

Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SARITA	Registered On	: 17/Mar/2024 08:53:09
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 17/Mar/2024 09:23:11
UHID/MR NO	: CDCA.0000125421	Received	: 17/Mar/2024 10:22:41
Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 12:26:24
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd.	Status	: 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) * , Bl	lood					
Blood Group	А			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA		
Rh ( Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA		
Complete Blood Count (CBC) * , Whole	e Blood					
Haemoglobin	10.80	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/dl			
TLC (WBC) DLC	6,400.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE		
Polymorphs (Neutrophils )	70.00	%	55-70	ELECTRONIC IMPEDANCE		
Lymphocytes	22.00	%	25-40	ELECTRONIC IMPEDANCE		
Monocytes	5.00	%	3-5	ELECTRONIC IMPEDANCE		
Eosinophils	3.00	%	1-6	ELECTRONIC IMPEDANCE		
Basophils	0.00	%	<1	ELECTRONIC IMPEDANCE		
ESR						
Observed	56.00	Mm for 1st hr.				
Corrected	30.00	Mm for 1st hr.	< 20			
PCV (HCT)	32.00	%	40-54			
Platelet count						
Platelet Count	3.0	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC		
PDW (Platelet Distribution width)	16.00	fL	9-17	ELECTRONIC IMPEDANCE		
P-LCR (Platelet Large Cell Ratio)	46.20	%	35-60	ELECTRONIC IMPEDANCE		





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# DEPARTMENT OF HAEMATOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
PCT (Platelet Hematocrit)	0.40	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	12.90	fL	6.5-12.0	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	3.50	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Blood Indices (MCV, MCH, MCHC)				
MCV	88.80	fl	80-100	CALCULATED PARAMETER
MCH	30.20	pg	28-35	CALCULATED PARAMETER
МСНС	34.00	%	30-38	CALCULATED PARAMETER
RDW-CV	13.90	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	47.20	fL	35-60	ELECTRONIC IMPEDANCE
Absolute Neutrophils Count	4,480.00	/cu mm	3000-7000	
Absolute Eosinophils Count (AEC)	192.00	/cu mm	40-440	

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







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UHID/MR NO	: CDCA.0000125421	Received	: 17/Mar/2024 15:20:20
Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 15:49:06
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	97.50	mg/dl	< 100 Normal 100-125 Pre-diabetes ≥ <b>126 Diabetes</b>	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 * Sample:Plasma After Meal	142.50	mg/dl	<140 Normal 140-199 Pre-diabetes >200 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.

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



Home Sample Collection 1800-419-0002



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Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 18:09:50
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#### DEPARTMENT OF BIOCHEMISTRY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLYCOSYLATED HAEMOGLOBIN (HBA1C) ** ,				
Glycosylated Haemoglobin (HbA1c)	5.30	% NGSP	<b>`</b>	HPLC (NGSP)
Glycosylated Haemoglobin (HbA1c) Estimated Average Glucose (eAG)	34.00 105	mmol/mol/IFC0 mg/dl	<i>,</i>	

#### 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

\*High risk of developing long term complications such as Retinopathy, Nephropathy, Neuropathy, Cardiopathy, etc. \*\*Some danger of hypoglycemic reaction in Type 1 diabetics. Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1C levels in this area.

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

#### **<u>Clinical Implications:</u>**

\*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

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## 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

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

\*Pregnancy d. chronic renal failure. Interfering Factors:

\*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.

#### Dr. Anupam Singh (MBBS MD Pathology)

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# CHANDAN DIAGNOSTIC CENTRE

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UHID/MR NO	: CDCA.0000125421	Received	: 17/Mar/2024 10:13:44
Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 12:37:52
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
BUN (Blood Urea Nitrogen) * Sample:Serum	9.10	mg/dL	7.0-23.0	CALCULATED
<b>Creatinine *</b> Sample:Serum	0.92	mg/dl	0.5-1.20	MODIFIED JAFFES
<b>Uric Acid *</b> Sample:Serum	3.20	• mg/dl	2.5-6.0	URICASE
LFT (WITH GAMMA GT) * , Serum				
SGOT / Aspartate Aminotransferase (AST)	43.22	U/L	< 35	IFCC WITHOUT P5P
SGPT / Alanine Aminotransferase (ALT)	35.04	U/L	< 40	IFCC WITHOUT P5P
Gamma GT (GGT)	18.37	IU/L	11-50	OPTIMIZED SZAZING
Protein	6.95	gm/dl	6.2-8.0	BIURET
Albumin	3.86	gm/dl	3.4-5.4	B.C.G.
Globulin	3.09	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.25		1.1-2.0	CALCULATED
Alkaline Phosphatase (Total)	57.18	U/L	42.0-165.0.	IFCC METHOD
Bilirubin (Total)	0.66	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.26	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.40	mg/dl	< 0.8	JENDRASSIK & GROF
LIPID PROFILE ( MINI ) * , Serum				
Cholesterol (Total)	148.20	mg/dl	<200 Desirable 200-239 Borderline High > 240 High	CHOD-PAP
HDL Cholesterol (Good Cholesterol)	56.93	mg/dl	30-70	DIRECT ENZYMATIC
LDL Cholesterol (Bad Cholesterol)	73	mg/dl	< 100 Optimal 100-129 Nr. Optimal/Above Optima 130-159 Borderline High	
			160-189 High > 190 Very High	
VLDL	18.04	mg/dl	10-33	CALC
Triglycerides	90.20	mg/dl	< 150 Normal 150-199 Borderline High 200-499 High >500 Very High	GPO- K.K. Khanna (MBBS,DCP)



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UHID/MR NO	: CDCA.0000125421	Received	: 17/Mar/2024 16:41:26
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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 * , U	rine			
Color	PALE YELLOW			
Specific Gravity	1.015			
Reaction PH	Acidic (6.0)			DIPSTICK
Appearance	CLEAR			
Protein	ABSENT	<sup>′</sup> mg %	< 10 Absent	DIPSTICK
			10-40 (+)	
			40-200 (++)	
			200-500 (+++)	
			> 500 (++++)	
Sugar	ABSENT	gms%	< 0.5 (+)	DIPSTICK
			0.5-1.0 (++)	
		and the second	1-2 (+++) >2 (++++)	
Ketone	ABSENT	mg/dl	0.1-3.0	BIOCHEMISTRY
Bile Salts	ABSENT	nig/u	0.1-3.0	DIOCHLIVIISTRY
Bile Pigments	ABSENT			
Bilirubin	ABSENT		and the second second	DIPSTICK
Leucocyte Esterase	ABSENT			DIPSTICK
Urobilinogen(1:20 dilution)	ABSENT			DIPSTICK
Nitrite	ABSENT			DIPSTICK
Blood	ABSENT			DIPSTICK
	ABSENT			DIPSTICK
Microscopic Examination:				
Epithelial cells	MANY			MICROSCOPIC
- ···				EXAMINATION
Pus cells	12-15/h.p.f			
RBCs	ABSENT			MICROSCOPIC
				EXAMINATION
Cast	ABSENT			
Crystals	ABSENT			MICROSCOPIC
Othors				EXAMINATION
Others	ABSENT			
SUGAR, FASTING STAGE * , Urine		,		
		<u>.</u>		
Sugar, Fasting stage	ABSENT	gms%		

#### Interpretation:

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# DEPARTMENT OF CLINICAL PATHOLOGY

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

Test Name	Result	Unit	Bio. Ref. Interval	Method
(+) < 0.5				
(++) 0.5-1.0				
(+++) 1-2				
(++++) > 2				
SUGAR, PP STAGE * , Urine				
Sugar, PP Stage	ABSENT			
	ABOEIN			
Interpretation:				
(+) < 0.5 gms%				
(++) 0.5-1.0 gms%				
(+++) 1-2 gms%				
(++++) > 2  gms%				
			and a second	

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

**Home Sample Collection** 

1800-419-0002



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UHID/MR NO	: CDCA.0000125421	Received	: 17/Mar/2024 15:28:11
Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 16:47:31
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. Interval	Method	
THYROID PROFILE - TOTAL ** , Serum					
T3, Total (tri-iodothyronine)	121.25	ng/dl	84.61–201.7	CLIA	
T4, Total (Thyroxine)	6.90	ug/dl	3.2-12.6	CLIA	
TSH (Thyroid Stimulating Hormone)	4.380	μlU/mL	0.27 - 5.5	CLIA	
Interpretation.					

#### Interpretation:

0.3-4.5	µIU/mL	First Trimester
0.5-4.6	μIU/mL	Second Trimester
0.8-5.2	μIU/mL	Third Trimester
0.5-8.9	µIU/mL	Adults 55-87 Years
0.7-27	µIU/mL	Premature 28-36 Week
2.3-13.2	μIU/mL	Cord Blood > 37Week
0.7-64	µIU/mL	Child(21 wk - 20 Yrs.)
1-39	µIU/mL	Child 0-4 Days
1.7-9.1	µIU/mL	Child 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.

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.
- Both hilar shadows and bronchovascular markings are prominent.
- Pulmonary parenchyma did not reveal any significant lesion.

#### **IMPRESSION :**

### • **BRONCHITIS.**

Adv: clinico-pathological correlation and further evaluation.

Dr. Anoop Agarwal MBBS,MD(Radiology)

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## DEPARTMENT OF ULTRASOUND

MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

# ULTRASOUND WHOLE ABDOMEN (UPPER & LOWER) \*

#### <u>LIVER</u>

• The liver is normal in size 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.
- The gall bladder is normal in size and has regular walls. Wall thickness is normal. Lumen of the gall bladder is anechoic.

#### **PANCREAS**

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

#### **RIGHT KIDNEY**

- Right kidney is normal in size and shape and cortical echotexture.
- 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

- 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.

## <u>SPLEEN</u>

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## DEPARTMENT OF ULTRASOUND

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

• The spleen is normal in size 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.
- It has a homogenous myometrial echotexture.
- The endometrium is seen in midline.
- Cervix is normal.

#### UTERINE ADNEXA

- Adnexa on both sides are normal.
- Left ovary is mildly enlarged and hypoechoic, approx size measures 4.46 x 3.55 x 2.25 cms and Volume 18.62 ml.
- Right ovary is normal in size and texture.

#### CUL-DE-SAC

• Hypoechoic collection in pouch of douglas showing soft echoes.

#### **IMPRESSION**

- Enlarged and hypoechoic left ovary ? Oophoritis.
- Hypoechoic collection pouch of douglas, likely inflammatory.

Advice:-clinicopathological correlation & Follow up.

Dr. Anoop Agarwal MBBS,MD(Radiology)

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## **DEPARTMENT OF TMT**

## MEDIWHEEL BANK OF BARODA FEMALE ABOVE 40 YRS

Cm

Cm

MI

MI

## Tread Mill Test (TMT) \*

2D ECHO & COLOUR DOPPLER REPORT 2D ECHO & M-MODE EXAMINATION VALUES MITRAL VALVE STUDY		
DE Excursion : E F Slope : EPSS : VALVE AREA (MVOA) PERIMETRY PHT :	1.96 9.12 1.24 3.60 3.65	cm/sec cm/s cm cm <sup>2</sup> Cm <sup>2</sup>
AORTIC VALVES STUDY	3.00	Cm <sup>2</sup>
Aortic Diam : LA Diam. AV Cusp.	1.96 1.83 0.96	cm cm cm
LEFT VENTRICLE		1.218.61
IVSD LVIDD LV PWD IV Ss	0.78 3.57 0.72 0.90	Cm Cm Cm Cm

(60 ± 7 %)

(30 ± 5%)

2.35

1.09

**34**ml

34%

53 19

64%

2.04 cm.



**LVIDs** 

EDV

ESV

LV PWS

SV (Teich)

**EJECTION FRACTION :** 

<u>RIGHT VENTRICLE</u> RVID :

SHORTENING FRACTION:



Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SARITA	Registered On	: 17/Mar/2024 08:53:12
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: N/A
UHID/MR NO	: CDCA.0000125421	Received	: N/A
Visit ID	: CDCA0392222324	Reported	: 17/Mar/2024 18:31:13
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 :	Normal
PULMONARY VALVE :	Normal
TRICUSPID VALVE :	Normal
INTER VENTRICULAR SEPTA :	Normal
INTERATRIAL SEPTUM :	Normal
<b>INTRACARDIAC CLOT / VEGETATION / MYX</b>	OMA : Absent
LEFT ATRIUM :	Normal
LEFT VENTRICLE :	Normal
RIGHT VENTRICLE :	Normal
RIGHT ATRIUM :	Normal
PERICARDIUM :	Normal
OTHER :	Normal

#### COLOUR FLOW MAPPING DOPPLER STUDY

MITRAL FLOW	VELOCITY cm/s E: 61 cm/s A: 42 cm/s	PRESSURE GRADIENT Normal	REGURGITATION
AORTIC FLOW	85 cm/s	Normal	
TRICUSPID FLOW	33 cm/s	Normal	
PULMONARY FLOW	62 cm/s	Normal	

#### SUMMARY OF FINDINGS AND ECHOCARDIOGRAPHY DIAGNOSIS

- LVEF 64 %
- 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: STOOL, ROUTINE EXAMINATION, ECG / EKG



DR SUDHANSHU VERM

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 \*

 365 Days Open
 \*Facilities Available at Select Location

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Add: M-214/215,Sec G Lda Colony Near Power House Chauraha Kanpur Road Ph: 9235432707, CIN : U85110DL2003PLC308206



Patient Name	: Mrs.SARITA	Registered On	: 17/Mar/2024 08:53AM
Age/Gender	: 30 Y 0 M 0 D /F	Collected	: 17/Mar/2024 04:39PM
UHID/MR NO	: CDCA.0000125421	Received	: 18/Mar/2024 10:52AM
Visit ID	: CDCA0392222324	Reported	: 18/Mar/2024 07:30PM
Ref Doctor	: Dr.Mediwheel - Arcofemi Health Care Ltd	Status	: Final Report
		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:** 746/24-25

**GROSS:** One unstained smear received , prepared & stained by papanicolau's technique.

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

# IMPRESSION: SMEAR IS 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: STOOL, ROUTINE EXAMINATION, ECG / EKG

Dr. Anupam Singh (MBBS MD 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\* \*Facilities Available at Selected Location



