Urine Routine ANALYSIS TEST			
General Examination			
Volume	20	ml	10 - 50
Colour	Pale Yellow		Pale Yellow
Appearance	Slightly Turbid		Clear
pH	5.0		5.5 - 8.0
Chemical Examination			
Urine Protein(Albumin)	Absent	g/L	Absent
Urine Glucose(Sugar)	Absent	mmol/L	Absent
Urine Ketons(Acetone)	Absent	mmol/L	Absent
Specific Gravity	1.030		
Microscopic Examination			
Pus cells	0-1	/hpf	<5
RBC (Urine)	Nil	/hpf	Nil
Epithelial cell	1-2		0-4
Casts	Absent		Absent
Crystals	Absent		Absent

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Test Done By
Senior Technologist
SATYANARAYAN SINGH


Report Checked By
Technician


Pathologist
Dr. D. Prashant
M.D. (Pathologist)

PATIENT'S NAME: RUBI SINHA 46YR F
REFERRED BY: DR A SIDDIQUI
MRD NO: USG ABD BOB 32219

STUDY TIME: 26-02-22
REPORT TIME: 26/02/22 1:41 PM
PRINT TIME: 26/02/22 1:43 PM

STUDY: USG OF THE ABDOMEN

INDICATION: Routine Health check up. No complaints otherwise.

COMPARISON: None.

OBSERVATIONS:

Liver is normal in size measuring 150 mm in craniocaudal extent, and normal in parenchymal echogenicity. No obvious focal lesion is seen. Intrahepatic biliary radicles are not dilated.

Spleen is normal measuring 105 mm in size. No focal lesion is seen.

Pancreas appears normal in size and echopattern. Pancreatic duct is not dilated. No obvious pancreatic parenchymal calcifications are seen either.

Gall bladder is well distended. No calculus is seen. Wall thickness is normal. CBD is normal.

Portal vein is normal. IVC and aorta are unremarkable.

Right kidney measures 100 x 45 mm in size. Left kidney measures 115 x 55 mm in size. Both kidneys are normal in size, shape, position and echogenicity. Corticomedullary differentiation is maintained. No focal lesion is noted. No evidence of calculus or hydronephrosis is noted.

Urinary bladder is collapsed. Uterus and bilateral ovaries cannot be commented upon.

No free fluid is seen. No significant lymphadenopathy is seen.

CONCLUSION:

No significant abnormality detected.

DR NEERAJ GAUTAM
DNB RADIODIAGNOSIS
CONSULTANT RADIOLOGIST





NAME MRS. RUBI SINHA

AGE 46Y/F

REF BY: DR. A SIDDIQUI

DATE: 26/02/2022

ECHOCARDIOGRAPHY

M-MODE

<u>MEASUREMENT</u>	<u>PT'S VALUE</u>	<u>NORMAL VALUE</u>
AO	25.2 mm	20-37 mm
LA	28.5 mm	19-40 mm
IVS (d)	10.406 mm	6-11 mm
LVID (d)	43.6 mm	35-50 mm
LVPW (d)	10.1 mm	6-11 mm
LVID (S)	25.7. mm	23-39 mm
EF	60%	

2 D ECHO & CFI

CHAMBERS	-	NORMAL.
VALVES	-	NORMAL.
SEPTAE	-	IVS / IAS Intact
RWMA	-	NO RWMA PRESENT AT REST.
EF	-	60%

CLOT / VEGETATION/ PERICARDIAL EFFUSION – NILL.

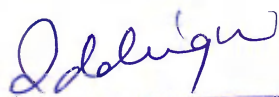
<u>VALVE</u> <u>(mmHg)</u>	<u>REGURGITATION</u>	<u>GRADIENT</u>
Mitral Valve	NILL	Not Significant
Aortic Valve	NILL	Not Significant
Tricuspid Valve	NILL	Not Significant
Pulmonary Valve	NILL	Not Significant

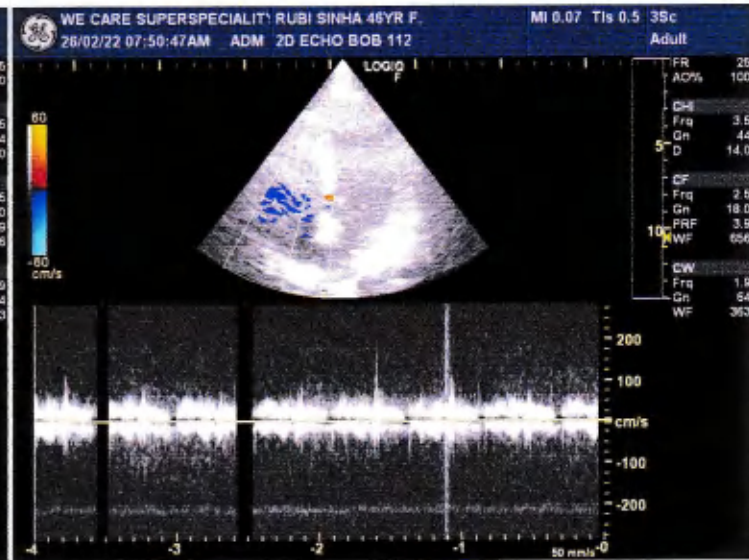
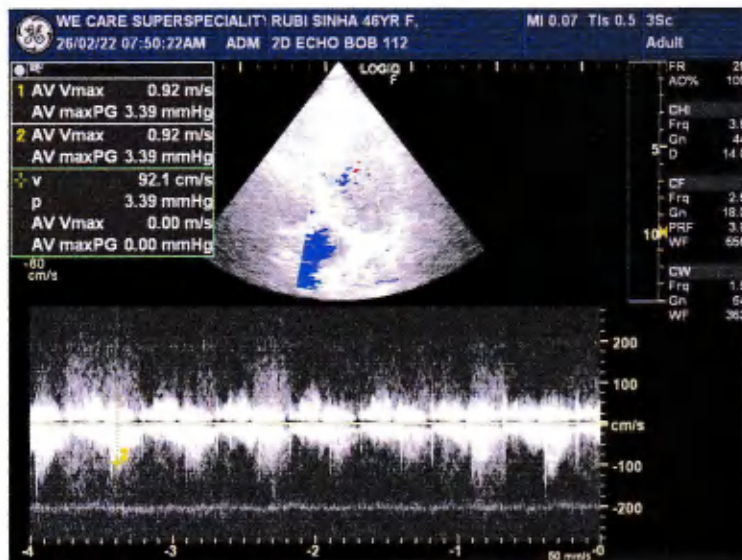
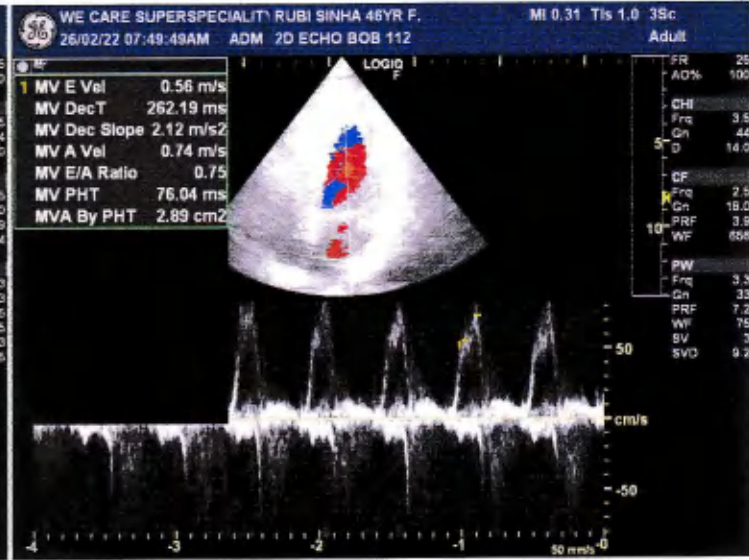
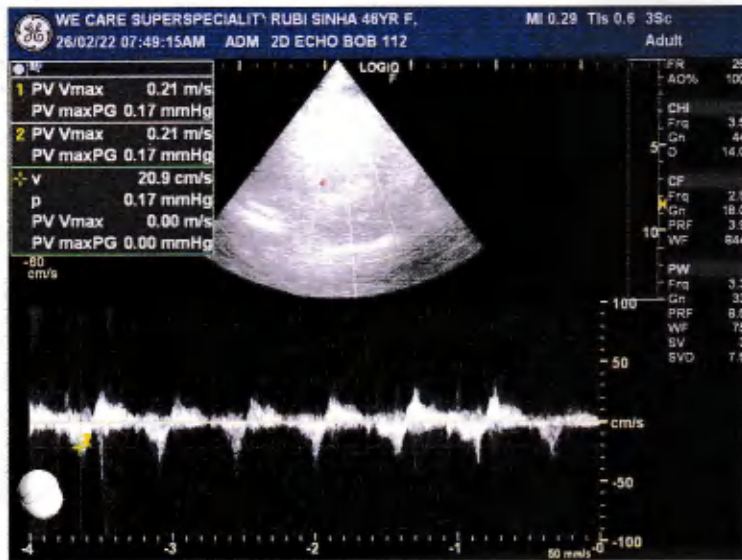
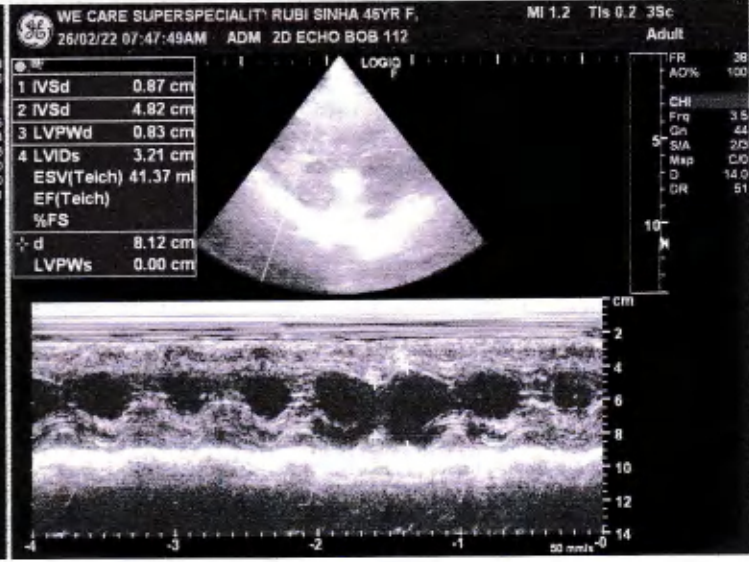
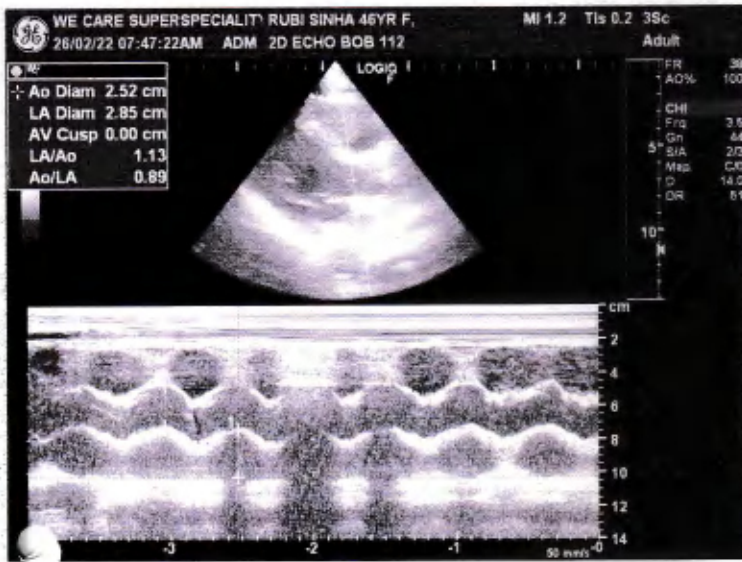
PULSE WAVE DOPPLER

- Mitral Valve inflow shows E Wave < A Wave.

IMPRESSION.

- NO RWMA PRESENT AT REST. **DRA-I**
 - NORMAL BIVENTRICULAR FINCTION.
 - GLOBAL LVEF 60%.
 - NO AS/MS/TR/NO AR/NO MR.
- NO INTRACARDIAC CLOT, VEGETATION.



Dr. ANIS SIDDIQUI (MD, PGCCDM)



ID: 112
Mrs rubi sinha
Female 46Years

HR 93 bpm
P 94 ms
PR 132 ms
QRS 76 ms
QT/QTc 344/429 ms
P/QRS/T 63.53/38°
RV5/SV1 1.274/0.687 mV

Diagnosis Informa n:
Sinus Arrhythmia
Normal ECG

Normal 

Report Contained by:

