

**MEDICAL EXAMINATION REPORT**

Name: - Mrs. MEERA YADAV

Age/Sex: 33/F

DOB: 01-10-1990

ADDRESS: 43-A/2 NETAJI NAGAR, KANPUR – 208007

she is not suffering from following disease:

- |             |                    |
|-------------|--------------------|
| 1. DM-No    | 5. Eye Disorder-No |
| 2. HTN -No  | 6. Paralysis -No   |
| 3. COPD -No | 7. Epilepsy -No    |
| 4. TB -No   | 8. Dental -Normal  |

9. EAR: Normal B/E

BP: 130/70 mmhg

PR: 87 bpm

WEIGHT: 61 Kg

RR: 19 pm

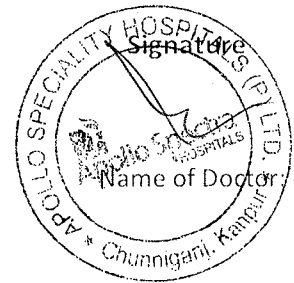
Height: 153 cm

BMI: 26.1 kg/m<sup>2</sup>

- *Advice for low fat diet.*

Place: -Kanpur

Date: - 09.03.2024



**Dr. Nikhat Siddiqui**

M.B.B.S., M.S.(Obst. & Gynae.)

Consultant Gynaecologist & Obstetrician

Mob. : 9839601544

Meera, Yadav.

33yr

9/3/24,

P240.

healthy  
checkup

LMP - 27 Feb.

P/S

watery  
discharge

Pap smear

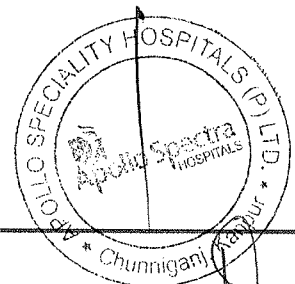
taken

Ecto Cx

R<sub>s</sub>

Cp Bwks BV OD

Immun



**Dr. Ajay Pratap Singh**

MBBS, DLO

ENT (Ear, Nose & Throat)

Days: Monday to Friday

Timings: 02:00 PM to 3:00 PM

Emergency Mobile: +91 9935577550

*Mrs Meera Yadav*  
*33yrs F*

*Ranjan Health Checkup*

*No ENT. - Complaint*

*ENT = ENT*

*[Signature]*



MERA YASAR / 33/ Kanpur

Vu { Rse 1.50 sph 6/6  
Lse 1.50 sph 6/6

(Occludant)

Nv { M6  
M6

Colour Vision { Wall

Dr. no active intervention

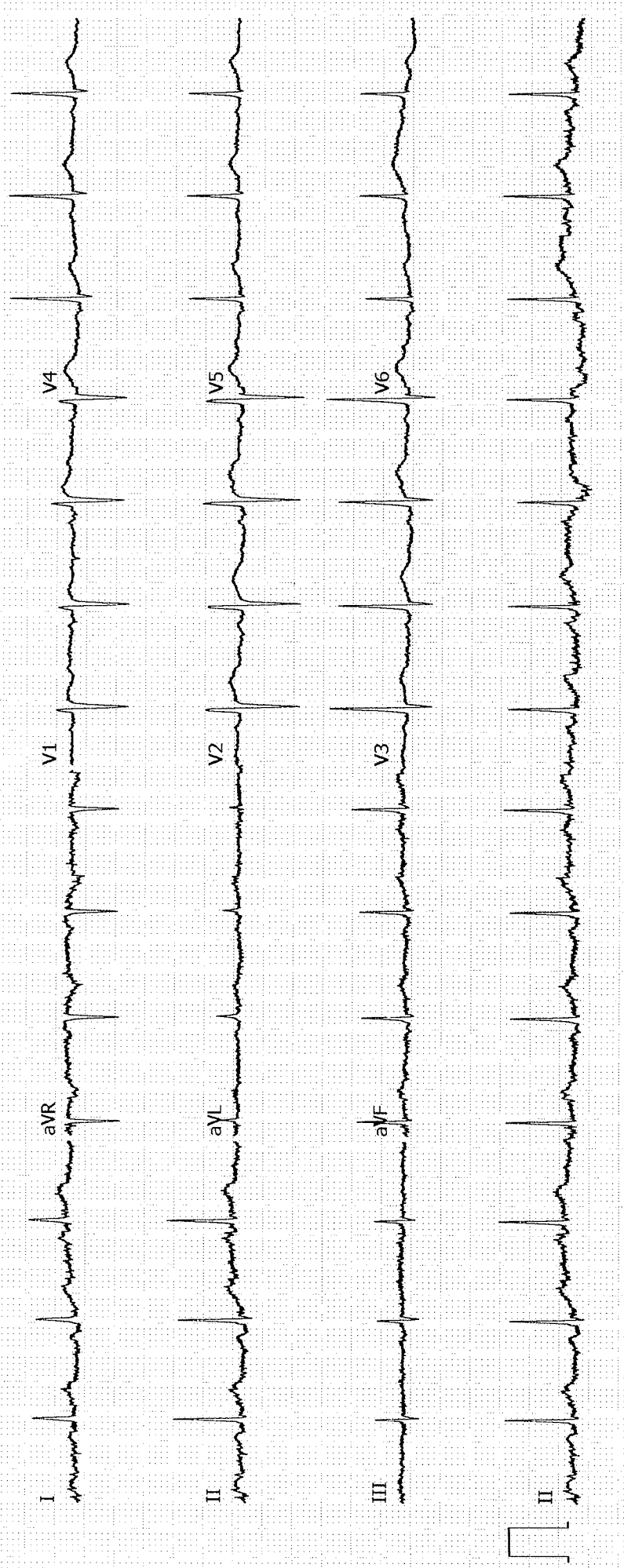
*[Signature]*  
डॉ. अनिता दमले  
एमडी (ऑर्थोपेडिसिस्ट), डीओ (एनओबीओ)  
यूपीओ राजस्थान नं० 4484

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

Dr. Meers (p)  
M115304  
wt 61kg

QRS : 66 ms  
QT / QTcBaz : 340 / 409 ms  
PR : 136 ms  
P : 88 ms  
RR / PP : 686 / 689 ms  
P / QRS / T : 33 / 47 / 32 degrees



Patient Name	: Mrs. MEERA YADAV	Age	: 33 Y F
UHID	: SKAN.0000133762	OP Visit No	: SKANOPV163484
Reported on	: 09-03-2024 11:24	Printed on	: 09-03-2024 11:25
Adm/Consult Doctor	:	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:09-03-2024 11:24

---End of the Report---



**Dr. DUSHYANT KUMAR VARSHNEY**  
**MD, DNB**  
**Radiology**

*(Please correlate clinically)*

**Kindly Note**

- \* Please Intimate us for any typing mistakes and send the report for correction within 7 days.
  - \* The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.
- The report and films are not valid for medico – legal purpose.**

Patient Name	: Mrs. MEERA YADAV	Age	: 33 Y F
UHID	: SKAN.0000133762	OP Visit No	: SKANOPV163484
Reported on	: 09-03-2024 12:34	Printed on	: 09-03-2024 12:39
Adm/Consult Doctor	:	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- Normal in distension and wall thickness.No sizeable calculus or mass lesion.*

*BD 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 -Normal in size, shape & distention. No calculus or mass lesion.*

*Uterus-Mildly bulky uterus measuring 8.6 x 4.4 cm normal in shape and outline. Midline endometrial strip normal thickness(7 mm). No sizeable uterine mass lesion. Cervix unremarkable.*

*Bilateral ovaries are normal in size, shape and echogenicity. No sizeable adnexal mass lesion*

*No evidence of ascites.*

**IMPRESSION:**

***Mildly bulky uterus***

**Suggest – clinical correlation.**

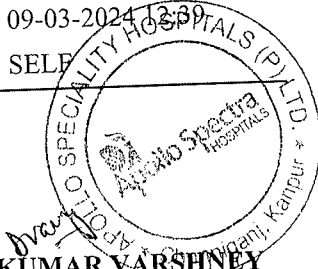
(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable.) It is only a professional opinion, Not valid for medico legal purpose.

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Age : 33 Y F  
OP Visit No : SKANOPV163484  
Printed on : 09-03-2024 12:34  
Ref Doctor : SELE

Printed on:09-03-2024 12:34

---End of the Report---

  
**Dr. DUSHYANT KUMAR VARSHNEY**  
MD, DNB  
Radiology



Patient Name : Mrs. MEERA YADAV Age : 33 Y/F  
UHID : SKAN.0000133762 OP Visit No : SKANOPV163484  
Conducted By : Conducted Date : 09-03-2024 15:44  
Referred By : SELF

**HEART STATION ECHO REPORT**

PROCEDURES:	MEASUREMENTS:				B.S.A. M <sup>2</sup> Normal
	M-MODE/2D/DOPPLER/COLOR/CONTRAST				
Aortic root diameter	2.2				2.0-3.7 cm < 2.2 cm
Aortic valve opening	23				1.5-2.6 cm
Right ventricular dimension	4.2				0.7-2.6 cm < 1.4 cm / M <sup>2</sup>
Right atrial dimension	4.1				0.5-2.9 cm
Left atrial dimension	4.2				1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
Left ventricular ED dimension	4.2				3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
Left ventricular ES dimension	1.1				2.2-4.0 cm
Interventricular septal thickness	ED	0.8	ES	1.5	2.2-4.0 cm
Left vent PW thickness	ED	1.1	ES	1.1	0.5-1.0 cm
<b>INDICES OF LEFT VENTRICLE FUNCTION</b>					
LV Ejection Fraction					60-62%
<b>DOPPLER</b>					
MV	80	Cm/sec	MR	Nil	
AoV	80	Cm/sec	AI	Nil	
TV	95	Cm/sec	TR	Nil	
PV	80	Cm/sec	PI	Nil	

**FINAL DIAGNOSIS:**

Normal LV contractility.  
No regional wall motion abnormality.  
LVEF =60%.  
Normal cardiac chambers.  
Normal valves and flows.  
No evidence of pericardial effusion.  
No evidence of RHD/ASD/VSD/PDA.  
No LA/LV, Clot/Vegetation.  
(Kindly correlate clinically and further investigation)



**DR MOHD SHAHID**

MD (Med), DMRD

*Please correlate clinically Kindly Note*

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**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.

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

## DEPARTMENT OF LABORATORY SERVICES

<b>Patient Name</b> : Mrs. MEERA YADAV	<b>Age / Gender</b> : 33Y/Female
<b>UHID/MR No.</b> : SKAN.0000133762	<b>OP Visit No</b> : SKANOPV163484
<b>Sample Collected on</b> : 09-03-2024 11:50	<b>Reported on</b> : 09-03-2024 16:14
<b>LRN#</b> : LAB13385868	<b>Specimen</b> : Blood(EDTA)
<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<b>Emp/Auth/TPA ID</b> : bobE12210	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>HEMOGRAM + PERIPHERAL SMEAR</b>			
<b>Hemoglobin</b> Method: Cyanide Photometric	11.1*	11.5 - 15	g/dL
<b>RBC Count</b> Method: Electrical Impedance	4.07	3.8 - 4.8	millions/cu mm
<b>Haematocrit</b> Method: Calculated	34.7*	36 - 46	%
<b>MCV</b> Method: Calculated	85.3	83 - 101	fl
<b>MCH</b> Method: Calculated	27.3	27 - 32	pg
<b>MCHC</b> Method: Calculated	32.0	31.5 - 34.5	g/dl
<b>RDW</b>	13.2	11.6 - 14	%
<b>Platelet Count</b> Method: Electrical Impedance	2.55	1.5 - 4.1	lakhs/cumm
<b>TLC Count</b> Method: Electrical Impedance	6700	4000 - 11000	cells/cumm



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## Excel Hospitals (P) Ltd.

**Dr. SATINDER SINGH**  
 SONP, Chunniganj, Kanpur - 208001  
 Ph. 0512-2555991, 2555992  
 MD Email : excelhospitals@gmail.com  
 Pathology Emergency No. 9935577550

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**Differential Leucocyte Count(Fluorescence Flow Cytometry / VCS Technology )**

<b>Neutrophils</b>	54	40 - 80	%
<b>Lymphocytes</b>	40	20 - 40	%
<b>Monocytes</b>	04	2 - 10	%
<b>Eosinophils</b>	02	1-6	%
<b>Basophils</b>	00	0-2	%
<b>Erythrocyte Sedimentation Rate (ESR)</b> Method: Westergrens Method.	17	0 - 20	mm/hr

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>BLOOD GROUP ABO AND RH FACTOR</b>			
<b>ABO</b> Method: Microplate Hemagglutination	A		
<b>Rh (D) Type:</b> Method: Microplate Hemagglutination	POSITIVE		
	<b>End of the report</b>		



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Ref Doctor : SELF  
Emp/Auth/TPA ID : bobE12210  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

Age / Gender : 33Y/Female  
OP Visit No : SKANOPV163484  
Reported on : 09-03-2024 16:18  
Specimen : Blood(EDTA)  
Adm/Consult Doctor :

### DEPARTMENT OF LABORATORY MEDICINE

#### PERIPHERAL SMEAR

Methodology : Microscopic  
RBC : Normocytic Normochromic  
WBC : within normal limits. DLC is as mentioned.  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

End of the report



Results are to be correlated clinically

Excel Hospitals (P) Ltd.

Lab Technician / Technologist  
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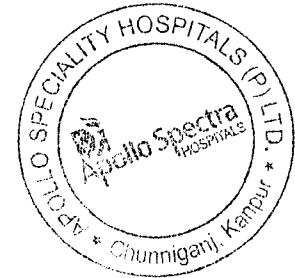
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<b>LRN#</b> : LAB13385868	<b>Specimen</b> : Plasma(PP)
<b>Ref Doctor</b> : SELF	
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### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS (POST MEAL)</b>			
<b>GLUCOSE - SERUM / PLASMA (POST PRANDIAL)</b> Method: Glucose Oxidase-Peroxidase	117	70 - 140	mg/dl
<b>GLUCOSE, FASTING</b>			
<b>FASTING SUGAR</b> Method: GOD-PAP	89	70 - 110	mg/dl
<b>GAMMA GLUTAMYL TRANSFERASE (GGT)</b>			
<b>GAMMA GT</b> Method: Kinetic Photometric	18	< 38	U/L
<b>RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT)</b>			
<b>CREATININE - SERUM / PLASMA</b> Method: Jaffe's Kinetic	0.8	0.55 - 1.02	mg/dl
<b>URIC ACID - SERUM</b> Method: Modified Uricase	5.0	2.6 - 6.0	mg/dl
<b>UREA - SERUM/PLASMA</b> Method: Urease with indicator dye	26	Female: 15 - 36	mg/dl
<b>CALCIUM</b> Method: O-Cresolphthalein complexone	9.6	8.5 - 10.1	mg/dl



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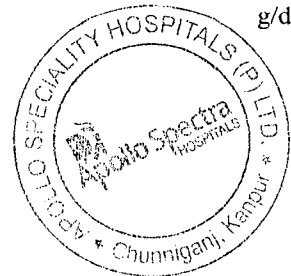
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<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<b>Emp/Auth/TPA ID</b> : bobE12210	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

<b>BUN</b>	12.12	7-17	mg/dl
Method: Urease with indicator dye			
<b>PHOSPHORUS</b>	2.8	2.5 - 4.5	mg/dl
Method: Phosphomolybdate -UV			
<b>ELECTROLYTES (Na)</b>	139	135 - 145	meq/L
Method: ISE-Direct			
<b>ELECTROLYTES (K)</b>	4.4	3.5 - 5.1	meq/L
Method: ISE-Direct			
<b>LIVER FUNCTION TEST (LFT)</b>			
<b>BILIRUBIN TOTAL</b>	0.52	0.2 - 1.3	mg/dL
Method: Azobilirubin/dyphylline			
<b>BILIRUBIN (DIRECT)</b>	0.19	Adults: 0.0 - 0.3 Neonates: 0.0 - 0.6	mg/dL
Method: Dual Wavelength Spectrophotometric			
<b>BILIRUBIN UNCONJUGATED(INDIRECT)</b>	0.33	0.0 - 1.1	mg/dL
Method: Dual Wavelength Spectrophotometric			
<b>ALBUMIN</b>	4.2	3.0 - 5.0	g/dL
Method: Bromocresol Green dye binding			
<b>PROTEIN TOTAL</b>	7.3	6.0 - 8.2	g/dL
Method: Biuret Reaction			
<b>AST (SGOT)</b>	21	14 - 36	U/L
Method: Kinetic (Leuco dye) with P 5 P			
<b>GLOBULIN</b>	3.1	2.8 - 4.5	g/dL
Method: Calculation			



*Results are to be correlated clinically*

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<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

<b>ALT(SGPT)</b>	20	9 - 52	U/L
<b>LIPID PROFILE</b>			
<b>CHOLESTEROL</b>	<b>201*</b>	<200 - Desirable 200-239 - Borderline High >=240 - High	mg/dL
Method: CHOD-End Point POD (Enzymatic)			
<b>HDL</b>	55	<40 - Low >=60 - High	mg/dL
Method: Direct Measure PEG			
<b>LDL</b>	124	< 100 - Optimal 100-129 - Near Optimal & Above Optimal	
Method: Calculation Friedewald's Formula			
<b>TRIGLYCERIDES</b>	110	Normal : <150 Border High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dl
Method: Enzymatic GPO/POD/End Point		Note: Overnight fasting of 10-12hrs is recommended to avoid fluctuations in Lipid Profile.	
<b>VLDL</b>	22	10-40	mg/dL
Method: Calculated			

**End of the report**



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<b>LRN#</b> : LAB13385868	<b>Specimen</b> : Blood(bio/EDTA)
<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
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<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>HbA1c, GLYCATED HEMOGLOBIN</b>			
<b>HbA1c, GLYCATED HEMOGLOBIN</b> Method:HPLC	5.1	<=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)	%
<b>eAG (estimated Average Glucose)</b> Method: Calculated	99.67		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. Correlation with clinical/pathological 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.

## Excel Hospitals (P) Ltd.

**Dr. SATINDER SINGH**  
 SONP  
 4138, Chunniganj, Kanpur - 208001  
 Ph. 0512-2555991, 2555992  
 MD Email : excelhospitals@gmail.com  
 Pathology Emergency No. 9935577550

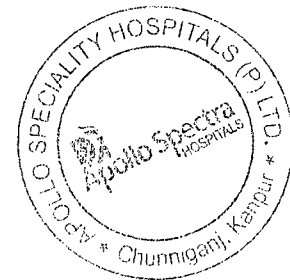


## DEPARTMENT OF LABORATORY SERVICES

<b>Patient Name</b> : Mrs. MEERA YADAV	<b>Age / Gender</b> : 33Y/Female
<b>UHID/MR No.</b> : SKAN.0000133762	<b>OP Visit No</b> : SKANOPV163484
<b>Sample Collected on</b> : 09-03-2024 11:50	<b>Reported on</b> : 09-03-2024 18:50
<b>LRN#</b> : LAB13385868	<b>Specimen</b> : Urine
<b>Ref Doctor</b> : SELF	
<b>Package Name</b> : ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324	
<b>Emp/Auth/TPA ID</b> : bobE12210	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

### DEPARTMENT OF LABORATORY MEDICINE

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVALS</u>	<u>UNITS</u>
<b>COMPLETE URINE EXAMINATION</b>			
<b>Color:</b>	Pale Yellow	Pale Yellow	
<b>Specific Gravity</b> Method: Indicator Method	1.030	1.005 - 1.035	
<b>Transparency:</b>	Slightly Turbid	Clear	
<b>Protein :</b> Method: Indicator Method	++++	Nil	
<b>Glucose:</b> Method: Glucose Oxidase	Absent	Nil	
<b>pH</b> Method: Indicator Method	5.0 ( Acidic )	4.6 - 8	
<b>DEPOSITS:</b>	Present		
<b>WBC/Pus Cells</b>	Nil	0-5	/hpf
<b>Tc/Sqc(Transitional/Squamous epithelial cells)</b>	3-6	2-3	/hpf



*Results are to be correlated clinically*

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## Excel Hospitals (P) Ltd.

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 Ph. 0512-2555991, 2555992  
 Email : excelhospitals@gmail.com  
 Pathology Emergency No. 9935577550

## DEPARTMENT OF LABORATORY SERVICES

<b>Patient Name</b> : Mrs. MEERA YADAV	<b>Age / Gender</b> : 33Y/Female
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<b>Emp/Auth/TPA ID</b> : bobE12210	<b>Adm/Consult Doctor</b> :
<b>Sponsor Name</b> : ARCOFEMI HEALTHCARE LIMITED	

<b>RBC</b>	Nil	0 - 2	/hpf
<b>Crystals:</b>	Nil		
<b>Casts:</b>	Nil		/hpf

**End of the report**

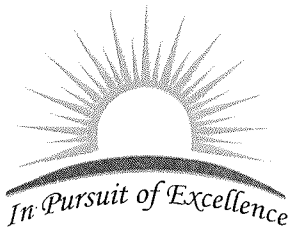


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**Excel Hospitals (P) Ltd.**

Dr. SATINDER SINGH  
 1018, Chunniganj, Kanpur - 208001  
 Ph. 0512-2555991, 2555992  
 Email : excelhospitals@gmail.com  
 Pathology 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. MEERA YADAV

Age / Gender : 33 years / Female

Patient ID : 46530

Source : Excel Hospital

Referral : SELF

Collection Time : 09/03/2024, 03:07 p.m.

Reporting Time : 09/03/2024, 08:24 p.m.

Sample ID :



240690045

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

## T3,T4,TSH

SAMPLE TYPE : SERUM

T3 Method : CLIA	1.18	0.79 - 1.58	ng/mL
T4 Method : CLIA	9.46	5.2-12.7	µg/dL
TSH Method : CLIA	2.52	0.3-4.5	µIU/mL

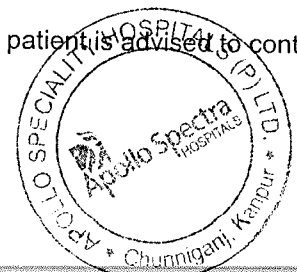
## Interpretation

TSH	T4	T3	INTERPRETATION
HIGH	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPOTHYROIDISM
HIGH	LOW OR NORMAL	LOW OR NORMAL	HYPOTHYROIDISM
LOW	NORMAL	NORMAL	MILD (SUBCLINICAL)HYPERTHYROIDISM
LOW	HIGH OR NORMAL	HIGH OR NORMAL	HYPERTHYROIDISM
LOW	LOW OR NORMAL	LOW OR NORMAL	NON-THYROIDAL ILLNESS: RARE PITUITARY (SECONDARY)HYPOTHYROIDISM

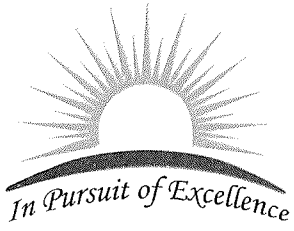
**\*\*END OF REPORT\*\***

All the reports have to be correlated clinically. If the result of the tests are unexpected, the patient is advised to contact 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 correlation and further relevant investigations advised if warranted. Any discrepancies in test results should be notified within 24 hours. This report is not valid for medicolegal purpose.



# SONI DIAGNOSTICS

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

Ph. : 0512-2219667, 8858154254

e-mail : sonidiagnostics01@gmail.com

**Patient Name :** MRS. MEERA YADAV

**Age / Gender :** 33 years / Female

**Patient ID :** 46530

**Source :** Excel Hospital

**Referral :** SELF

**Collection Time :** 09/03/2024, 03:07 p.m.

**Reporting Time :** 11/03/2024, 02:30 p.m.

**Sample ID :**



240690045

## PAP Smear Cytology

**Reference Number :**

SD 88/24

**Type of sample**

Conventional

**Specimen Adequacy**

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

**Interpretation**

Negative for intraepithelial lesion/malignancy (NILM).

**\*\*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)**





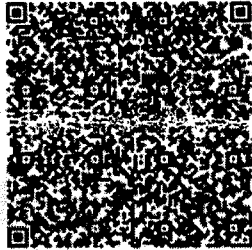
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2706/10308/00059

To  
मीरा यादव  
Meera Yadav  
W/O Madhav Singh  
43a/2  
neta ji nagar  
PAC road  
Kanpur  
Kanpur Nagar Uttar Pradesh - 208007  
8449872813

Signature Not Verified  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA  
Date: 28/02/2012 17:28:59  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

XXXX XXXX 1798  
VID : 9114 4520 9991 6859

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



मीरा यादव  
Meera Yadav  
जन्म तिथि/DOB: 01/10/1990  
महिला/ FEMALE

XXXX XXXX 1798  
VID : 9114 4520 9991 6859

मेरा आधार, मेरी पहचान



Government of India



सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

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- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
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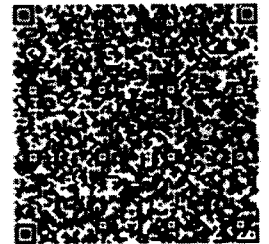


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



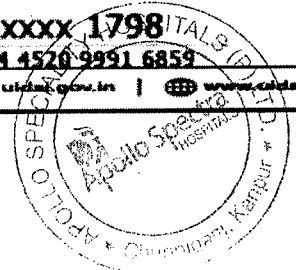
पता:  
W/O माधव सिंह, 43a/2, नेता जी नगर, पी ए सी रोड,  
कानपुर, कानपुर नगर,  
उत्तर प्रदेश - 208007

Address:  
W/O Madhav Singh, 43a/2, neta ji nagar, PAC  
road, Kanpur, Kanpur Nagar,  
Uttar Pradesh - 208007



XXXX XXXX 1798  
VID : 9114 4520 9991 6859

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*Meera Yadav*  
*as per the name of*  
*the Medical health card*  
*9/3/2024*

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