

**Patient Name :** MANITA BHARDWAJ

**Age / Gender :** 34 years / Female

**Endo ID :** 175820

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

**Reported Date & Time :** Mar 09, 2024, 11:16 a.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	11.0	gm/dl	12.0 - 16.0
Erythrocyte (RBC) Count	4.59	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	36.7	%	42 - 52
Mean Cell Volume (MCV)	80.0	fL	78 - 100
Mean Cell Haemoglobin (MCH)	23.9	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.9	g/dl	32 - 36
Red Cell Distribution Width (RDW)	13.9	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6950	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	36	%	20 - 40
Monocytes	05	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	10.5	fL	7.2 - 11.7
PCT	0.31	%	0.2 - 0.5
Platelet Count	300	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)



SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

ESR	20	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

**Reported Date & Time :** Mar 09, 2024, 11:24 a.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.010		1.005-1.030

**Chemical Examination**

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	4-5	/hpf	0-4
Epithelial cells	7-8	/hpf	0-5
Red blood cells	0-1	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Present		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

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SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** MANITA BHARDWAJ

**Age / Gender :** 34 years / Female

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

**Reported Date & Time :** Mar 09, 2024, 11:26 a.m.

**Sample ID :**



240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'B' POSITIVE

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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240690017



Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIPID PROFILE**

Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	179.0	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	115.5	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	43.5	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	23.10	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	112.40	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	4.11		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.58		0.5-3.4

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.57	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.21	mg/dL	0.0 - 0.30
Bilirubin - Indirect	0.36	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	21.8	U/L	5.0 - 40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	19.4	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	56.0	U/L	<b>MALE &amp; FEMALE</b> 4-19 YEAR: 54-369 U/L 20-59 YEAR: 42-98 U/L >60 YEAR: 53-141 U/L
Method : IFCC with Serum			
Total Protein	7.02	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.25	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.77	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.53		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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**Patient Name :** MANITA BHARDWAJ

**Age / Gender :** 34 years / Female

**Endo ID :** 175820

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL

**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

**Reported Date & Time :** Mar 09, 2024, 11:15 a.m.

**Sample ID :**



Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.8

%

> 8% Action Suggested

**BLOOD**

**Method : Nephelometry Methodology**

7 - 8 % Good Control

6 - 7 % Near Normal Glycemia

< 6% Normal level

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

**AVERAGE BLOOD GLUCOSE**

119.76

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

**\*\*END OF REPORT\*\***

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**Patient Name :** MANITA BHARDWAJ

**Age / Gender :** 34 years / Female

**Endo ID :** 175820

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

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**Sample ID :**



240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**IMMUNOLOGY**

T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.21	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.6	ug/dL	4.5 -10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	2.46	uIU/mL	0.35-5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

**\*\*END OF REPORT\*\***

**Dr. Kusum Heda**  
M.D.(Patho.)

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Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)



SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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**Sample ID :**



240690017

Test Description	Value(s)	Unit(s)	Reference Range
<b><u>BIOCHEMISTRY</u></b>			
<b>Urea</b>	16.3	mg/dL	10.0 - 40.0
Method : Uricase			
<b>CREATININE</b>	0.69	mg/dL	0.60 - 1.40
Method : Serum, Jaffe			

\*\*END OF REPORT\*\*

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240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

<b>Uric Acid</b> Method : Uricase, Colorimetric	4.7	mg/dL	3.5-7.0
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\*\*END OF REPORT\*\*

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240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Calcium

9.7

mg/dL

8.50 - 10.20

Method : Arsenazo III

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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**Collected Date & Time :** Mar 09, 2024, 10:00 a.m.

**Reported Date & Time :** Mar 09, 2024, 11:16 a.m.

**Sample ID :**



240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT	16.5	U/L	5-36
----------	------	-----	------

Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

**\*\*END OF REPORT\*\***

**Dr. Kusum Heda**  
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Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)



SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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**Sample ID :**



240690017

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	<b>123.4</b>	mg/dL	70.0-110.0
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\*\*END OF REPORT\*\*

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**Endo ID :** 175820

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 09, 2024, 12:59 p.m.

**Reported Date & Time :** Mar 09, 2024, 01:40 p.m.

**Sample ID :**



240690065

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Blood Glucose-Post Prandial

**154.6**

mg/dL

70 - 140

Method : Hexokinase

\*\*END OF REPORT\*\*

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Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME :-- MANITA AGE :--34 YRS DATE:-- 09.03.24

REF BY :-

SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND CHEST

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Radiologist  
7115000

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE



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5 Seconds ECG Report

March 09, 2024  
Time: 09:20:22

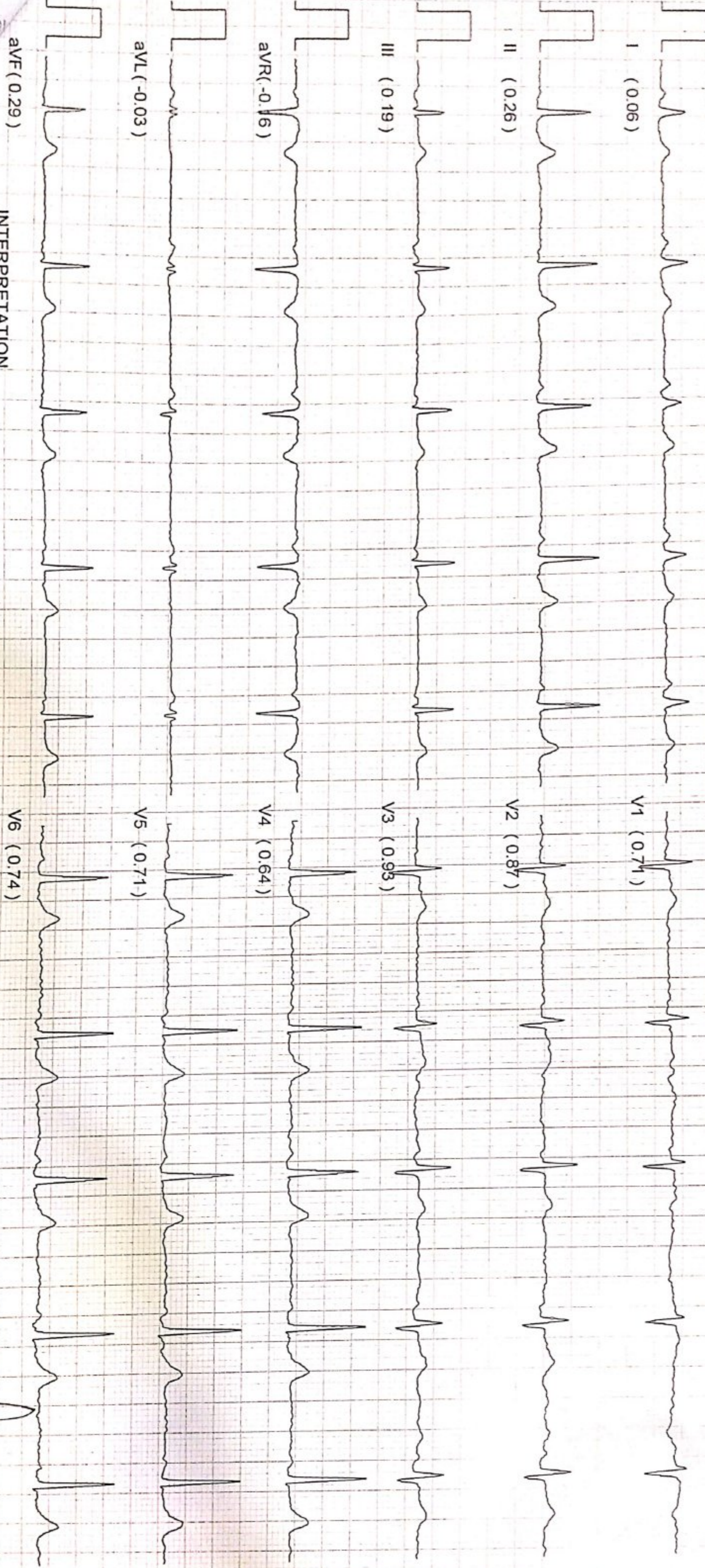
P-QRS-T Axis (23)-(58)-(50) deg

PR Interval: 0.15 sec  
QRS Duration: 0.108 Sec

RR Interval: 0.93 sec

HR : 64 bpm

BP : 0/0 mmHg



INTERPRETATION

Normal Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal,

(M.B.S., M.D.)  
& Sonologist  
307/15600

DR  
MID

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/1.13

roopagoyal@yahoo.com  
support@icwe.co.in  
ENT SCHEM

to Clinician



भारत सरकार  
Government of India



मनीता भारद्वाज  
Manita Bhardwaj  
जन्म तिथि/DOB: 20/11/1939  
महिला/ FEMALE

Issue Date: 30/07/2017

6615 0216 0298

VID : 9182 5544 7905 1648

मेरा आधार, मेरी पहचान

*Manita*



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
द्वारा, नितिन बाकलीवाल, 3 जी 16, बधिर विद्यालय के पीछे,  
वैशाली नगर, अजमेर, अजमेर,  
राजस्थान - 305001

Address:  
C/O. Nitin Bakliwal, 3 G 16, Behind Badhir  
Vidhyalya, Vaishali Nagar, Ajmer, Ajmer,  
Rajasthan - 305001



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VID : 9182 5544 7905 1648

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Dr. ROOPA BAKLIWAL (M.B.B.S., M.D.)  
Consultant Registrar & Sonologist  
RMC No: -004507/15600



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Consultant Radiologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**OYAL**

**DIAGNOSTICS**

4-D ULTRASOUND \* COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME	: MANITA	DATE	: 09.03.24
AGE	: 34 YRS		
SEX	: FEMALE	REF BY	: MEDIWHEEL

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 25 MM HG
- . NO RWMA : LVEF 65 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM .
- . SIZE OF MAIN PULMONARY ARTERY 22 MM .

**M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	42.2	LVEDV	
LVID s	27.3	LVESV	
RVID(d)	---	SV	-
IVS d	10.5	F.S	35%
IVS S	14.3	EF	65%
LVPW d	10.2	C.O	-
LVPWS	14.0	MITRAL VALVE	-
AORTIC ROOT	26.1	EF SLOPE	-
LEFT ATRIUM	29.3	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 109 A- 98	-	NIL
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	136	-	NIL
AORTIC VALVE	NORMAL	163	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

**Dr. ROOPA GOYAL (M.B.B.S., M.D.)**  
Consultant Radiologist & Sonologist  
RMC No. 4507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

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**USG ABDOMEN-PELVIS**

NAME - MANITA	AGE-34 Yrs	Date -- 09.03.24
REF BY -- MEDIWHEEL		

**LIVER :** is enlarged and bright 14.1 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

**GALL BLADDER :** distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position. Parenchyma is homogenous.

**RT.KIDNEY-** Normal in size, shape and position . Measures :-- 9.4 x 3.4 cm  
Cortex is homogeneous. Corticomedullary differentiation is maintained  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**LT. KIDNEY-** Normal in size, shape and position. Measures :-- 9.9 x 3.5 cm  
Cortex is homogeneous. Corticomedullary differentiation is maintained.  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**URINARY BLADDER :** is distended with smooth walls .  
No evidence of diverticulum or calculus is Seen

**UTERUS:** Normal In Size Shape And Position. 4.7 x 3.3 x 4.4 cm  
Myometrium is homogenous and normal in thickness .  
Endometrium Is Normal .

**OVARY:** both ovaries are normal in size and appear normal.

**IMPRESSION :--**

- Enlarged fatty Liver .
- Rest of the abdominal organs are within normal limits.

(Adv- clinical correlation , further evaluation)

**Dr. ROOPA GOYAL (M.B.B.S., M.D.)**  
Consultant Radiologist & Sonologist  
RMC No. -004507115000

Please note :-- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no usg finding is pathogenomic . All findings are only S/O ; hence advice These findings are observations at the time of study. Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

पूर्ण लिंग परिक्षण करवाना जघन्य अपराध है । इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती ।

TER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR  
AGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL I



 **GPS Map Camera**



**Ajmer, Rajasthan, India**  
FJ9M+XHX, JIn Hospital Rd, Kala Bagh, Ajmer, Rajasthan  
305001, India  
Lat 26.469886°  
Long 74.633992°  
09/03/24 12:38 PM GMT +05:30

 Scanned with OKEN Scanner

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Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND \* COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : MANITA BHARDWAJ

Age / Gender : 34 years / Female

Endo ID : 175908

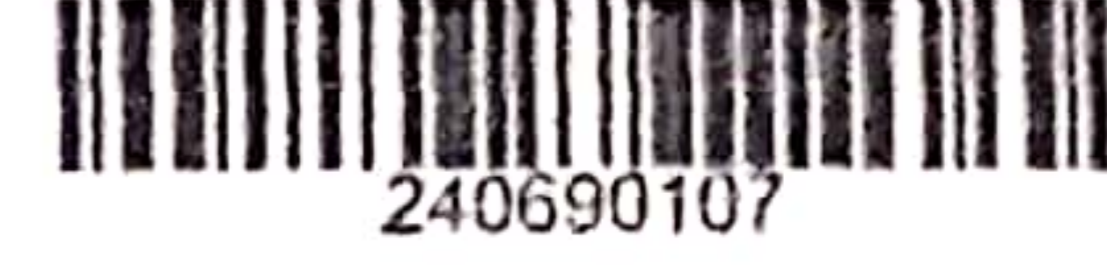
Organization : Goyal Diagnostics

Referral : MEDIWHEEL

Collected Date & Time : Mar 09, 2024, 02:09 p.m.

Reported Date & Time : Mar 10, 2024, 04:01 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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**CYTOLOGY**

**PAP SMEAR**

CYTOLOGY - GYNECOLOGICAL

**MICROSCOPY:**

Shows superficial : intermediate & parabasal cells in ratio 70:20:10 with large no of bacteria & acute inflammatory cells.

**IMPRESSION :**

Suggestive of acute inflammatory pathology.

**\*\*END OF REPORT\*\***

*Roopa Goyal*

*LLP*