



NABH



NABL



No.1

**UNITED
HOSPITAL**Care Par Excellence
Jayanagar, Bangalore**DEPARTMENT OF RADIODIAGNOSIS**

Name	Rashmi Rekha Goswami	Date	05/02/24
Age	35 years	Hospital ID	UHJA23017635
Sex	Female	Ref.	Health check

ULTRASOUND ABDOMEN AND PELVIS**FINDINGS:**

Liver is enlarged in size (15 cms) and shows mild increased echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions. **Portal vein** is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas - Visualized part of the pancreatic head and body appears normal in size, contour and echogenicity. Rest of the pancreas is obscured by bowel gas.

Spleen is normal in size, shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (9.8 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of hydronephrosis. **There is a lower pole calyceal calculus measuring 5.2 mm.**

Left Kidney is normal in size (10.6 x 4.1 cms), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum- Visualized aorta appeared normal. No obvious enlarged para-aortic nodes.

Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Uterus is anteverted and normal in size, measures 8.6 x 4.3 x 5.2 cms. Myometrial and endometrial echoes are normal. Endometrium measures 7.2 mm.

Right ovary is normal in size and echopattern, measures 4.9 cc.

Left ovary is normal in size and echopattern, measures 4.0 cc.

There is no ascites or pleural effusion. Appendix could not be localized. No RIF probe tenderness.

IMPRESSION:

- **Right renal calculus.**
- **Mild hepatomegaly with mild fatty infiltration (Grade I).**

Disclaimer : Ultrasound is not sensitive in picking up small renal and ureteric stones. It should also be understood that normal renal structures like renal sinus fat could mimic renal stones on ultrasound. CT KUB is the investigation of choice for renal / ureteric calculi.

Dr. Elluru Santosh Kumar
Consultant Radiologist

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Care Par Excellence
Jayanagar, Bangalore

Mrs. Prastomi. Bhathe Gokani. 35y

5/2/24

Dr. Yoga Lakshmi SK
MBBS, MD GBO, FMA3
Consultant Obstetrician and
Gynecologist, Laparoscopy
and IVF Specialist
KMC Reg. No. 90384

for health check up
BR-106/20 SP-1-989
12-854p-

SHY
On BK

onc - 4y

1.4

. 1.5y.

on 4/0 088, 2114, 3192
m 4/ 2y 3y
m 7/ am found Ca

not tot. removed.
not Da as biopsy
Lop - 15/1/24
Dr. Lakshmi

1/2 - 5y
P/S - 2y 2y better

BK - 5y

Prastomi
Stop BK



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Care Par Excellence
Jayanagar, Bangalore

Mrs Rashmi

35yrs / F

nil systems

$$\begin{array}{l}
 \text{Vn} \left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right\} \text{M}_6
 \end{array}$$

Mj ov normal

Fundis ov CD.to 0.3:1
 (undilted) (MGT)

Inf: ov daily normal

ll

Deshta
5/2/24



NABH



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**UNITED
HOSPITAL**

Care Par Excellence
Jayanagar, Bangalore

Out Patient Record

Patient Name	: Mrs.RASHMI REKHA GOSWAMI	UHID	: UHJA23017635
Age / Sex	: 35 Years / Female	OP NO/Reg Dt	: 05-02-2024 09:50 AM
Spouse / Father Name	: HEMANTHA KRISHNA B S	Department	:
Address	: # Vijaya Bank Quatres E-704 Raheja Apartments Magadi Road Near Sarvodaya	Referred By	:
		Consultant	: Dr.Preventive Health Check Up
		KMC No.	:

Complaints / Findings / Observations :

wt-62.8

BP-106/70

SpO2-98%

PR-85b/m

Investigations:

Treatment / Care of Plan / Provisional Diagnosis :

Follow Up Advice :

Signature of the Doctor

KIDNEY STONES AND YOUR DIET

kidney stones are hard deposits made of minerals and salts which are formed inside your kidneys and can affect any part of your urinary tract.

LIFE STYLE MODIFICATIONS	NUTRITIONAL MODIFICATIONS
Regular physical exercise	Stay hydrated
Stop smoking, limit alcohol consumption	Increase your citrus intake
Stress management	Limit sodium intake
Loose weight if overweight	Cut down on sugary drinks

There is no single diet plan for kidney stones, as they are formed due to several different minerals in the body, making small diet changes in your current diet and exercise may help in preventing stone formation.

GENERAL GUIDELINES:

1. Stay Hydrated:

- Water help to dilute the chemicals that form stones.
- Try to drink at least 3 to 4 lts water per day. (250ml/hr).

85%

2. Increase your Citrus intake :

- Citrus fruits and their juices helps to block the formation of stones due to naturally occurring citrate
- Drink fresh lemon juice a day. (with out added salt and sugar).
- Eat orange, grapes, and mosambi.

3. Get enough calcium every day (adult 1000 to 1200mg/day)

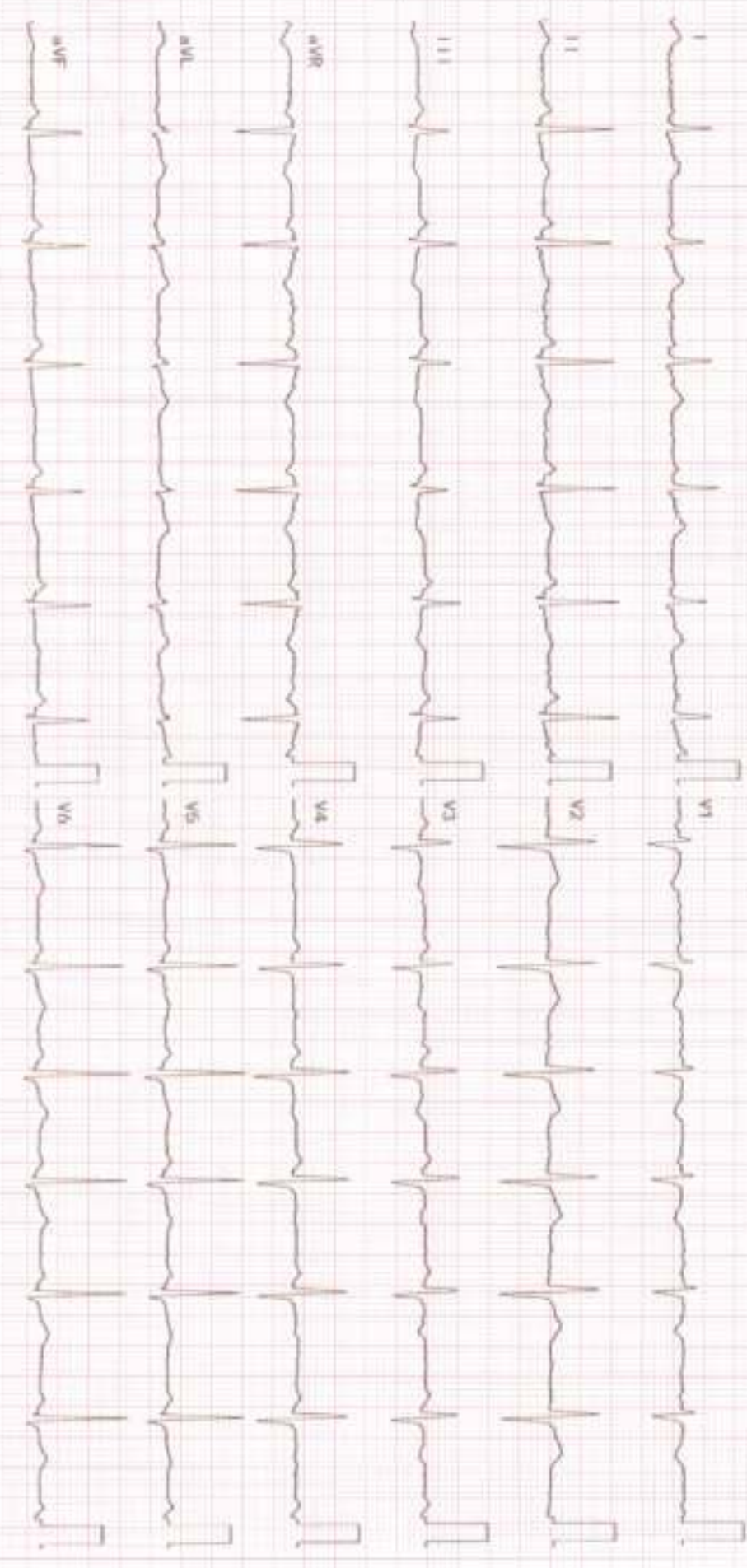
- If your calcium intake is low, oxalates levels may rise, so it is preferable to get enough calcium through food
- Consume 2 glass of milk, curds, yogurt, cottage cheese, dark green leafy vegetables daily.
- Pair calcium and oxalates rich foods together so that the oxalates can bind itself to calcium before it reaches the kidneys. (ex : mix nuts or berries to yoghurt)

4. Increase consumption of

- Cucumber, broccoli, watermelons, banana, papaya, apple, pomegranate, carrot, pumpkin, kidney beans, tender coconut water, buttermilk etc. which makes urine less acidic.

Indications: / med: /
 Symptoms: /
 History: /
 heart rate: 78 bpm
 RR: 144 mm
 RR: 92 mm
 RR dur: 368/402 mm
 P/QRS/T (ms): 64/59/12 mm
 P/QRS/T axis: 1.45/0.56 mm
 MS-SV1 amp: 2.01 mm

10 mm/mV 25 mm/s Filter: H50 D 35 Hz 10 mm/mV



1100 Sinus rhythm
 4068 Non-specific T wave abnormality [flat T or negative T (I, aVF, V1, V4, V5, V6)]
 9130 * Borderline ECG *

Unconfirmed Report
 Reviewed by:

EXERCISE STRESS TEST REPORT

Patient Name: MRS. RASHMI REKHA
 Patient ID: 17635
 Height: 157 cm
 Weight: 62.8 kg

DOB: 01.09.1998
 Age: 25yrs
 Gender: Female
 Race: Indian

Referring Physician: DR. RAHUL PATIL
 Attending Physician: DR. RAHUL PATIL
 Technician: VAMINI THABITHA

Study Date: 05.02.2024
 Test Type: Treadmill Stress Test
 Protocol: BRLCE

Medications:

Medical History:
 NO H/O DM & HTN

Reason for Exercise Test:
 Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:08	0.00	0.00	103	110/70	
	STANDING	00:42	0.00	0.00	99	110/70	
	HYPERV.	00:01	0.00	0.00	99	110/70	
EXERCISE	WARM-UP	00:21	0.00	0.00	93	110/70	
	STAGE 1	03:00	1.70	10.00	131	110/70	
	STAGE 2	03:00	2.50	12.00	157	120/80	
RECOVERY	STAGE 3	02:06	3.40	14.00	176	140/100	
		05:19	0.00	0.00	104	140/100	

The patient exercised according to the BRLCE for 8:05 mins, achieving a work level of Max. METS: 10.10. The resting heart rate of 103 bpm rose to a maximal heart rate of 176 bpm. This value represents 90% of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 140/100 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall Impression: Normal stress test.

Conclusions

GOOD EFFORT TOLERANCE
 NORMAL HR AND BP RESPONSE
 NO ANGINA OR ARRHYTHMIAS NOTED
 NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND RECOVERY

IMPRESSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Physician

Technician

MRS. RASHMI REKHA,

Patient ID 17635

05.02.2024 Female 157 cm 62.8 kg

2:36:11pm 25yrs Indian

Meds:

Test Reason: Screening for CAD

Medical History: NO H/O DM & HTN

Ref: MD: DR. RAHUL PATIL. Ordering MD: DR. RAHUL PATIL.

Technician: YAMINI/THABITHA Test Type: Treadmill Stress Test

Comment:

BRUCE: Total Exercise Time 08:05

Max HR: 176 bpm 90% of max predicted 195 bpm HR at rest: 103

Max BP: 140/100 mmHg BP at rest: 110/70 Max RPP: 24640 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -2.30 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:59

Arrhythmia: PVC:1

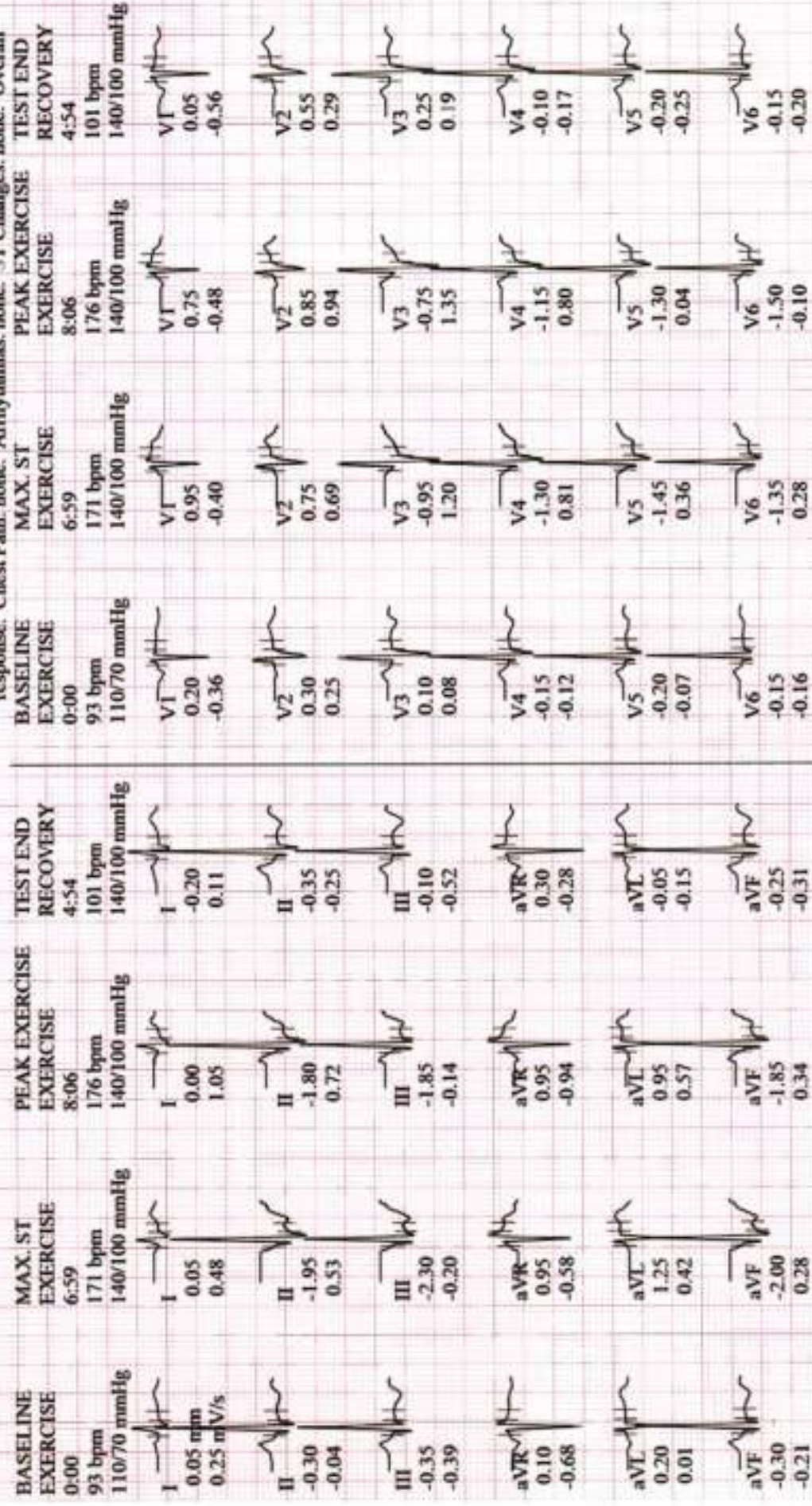
ST/HR index: 1.98 μ V/bpm

Reasons for Terminations: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall



GE CASE V6.73 (2)
10mm/mV 60Hz 0.01-20Hz S+ HEART V5.4

Unconfirmed

Attending MD: DR. RAHUL PATIL.

Page 1

MRS. RASHMI REKHA,

Patient ID: 17635

05.02.2024

2:36:11pm

Female 157 cm 62.8 kg

25yrs Indian

Meds:

Test Reason: Screening for CAD

Medical History: NO H/O DM & HTN

Ref. MD: DR. RAHUL PATIL Ordering MD: DR. RAHUL PATIL

Technician: YAMINI/THABITHA Test Type: Treadmill Stress Test

Comment:

Selected Mediums Report

UNITED HOSPITAL

BRUCE: Total Exercise Time: 08:05

Max HR: 176 bpm 90% of max predicted 195 bpm HR at rest: 103

Max BP: 140/100 mmHg BP at rest: 110/70 Max RPP: 24640 mmHg*bpm

Maximum Workload: 10.10 METS

Max. ST: -2.30 mm, 0.00 mV/s in III; EXERCISE STAGE 3 06:59

Arrhythmia: PVC:1

ST/HR index: 1.98 μ V/bpm

Reasons for Termination: Target heart rate achieved

Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to

Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate

response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall

Impression: Normal stress test.

Conclusion: GOOD EFFORT TOLERANCE

NORMAL HR AND BP RESPONSE

NO ANGINA OR ARRHYTHMIAS NOTED

NO SIGNIFICANT ST-T CHANGES NOTED DURING EXERCISE AND

RECOVERY

IMPRESSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Location Number: * 0 *

MRS. RASHIMI REKHA
Patient ID: 17635
05.02.2024
2:37:00pm

LINKED MEDIANS

HRUCE
0.0 mph
0.0 %

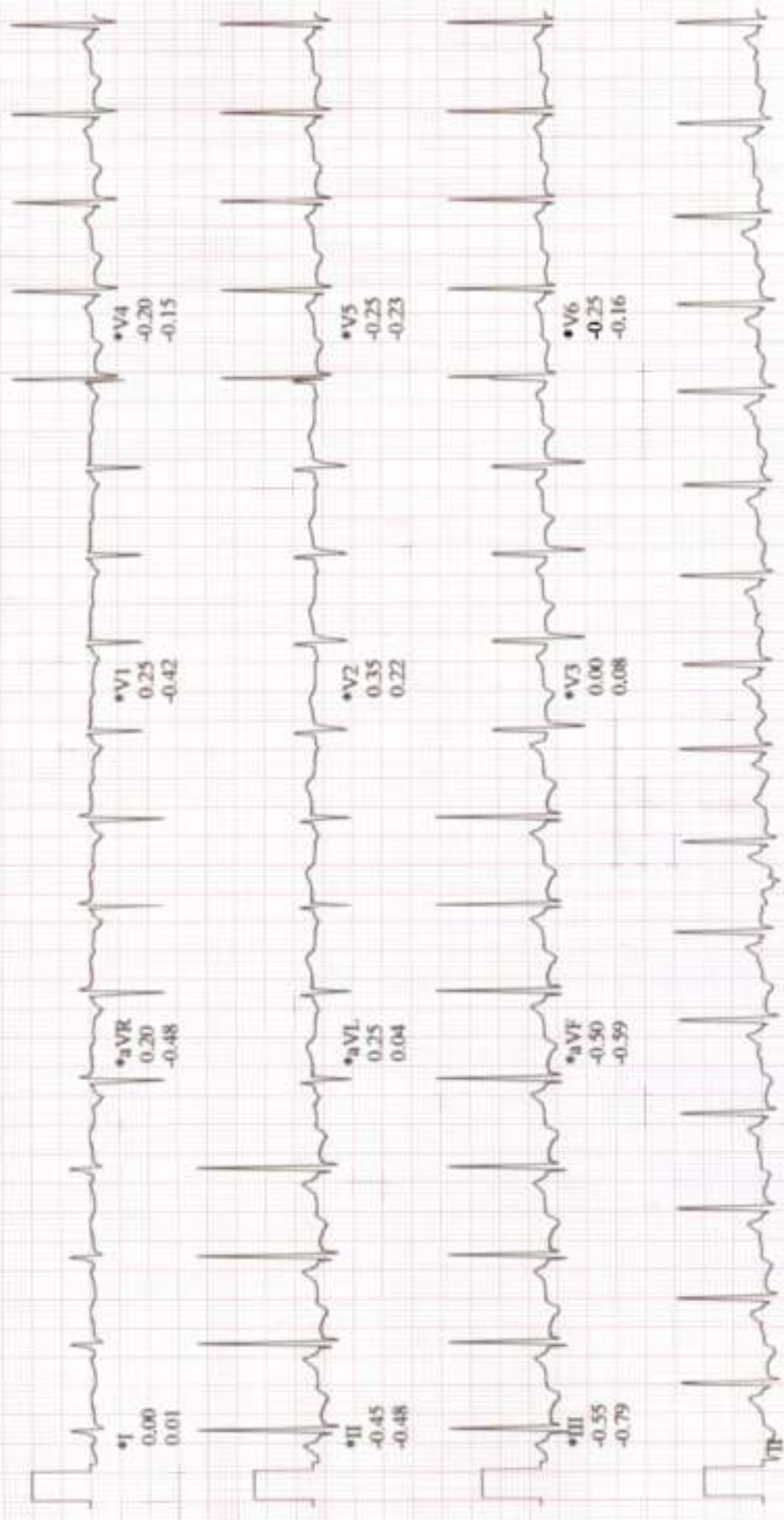
PRETEST
STANDING
00:48

101 bpm
110.70 mmHg

ST @ 10mm/mV
60 ms post J

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

MRS. RASHMI REKHA
Patient ID: 17635
05.02.2024
2:37:19pm

93 bpm
110/70 mmHg

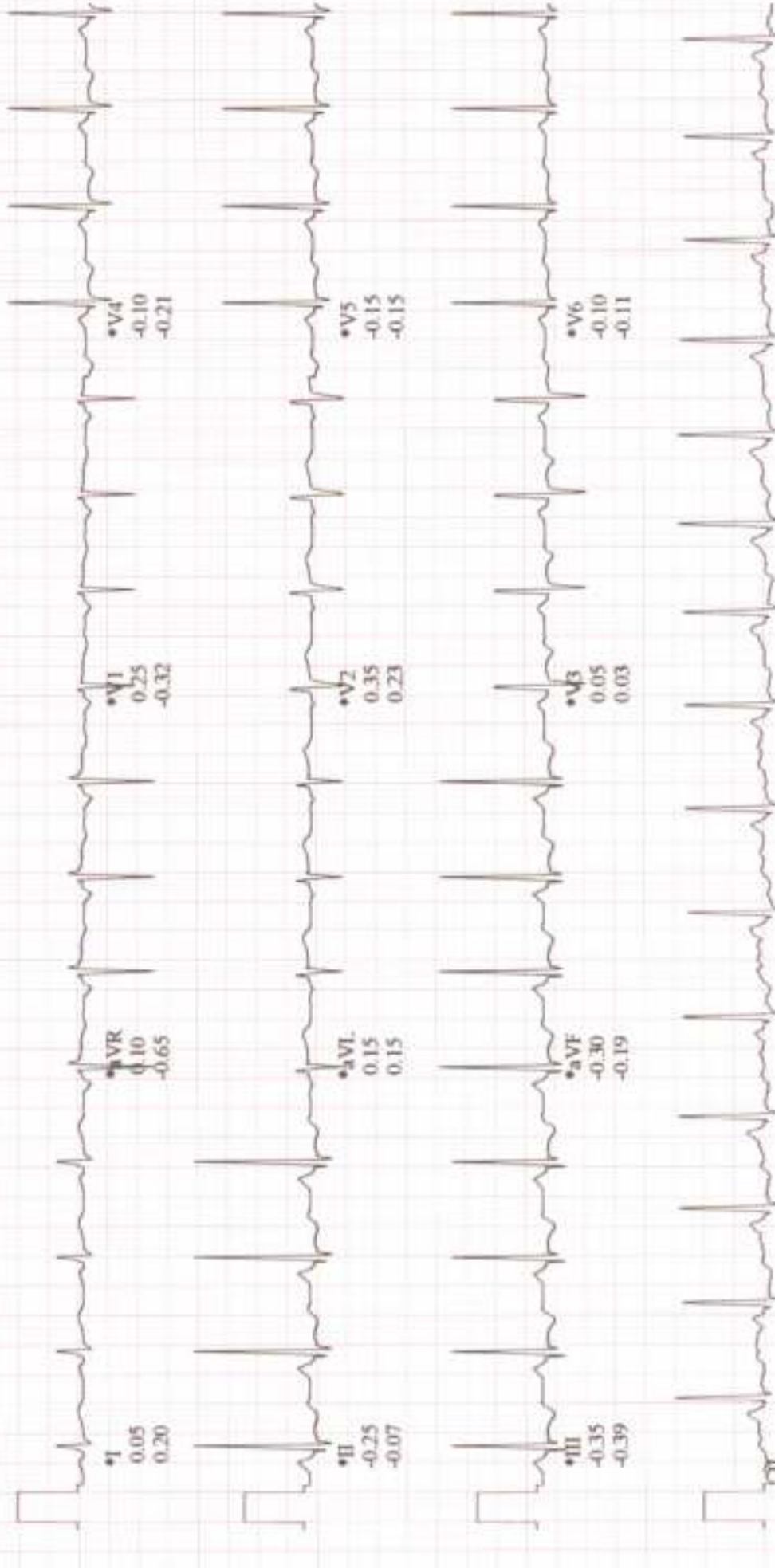
LINKED MEDAINS
PRETEST
WARM-UP
01:06

BRUCE
0.0 mph
0.0 %

UNITED HOSPITAL

1-lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm mV
60 ms post J



Raw Data

*Computer Synthesized Rhythms

MRS. RASHMI REKHA
Patient ID: 17635
05.02.2024
2:40:14pm

130 bpm
110-70 mmHg

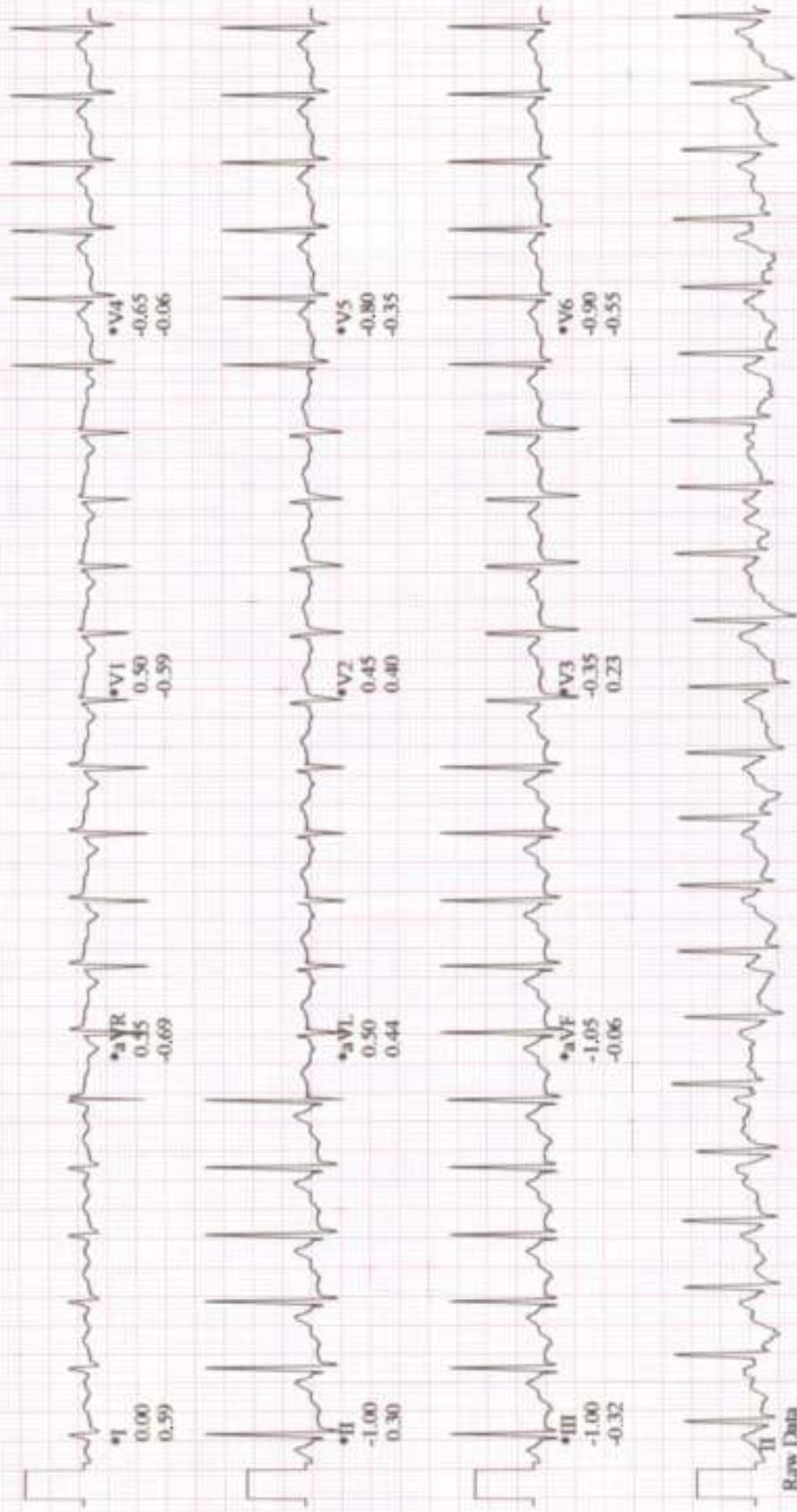
LINKED MEDIANS
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
(60 ms post J)



Raw Data

*Computer Synthesized Rhythms

MRS. RASHIMI REKHA
Patient ID: 17635
05.02.2024
2:43:14pm

155 bpm
120-80 mmHg

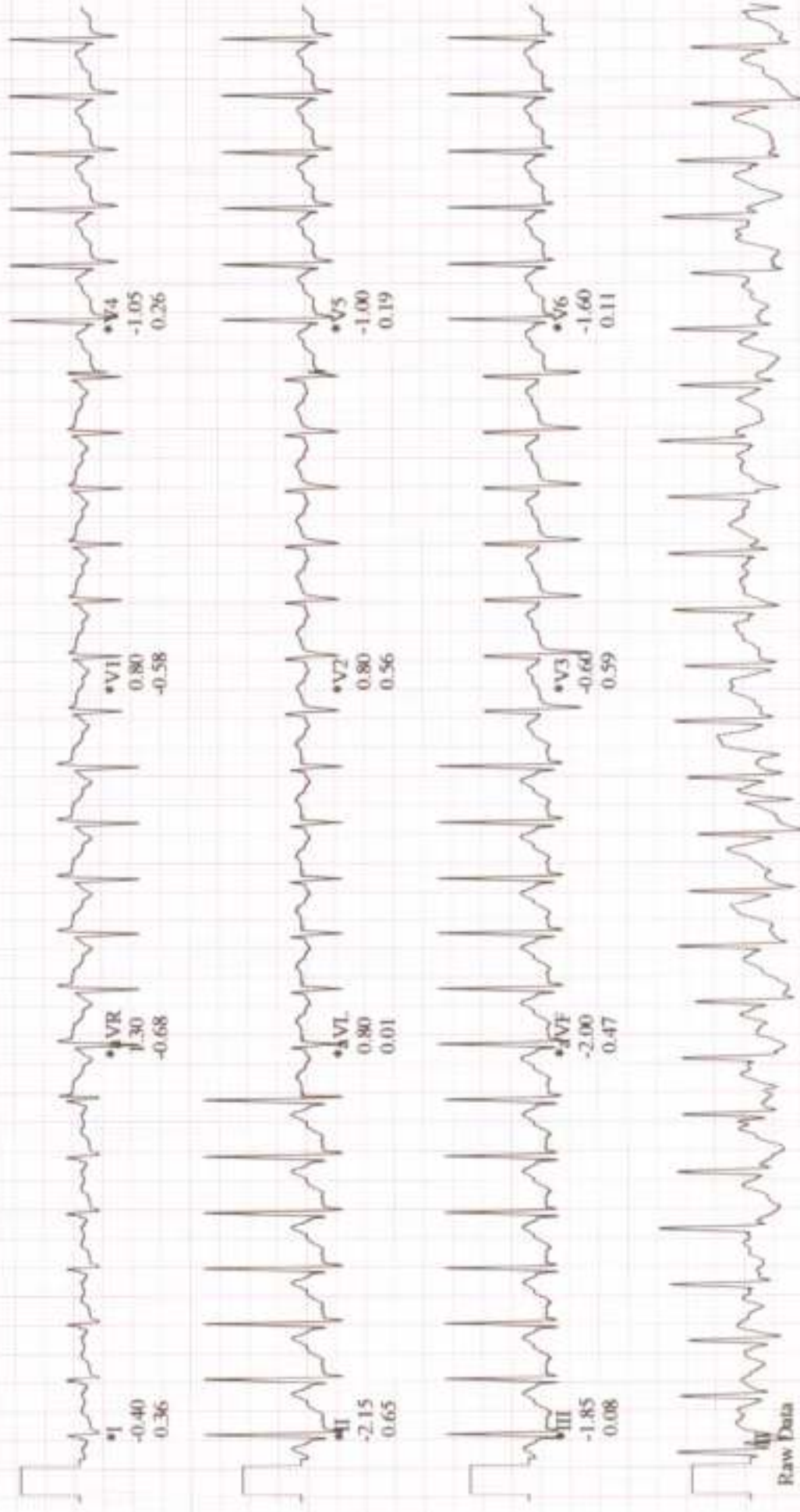
LINKED MEDIANS
EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



Raw Data

*Computer Synthesized Rhythms

MRS. RASHMI REKHA
Patient ID: 17635
05.02.2024
2:45:28pm

176 bpm
140/100 mmHg

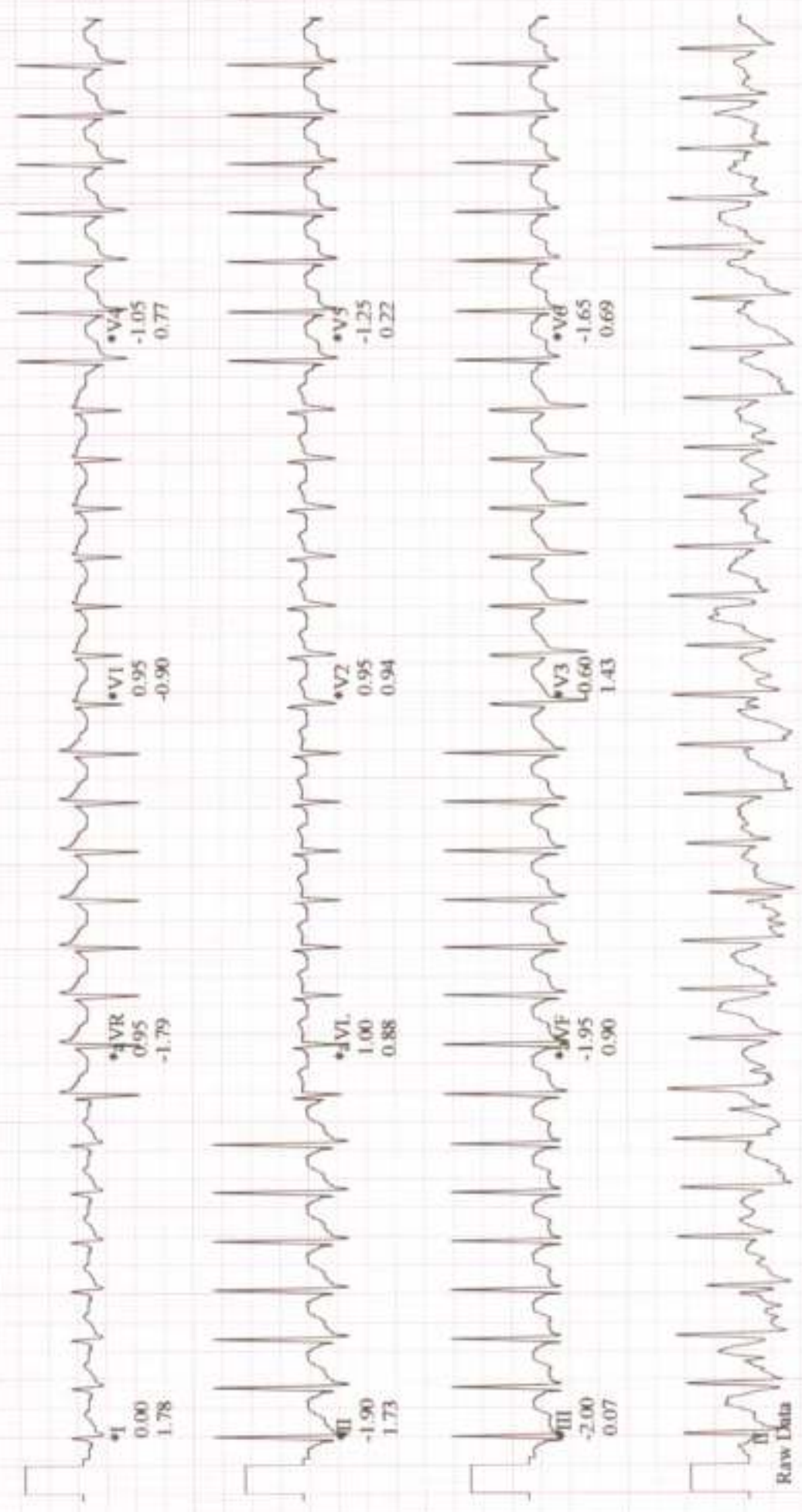
LINKED MEDIANS
EXERCISE
STAGE 3
08:04

BRUCE
3.4 mph
14.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



*Computer Synthesized Rhythms

MRS. RASHMI REKHA
Patient ID: 17635
05.02.2024
2:46:29pm

134 bpm
140/100 mmHg

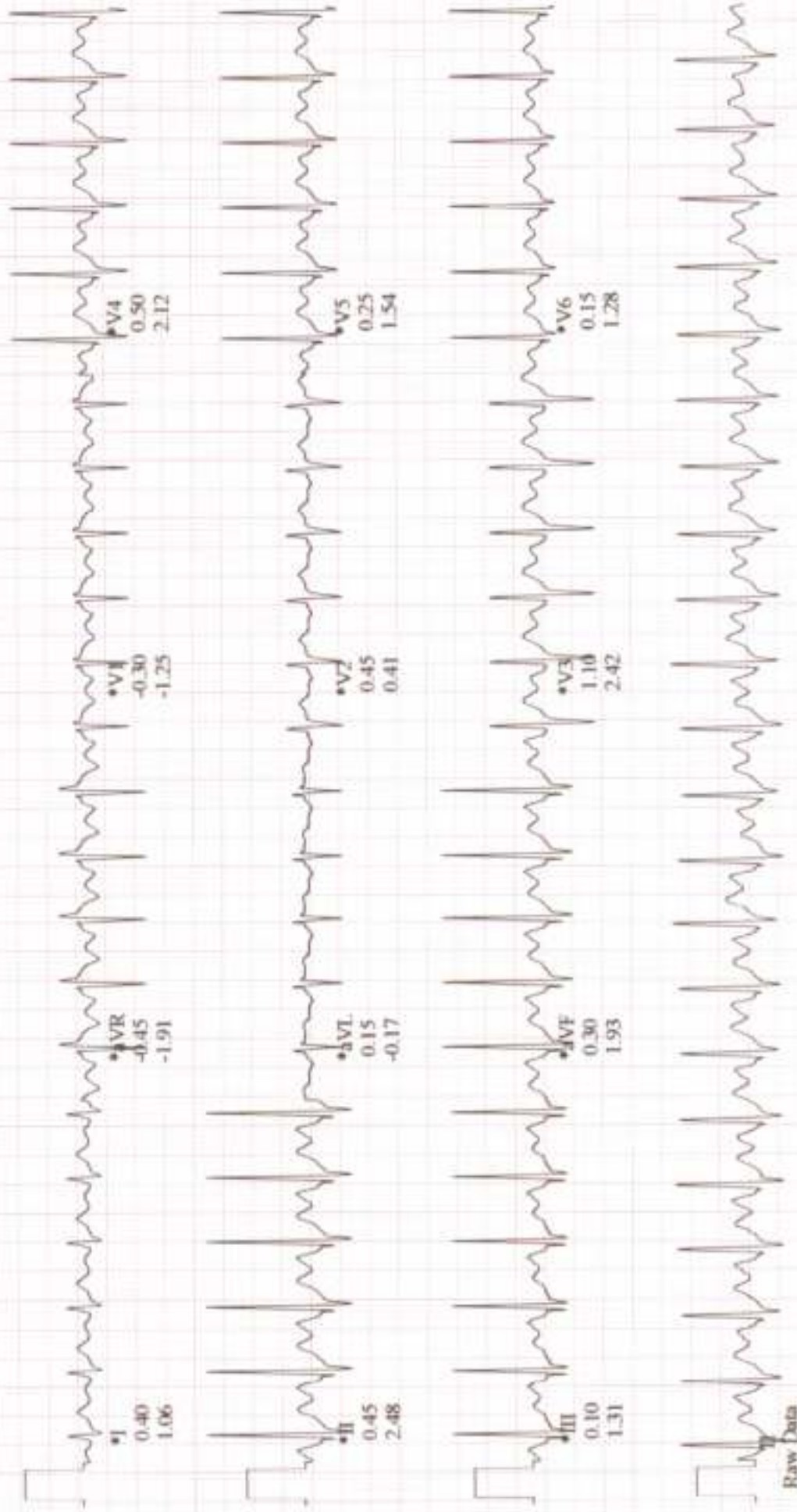
LINKED MEDIANS
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



Raw Data

*Computer Synthesized Rhythms

MRS. RASHIMI REKHA
Patient ID: 17635
05.02.2024
2:48:29pm

LINKED MEDIANS

BRUCE
0.0 mph
0.0 %

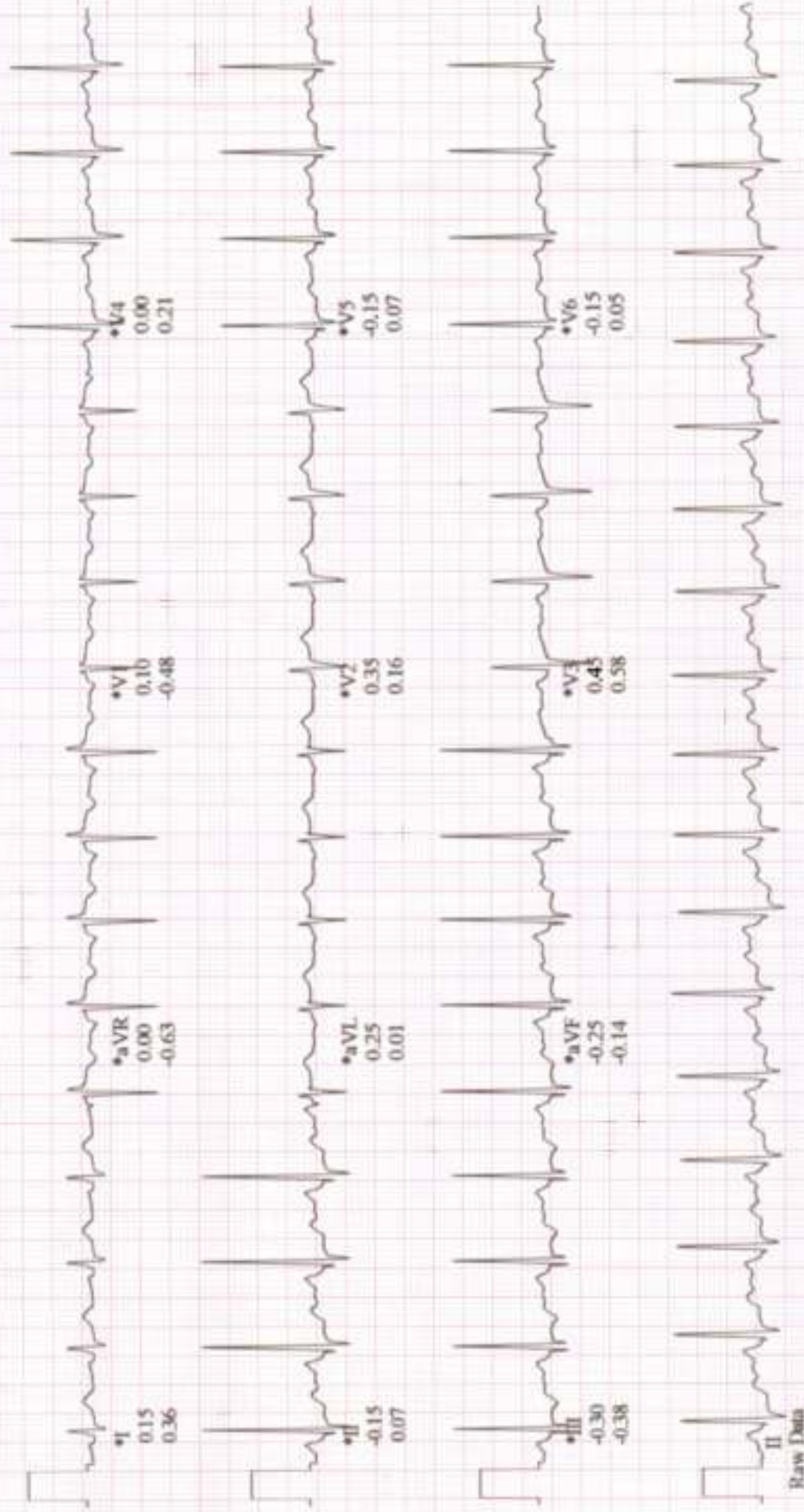
RECOVERY
#1
03:00

101 bpm

ST @ 10mm/mV
60 ms post J

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

MRS. RASHMI REKHA
Patient ID: 17635
05.02.2024
2:50:29pm

102 bpm
140/100 mmHg

LINKED MEDIANS

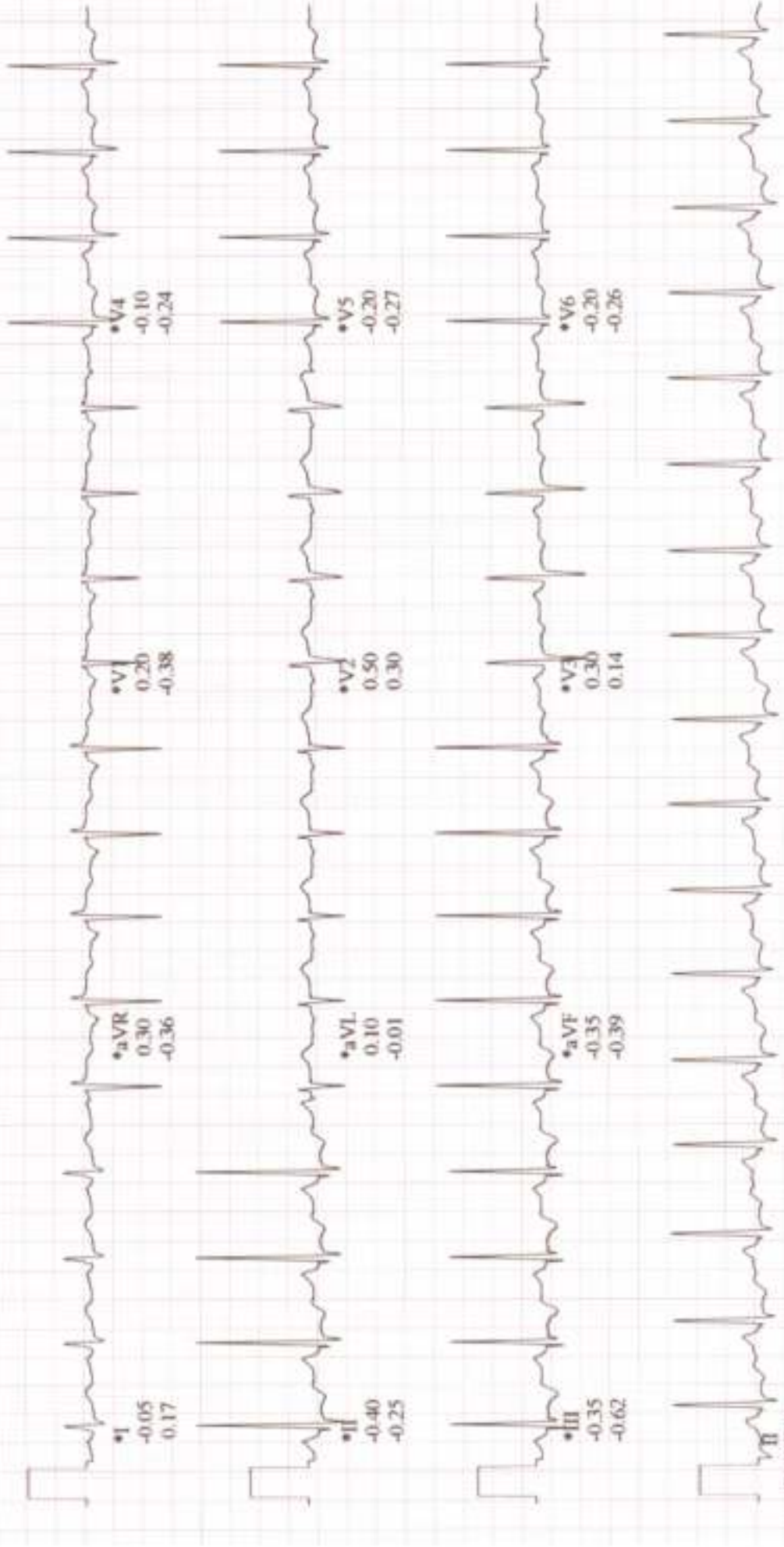
RECOVERY
#1
05:00

BRUCE
0.0 mph
0.0 %

UNITED HOSPITAL

Lead
ST Level (mm)
ST Slope (mV/s)

ST @ 10mm/mV
60 ms post J



Raw Data

*Computer Synthesized Rhythms

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. RASHMI REKHA GOSWAMI	Order No	: 1000071310
UHID	: UHJ A23017635	Registered On	: 05/02/2024 09:50:42 AM
Age/Sex	: 35/Years Female	Collected On	: 05/02/2024 09:59:45 AM
Ward / Bed No	:	Reported On	: 05/02/2024 04:39:13 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230021851
Station	: At Hospital	Mobile No	: 9590104830
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
<u>BIOCHEMISTRY</u>			
FASTING GLUCOSE (Method: Hexokinase)	89	mg/dL	ADA Guidelines < 100 mg/dl - Normal 100 to 125 mg/dl - Prediabetes ≥ 126 mg/dl - Diabetes
POST PRANDIAL GLUCOSE (Method: Hexokinase)	98	mg/dL	70-140
GLYCOSYLATED HAEMOGLOBIN (HBA1C)			Sample: Whole blood (EDTA)
HBA1C (Method: HPLC)	5.6	%	ADA Guidelines < 5.7% - Normal 5.7 to 6.4% - Prediabetes ≥ 6.5% - Diabetes
Estimated Average Glucose (eAG) (Method: Calculated)	114.01	mg/dL	
THYROID PROFILE (TOTAL T3, TOTAL T4 & TSH)			Sample: Serum
TOTAL T3 (Method:C LIA)	0.91	ng/mL	0.87-1.78
TOTAL T4 (Method:C LIA)	10.11	ng/dL	5.1-14.1
THYROID STIMULATING HORMONE (TSH) (Method:C LIA: Ultra-sensitive)	1.07	μIU/mL	0.34 - 5.60 μIU/mL (Non Pregnant) 0.3 - 4.5 μIU/mL (I trimester) 0.5 - 5.2 μIU/mL (II & III trimester)
LIPID PROFILE			Sample: Serum
TOTAL CHOLESTEROL (Method:CHOD-POD)	226	mg/dL	ATP III Guidelines < 200 - Desirable 200-239 - Borderline high ≥ 240 - High
TRIGLYCERIDES (Method:Enzymatic GPO-POD)	85	mg/dL	< 150 - Normal 150-199 - Borderline High 200-499 - High ≥ 500 - Very High
HDL CHOLESTEROL (Method:ENZYMATIC METHOD)	55.0	mg/dL	< 40 - Low ≥ 60 - High

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
LDL CHOLESTEROL (Method:ENZYMATIC METHOD)	154	mg/dL	<100 - Optimal 100-129 - Near or above optimal 130-159 - Borderline high 160-189 - High ≥190 - Very high
VLDL CHOLESTEROL (Method: Calculated)	17.00	mg/dL	< 30
TOTAL CHOLESTEROL : HDL RATIO (Method: Calculated)	4.11		Low Risk: 3.3 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0
LDL/HDL CHOLESTEROL RATIO (Method: Calculated)	2.80		< 2.5 Optimal
NON HDL CHOLESTEROL (Method: Calculated)	171	mg/dL	< 130
URIC ACID (Method:Uricase - POD(Enzymatic))	4.5	mg/dL	2.6-6.0
BLOOD UREA NITROGEN(BUN) (Method:Urease GLDH - Kinetic)	8	mg/dL	7.93-20.07
CREATININE (Method:Modified Jaffe, Kinetic)	0.57	mg/dL	0.6-1.1
LIVER FUNCTION TEST			
TOTAL BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.86	mg/dL	0.3-1.2
DIRECT BILIRUBIN (Method:Dichlorophenyl Diazotization)	0.14	mg/dL	0.0-0.2
INDIRECT BILIRUBIN (Method: Calculated)	0.72	mg/dL	0.2-1.0
TOTAL PROTEIN (Method:BIURET)	7.0	g/dL	6.6-8.3
ALBUMIN (Method:BCG)	4.09	g/dL	3.5-5.2
GLOBULIN (Method: Calculated)	2.91	g/dL	2.3-3.5

Sample: Serum

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
AG RATIO (Method: Calculated)	1.40		2:1
SERUM SGOT (Method:IFCC without P5P)	29	U/L	< 35
SERUM SGPT (Method:IFCC without P5P)	25	U/L	< 35
ALKALINE PHOSPHATASE, SERUM (Method:PNPP AMP Buffer)	68	U/L	46-122
GGT (Method:IFCC)	14	U/L	< 38



Dr. Shanthakumar Muruda
Sr CONSULTANT BIOCHEMIST
KMC No : 54192

DEPARTMENT OF LABORATORY MEDICINE

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Test Name	Result	Unit	Bio. Ref. Interval
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HAEMATOLOGY
COMPLETE BLOOD COUNT(CBC)

Sample: Whole blood (EDTA)

HAEMOGLOBIN (Method:Photometric Measurement: Oxyhemoglobin method)	11.04	g/dL	12-16
PACKED CELL VOLUME/HEMATOCRIT (PCV/HCT) (Method: Calculated)	34.6	%	37-47
TOTAL WBC COUNT (TLC) (Method:Coulter Principle)	4870	Cells/Cum	4000-11000
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Optical/Impedance)	56.22	%	40-75
LYMPHOCYTES (Method:Optical/Impedance)	34.16	%	20-45
EOSINOPHILS (Method:Optical/Impedance)	4.39	%	0-6
MONOCYTES (Method:Optical/Impedance)	4.97	%	2-10
BASOPHILS (Method:Optical/Impedance)	0.26	%	0-2
RED BLOOD CORPUSCLES(RBC) (Method:Coulter Principle)	4.08	million/cum	4.0-5.2
MCV (Method:Derived from RBC Histogram)	84.8	fL	78-100
MCH (Method: Calculated)	27.1	pg	27-31
MCHC (Method: Calculated)	31.9	g/dL	31-37
RDW - CV (Method: Calculated)	14.8	%	11.5-14.5
PLATELET COUNT (Method:Electrical Impedance)	2.72	Lakhs/Cum	1.5-4.5

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Test Name	Result	Unit	Bio. Ref. Interval
MEAN PLATELET VOLUME(MPV) (Method:Derived from PLT Histogram)	8.44	fl	9-13
PLATELET DISTRIBUTION WIDTH (PDW) (Method: Calculated)	19.7	fl	9-19
ERYTHROCYTE SEDIMENTATION RATE(ESR) (Method:Modified Westergren Method)	30	mm/hour	1-20
BLOOD GROUPING & RH TYPING			
Sample: Whole blood (EDTA)			
ABO Group (Method:Agglutination Gel Method)	O		
Rh Factor (Method:Agglutination Gel Method)	Positive		

Interpretation Notes

Note: Both forward and reverse grouping performed

Naveen N
Dr. Naveen Kumar
 CONSULTANT PATHOLOGIST
 KMC NO : 71418

DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mrs. RASHMI REKHA GOSWAMI	Order No	: 1000071310
UHID	: UHJ A23017635	Registered On	: 05/02/2024 09:50:42 AM
Age/Sex	: 35/Years Female	Collected On	: 05/02/2024 09:59:45 AM
Ward / Bed No	:	Reported On	: 05/02/2024 04:39:13 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230021851
Station	: At Hospital	Mobile No	: 9590104830
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
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CLINICAL PATHOLOGY
URINE EXAMINATION, ROUTINE

Sample: Urine

PHYSICAL EXAMINATION

VOLUME	20	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		
PH	5.5		5.0-8.0
SPECIFIC GRAVITY	1.025		1.005-1.030

CHEMICAL EXAMINATION

PROTEIN (Method:Protein Error of pH Indicator)	Absent		Absent
GLUCOSE (Method:GOD-POD)	Absent		Absent
KETONE BODIES (Method:Nitroprusside method/ Rothera's test)	Absent		Absent
BILIRUBIN (Method:DIAZO/FOUCHET'S TEST)	Negative		Negative
BILE SALT (Method:Hay's sulfur test)	Absent		Absent
NITRITE (Method:Griess method)	Negative		Negative
UROBILINOGEN (Method:Azo coupling method)	Normal		
LEUKOCYTE ESTERASE (Method:Leukocyte Esterase activity)	Negative		Negative
BLOOD (Method:Peroxidase Reaction)	Negative		Negative

MICROSCOPIC EXAMINATION

DEPARTMENT OF LABORATORY MEDICINE

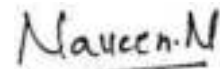
Patient Name	: Mrs. RASHMI REKHA GOSWAMI	Order No	: 1000071310
UHID	: UHJ A23017635	Registered On	: 05/02/2024 09:50:42 AM
Age/Sex	: 35/Years Female	Collected On	: 05/02/2024 09:59:45 AM
Ward / Bed No	:	Reported On	: 05/02/2024 04:39:13 PM
Reference	: Dr. Preventive Health Check Up	Bill No	: OPBJ A230021851
Station	: At Hospital	Mobile No	: 9590104830
Payer Name	: Mediwheel	Report Status	: Final Report

Test Name	Result	Unit	Bio. Ref. Interval
EPITHELIAL CELLS	4-6	/HPF	0-5
PUS CELLS	2-4	/HPF	0-5
RBCs	Nil	/HPF	0-2
CASTS	Nil	/LPF	
CRYSTALS	Nil		
OTHERS	Nil		

URINE SUGAR, FASTING Absent
(Method:GOD-POD)

Verified By
PREETHI R

---End of Report---



Dr. Naveen Kumar
CONSULTANT PATHOLOGIST
KMC NO : 71418

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mrs. RASHMI REKHA GOSWAMI	Order No : 1000071313
UHID : UHJA23017635 \	Registered On : 05/02/2024 09:50:41 AM
Age/Sex : 35/Years Female	Collected On : 05/02/2024 02:23:08 PM
Ward / Bed No :	Reported On : 05/02/2024 05:17:52 PM
Reference : Dr. Preventive Health Check Up	Bill No : OPBJA230021851
Station : At Hospital	Mobile No : 9590104830
Payer Name : Mediwheel	Report Status : Final Report

Samples

CERVICAL SMEAR - 05/02/2024 02:23 PM

Test Name : PAP SMEAR

NUMBER OF SLIDES RECEIVED: 02
TYPE OF THE SMEAR: Conventional
SOURCE OF THE SMEAR: Ectocervix and endocervix
CLINICAL DETAILS: P1L1
L M P: 15/01/2024

SPECIMEN ADEQUACY:
 Satisfactory for evaluation.
 Transformation zone/ Endocervical cell component is absent.

MICROSCOPY:
 Smears show predominantly superficial and intermediate squamous cells.
 Background shows dense neutrophilic infiltrate.
 No trichomonads, candida, other parasites or non-specific microorganisms are present.

IMPRESSION: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY (NILM)
COMMENTS: INFLAMMATORY SMEAR

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