

MITTAL

**COLOUR DOPPLER ULTRASOUND, MAMMOGRAPHY
ECHOCARDIOGRAPHY, O.P.G., DIGITAL X-RAY SCAN CENTRE**

Dr. Sunil K. Mittal

D. Ortho, M.D. (Radio-Diagnosis)
Radiologist & Ultrasonologist

A-12, PAWAN PALACE, NEAR TIKARAM MANDIR, SAMAD ROAD, ALIGARH - 202 001

Phones : Clinic - 2508989 • Resi. -2508585

11.11.23

Mrs. Bharti Jha 40yrs Female

LIVER & GALL BLADDER :

Rt & Lt lobes of liver are normal in size & homogenous in echotexture. No intrahepatic biliary dilatation is seen. Focal or diffuse lesion is not seen.

Gall Bladder is well distended with empty lumen. Wall thickness is normal. Peri-cholecystic oedema is not seen.

CBD is not dilated. Calculus is not seen.

SPLEEN & PANCREAS :

Are normal in size & homogenous in echotexture.

KIDNEYS & BLADDER :

SIZE

Rt Kidney--9.5x3.2x4.2cm

Lt Kidney--9.8x3.2x4.2cm

Echotexture is normal.

Cyst or calculus is not seen. Hydronephrosis is not seen.

Bladder is normal.

RETROPERITONIUM :

Aorta & IVC are normal in caliber.

Lymphadenopathy is not seen.

ABDOMINAL CAVITY :

No obvious lump or free fluid is seen.

PELVIS (TVS) :

Uterus is anteverted & homogenous in echotexture.

Size is 9.1x4.0x4.5cm

Lumen is empty.

Fibroid is not seen.

Lt ovary shows a 57x45mm size haemorrhagic cyst /thick fluid filled cyst

Pouch of Douglas is free from fluid.

IMPRESSION : *Bulky uterus with haemorrhagic/chocolate cyst lt ovary.*

CT & MRI Facility Are Available Here



• COLOUR DOPPLER

• 4D ULTRASOUND

• ULTRASOUND

• MAMMOGRAPHY

• ECHO CARDIOGRAPHY

• X-RAY

THIS IS A PROFESSIONAL OPINION NOT A DIAGNOSIS. IT NEEDS CLINICAL CORRELATION. REPORT IS NOT VALID FOR MEDICO-LEGAL PURPOSE.



Name : Mrs. BHARTI JHA WO M N JHA
Age/Gender : 40 Yrs/Female
P. ID No. : 150220231113270
Accession No : **1502202311130010**
Referring Doctor : DIVYA CHAUDHARY
Referred By :

Billing Date : 13/11/2023 04:57:10 PM
Sample Collected on : 13/11/2023 04:57:46 PM
Sample Received on : 14/11/2023 07:53:50 AM
Report Released on : 15/11/2023 01:14:21 PM

Report Status -Final

Test Name	Result	Biological Ref. Interval	Unit
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LBC + HPV

CYTOLOGY

Liquid Based Cytology (LBC), SUREPATH

Sample : LBC
Method : Manual

LBC- Surepath

Cyto no. CK-626-23

Clinical details : Routine screening

No of slides prepared : 1.

Specimen type : Liquid based cytology - 1 BD Sure Path.

Reporting mode : Bethesda system

Specimen adequacy : Satisfactory with endocervical cells.

Descriptive interpretation : Normal morphology of benign squamous epithelial cells seen with predominance of superficial and intermediate cells. Few endocervical cells are seen. Mild inflammation is seen in the background. Fungi / Trichomonas /Bacterial vaginosis/ ASCUS - Not seen.

Impression : Negative for intraepithelial lesion / Malignancy.

Disclaimer: Gynecological cytology is a screening test that aids in the detection of cervical cancer and cancer precursor. Both false positive and false negative result can occur. The test should be used at regular intervals, and positive result should be confirmed before definitive therapy.



1502202311130010

Page No: 1 of 6

जांच सही तो इलाज सही





Pathkind Labs
Pathkind Hospital and Test Tube Baby Centre Pvt Ltd,
Plot No. 55-56, Udyog Vihar, Phase 4, Gurugram, UP 202001, - 202001
Contact No. - 9997577422



NATIONAL REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55 - 56, Udyog Vihar, Phase 4, Gurugram - 122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Processed By
Gurugram, Plot No. 55-56, Udhyyog Vihar Ph-IV, - 122015
Contact No. -7500075111

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Report entered by: Amit negi

Note: This case has been seen by Dr. Deepika Jain (Consultant Histopathology).

HAEMATOLOGY

Hemoglobin Variant (Hb Electrophoresis)

Sample : Whole Blood, EDTA

Haemoglobin A Method: High Performance Liquid Chromatography (HPLC)	93.20 L	95.00 - 98.00	%
Haemoglobin A2 Method: High Performance Liquid Chromatography (HPLC)	4.90 H	2.00 - 3.50	%
Haemoglobin F Method: High Performance Liquid Chromatography (HPLC)	0.80	0.10 - 1.20	%
Haemoglobin S (Sickle) Method: High Performance Liquid Chromatography (HPLC)	0.00	0.00 - 0.00	%
Haemoglobin D Method: High Performance Liquid Chromatography (HPLC)	0.00	0.00 - 0.00	%
Haemoglobin C Method: High Performance Liquid Chromatography (HPLC)	0.00	0.00 - 0.00	%
Haemoglobin (Hb) Method: Photometric	9.10 L	12.00 - 15.00	gm/dL



1502202311130010

Page No: 2 of 6

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Requested For: **Aravan Speciality Hospital and Test Tube Baby Centre Pvt Ltd,**
 Sector Marg, Vishnupuri, Aligarh, UP 202001, - 202001
 Contact No. -9997577422

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 Gurugram, Plot No. 55-56, Udyog Vihar Ph-IV, - 122015
 Contact No. -7500075111

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LBC + HPV

MOLECULAR BIOLOGY

Human Papillomavirus (HPV) DNA Detector

Sample : LBC
 Method : Real time PCR

HPV DNA Detector	Not Detected	Not Detected	---
HPV DNA Genotype			
Not Detected			

Hemoglobin Variant (Hb Electrophoresis)

LEVELS / INTERPRETATION:
 Levels of HbA2, HbF and HbS play key role in the diagnosis of abnormal hemoglobin, especially in β thalassemias and other hemoglobin variants (HbS, HbE, HbD and HbQ etc).

Human Papillomavirus (HPV) DNA Detector

'Detected' result will show the presence of HPV-High Risk Type.
 'Not Detected' result will show the absence of HPV-High Risk type.
 Intended Use:
 This test is designed for detection of 14 High-Risk HPV types (16,18,31,33,35,39,43,31,52,56,58,59,66 and 68) as well as Internal Control in clinical specimens using CE-IVD approved kit and Real-Time PCR.
 (Human Papillomavirus) high risk type are a leading cause of cervical cancer in women. It is associated with 99% of cervical cancer. Most commonly associated high risk HPV types with cervical cancer are HPV 16 and 18. HPV is the most common sexually transmitted infection and is generally asymptomatic. Along with cervical cancer, it can cause cancer of vulva, vagina, penis, anus as well as oro-pharyngeal cancers.
 Limitations:
 Intended to detect HPV DNA does not exclude HPV infection. Infection by other HPV types, low level of infection, sampling error and errors at other anatomical site can lead to false negative results.
 This test should be interpreted only in context of other lab findings and total clinical status of the patient.



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VR
AGNOS

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RBC Count Method: Impedance	5.14 H	3.80 - 4.80	million/ μ L
PCV / Hematocrit Method: Impedance	31.90 L	36.00 - 46.00	%
MCV Method: Calculated	62.10 L	83.00 - 101.00	fL
MCH Method: Calculated	17.70 L	27.00 - 32.00	pg
MCHC Method: Calculated	28.50 L	31.50 - 34.50	gm/dL
RDW (Red Cell Distribution Width) Method: Calculated	18.60 H	11.90 - 15.50	%

REMARKS
Method: Manual

HB CHROMATOGRAPHY ANALYSIS SUGGESTIVE OF BETA THALASSEMIA TRAIT.
RECOMMENDED: HB HPLC OF PARENTS /SIBLINGS/SPOUSE/CHILDREN TO SCREEN ABNORMAL HAEMOGLOBIN VARIANTS AND GENETIC ANALYSIS FOR CONFIRMATION OF DIAGNOSIS



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