Name	: Mrs.PRIYA	Centre Details	:MALVIN DIAGNOSTICS
Age	: 39 Yrs Sex: Female	Accession.ID	:SDL2410130003
Collection Date	: 12/Oct/2024 03:19PM	Referred By	:DR GYNAE UNIT
Received Date	: 13/Oct/2024 12:55PM	Report Date	:15/Oct/2024 02:21PM
Registration Date	: 13/Oct/2024	Ref. No./TRF No.	: /

DEPARTMENT OF CYTOLOGY

Conventional PAP Smear

Smear

SPECIMEN DETAILS : **LAB. NO. : C/5767/24**

Conventional PAP smear
One unstained smear.

CLINICAL DETAILS:

P/S Cervix healthy.

REPORTING MODE :

By Bethesda System 2014

ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component present

MICROSCOPY :

Smear shows many intermediate cells, superficial squamous cells, metaplastic squamous cells. and moderate number of neutrophils. Leucophagocytosis is seen. Shift in flora seen.

IMPRESSION :

Negative for any intraepithelial lesion or malignancy.
Reactive cellular changes associated with inflammation seen.

DISCLAIMER

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

***** End Of Report *****

Disclaimer: All Results released pertain to the specimen submitted to the lab
1. Test results are dependent on the quality of the sample received by the lab
2. Tests are performed as per schedule given in the test listing and in any unforeseen circumstances, report delivery may be delayed
3. Test results may show interlaboratory variations
4. All dispute and claims are subjected to local jurisdiction only. Clinical correlation advised.
5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care support +0124 665 0000

Dr. Sanjeev Kathuria
MBBS, MD Pathology
Senior Consultant, Surgical Pathology
MCI Rg. No. 20713

Dr. Shilpi Modi
MBBS, MD, PDCC Liver Pathology
Senior Consultant, Surgical Pathology
HMC Rg. No-HN010336

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at **Oncquest Laboratories Ltd.; A-17 Infocity, Sector-34, Gurugram**

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA
Age / Gender : 39 years / Female
MR No. / IPD No. : MED-1210202401 /
Patient Type / Bed No. : I /
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 12, 2024, 10:56 a.m.
Receiving Time : Oct 12, 2024, 01:15 p.m.
Reporting Time : Oct 12, 2024, 03:58 p.m.
241012066
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	**11.6**	g/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	3.96	x 10^6/uL	3.8 - 4.8
HCT Method : Whole Blood, RBC pulse height detection	**35.4**	%	36 - 46
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	89.4	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	29.3	pg	27 - 32
Mean Corpuscular Hb Concn. (MCHC) Method : Whole Blood, Calculated	32.8	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	13.0	%	11.6 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	6.4	x 10^3 /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	55.8	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	36.7	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	4.2	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	3.0	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.3	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	3.57	x 10^3/uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	2.35	x 10^3/uL	1 - 3
Absolute Monocyte Count Method : Whole Blood, Calculated	0.27	x 10^3u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.19	x 10^3/uL	0.02 - 0.5

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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Test Description	Value(s)	Unit(s)	Reference Range
Absolute Basophils Count	**0.02**	x 10^3/uL	0.02 - 0.1
Method : Whole Blood, Calculated			
Platelet Count	153	x 10^3/uL	150 - 410
Method : Whole Blood, DC Detection			
ESR - Erythrocyte Sedimentation Rate	03	mm/hr	<20
Method : Whole blood , Modified Westergren Method			

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. PRIYA
Age / **Gender :** 39 years / Female
MR No. / **IPD No. :** MED-1210202401 /
Patient Type / **Bed No. :** I /
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 12, 2024, 10:56 a.m.
Receiving Time : Oct 12, 2024, 04:13 p.m.
Reporting Time : Oct 12, 2024, 04:20 p.m.
241012066
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine Glucose (Fasting & PP)			
Glucose Fasting (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			
Glucose Post Prandial (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. PRIYA
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Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

IMMUNOLOGY

T3, T4, TSH (Thyroid Profile Total),Serum

(Triiodothyronine) T3-Total	1.29	ng/mL	0.80 - 2.00
Method : ECLIA			
(Thyroxine) T4-Total	10.55	ug/dL	5.10 - 14.10
Method : ECLIA			
TSH-Ultrasensitive	1.53	uIU/mL	0.27-4.20
Method : ECLIA			

Interpretation

The Biological reference interval provided is for Adults.

For age specific reference interval, please refer to the table given below.

TSH	T3/FT3	T4/FT4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Childern	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	051	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

END OF REPORT

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. PRIYA

Age / **Gender :** 39 years / Female

MR No. / **IPD No. :** MED-1210202401 /

Patient Type / **Bed No. :** I /

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Registration Time : Oct 12, 2024, 10:56 a.m.

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241012066

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. PRIYA		**Registration Time :** Oct 12, 2024, 10:56 a.m.
Age / **Gender :** 39 years / Female		**Receiving Time :** Oct 12, 2024, 01:15 p.m.
MR No. / **IPD No. :** MED-1210202401 /		**Reporting Time :** Oct 12, 2024, 02:44 p.m.
Patient Type / **Bed No. :** I /		241012066
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
		Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

HAEMATOLOGY

HAEMATOLOGY

Blood Group (ABO)

Blood Group Method : Forward and Reverse by Slide method	"A"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA
Age / **Gender :** 39 years / Female
MR No. / **IPD No. :** MED-1210202401 /
Patient Type / **Bed No. :** I /
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Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BIOCHEMISTRY			
LFT (Liver Function Test,Serum)			
Total Protein	7.3	g/dL	6.4-8.3
Method : Biuret Method			
Albumin	4.3	g/dL	3.5 - 5.2
Method : Bromocresol Green			
Globulin	3	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.43	ratio	1.2 - 2.2
Method : Calculated			
SGOT	**108**	U/L	0 to 32
Method : IFCC without Pyridoxal Phosphate			
SGPT	**148**	U/L	0 to 33
Method : IFCC without Pyridoxal Phosphate			
Alkaline Phosphatase-ALP	**2**	U/L	35-104
Method : PNP AMP Kinetic			
GGT-Gamma Glutamyl Transferase	**88**	U/L	0 to 40
Method : IFCC			
Bilirubin Total	1.00	mg/dL	0.0-0.90
Method : Colorimetric Diazo Method			
Bilirubin - Direct	**0.50**	mg/dL	Adults and Children: < 0.30
Method : Colorimetric Diazo Method			
Bilirubin - Indirect	0.50	mg/dL	0.1 - 1.0
Method : Calculated			

Interpretation :

SGOT/ SGPT: Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

Alkaline Phosphatase: Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

GGT: Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

Protein: Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

Albumin: Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

Bilirubin: A substance produced during the normal breakdown of red blood cells.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA

Age / **Gender :** 39 years / Female

MR No. / **IPD No. :** MED-1210202401 /

Patient Type / **Bed No. :** I /

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Registration Time : Oct 12, 2024, 10:56 a.m.

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241012066

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA
Age / Gender : 39 years / Female
MR No. / IPD No. : MED-1210202401 /
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
BIOCHEMISTRY			
Lipid Profile,Serum			
Cholesterol-Total Method : Enzymatic Colorimetric,CHOD-POD	149	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides Method : Enzymatic Colorimetric ,GOD-POD	97	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct Method : CHOD-POD (Homogenous Enzymatic)	35	mg/dL	No Risk - >65 mg/dL Moderate risk - 45-65 mg/dL High risk - < 45 mg/dL
LDL Cholesterol Method : Calculated	94.60	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum Method : Calculated	114	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol Method : Serum, Calculated	19.40	mg/dL	0 - 30
CHOL/HDL RATIO Method : Calculated	4.26	Ratio	3.5 - 5.0
LDL/HDL RATIO Method : Calculated	2.70	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO Method : Calculated	**0.37**	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 10-12 hours fasting sample is required.

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA
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Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY

BIOCHEMISTRY

KFT (Renal Function Test,Serum)

Urea	19.8	mg/dL	16.6-48.5
Method : kinetic (urease-GLDH)			
BUN	9.25	mg/dL	6-20
Method : Calculated			
Creatinine	0.70	mg/dL	0.30-1.10
Method : Kinetic Colorimetric (Jaffe Method)			
Uric Acid	5.0	mg/dL	2.4-5.7
Method : Enzymatic Colorimetric: Uricase-POD			
Sodium	139	mmol/L	136 - 145
Method : ISE Direct			
Potassium	4.4	mmol/L	3.5 - 5.1
Method : ISE Direct			
Chloride	106	mmol/L	98 - 107
Method : ISE Direct			

Interpretation :

Urea:- Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

Creatinine :- Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid:- Increased in Gout, Arthiritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

Sodium:-Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

Potassium:- Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride:- Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA	**Registration Time :** Oct 12, 2024, 10:56 a.m.
Age / **Gender :** 39 years / Female	**Receiving Time :** Oct 12, 2024, 01:14 p.m.
MR No. / **IPD No. :** MED-1210202401 /	**Reporting Time :** Oct 12, 2024, 02:44 p.m.
Patient Type / **Bed No. :** I /	241012066F
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

BIOCHEMISTRY 1

BIOCHEMISTRY

Test Description	Value(s)	Unit(s)	Reference Range
Glucose (Fasting)			
Glucose Fasting **Method : Plasma,Enzymatic Hexokinase**	96	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA		**Registration Time :** Oct 12, 2024, 10:56 a.m.
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Patient Type / **Bed No. :** I /		241012066P
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)		**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
		Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

BIOCHEMISTRY 1

BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	98	mg/dL	70 - 140

Method : Plasma, Enzymatic Hexokinase

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

Dr.Ravi Gaur
MD Pathology
Senior Consultant Pathology
DMC No: 4910

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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CLINICAL PATHOLOGY

Test Description	Value(s)	Unit(s)	Reference Range
Urine (RE/ME)			
Physical Examination :			
Volume	20		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.010		1.010 - 1.030
Method : Ionic Concentration			
Chemical Examination (Dipstick Method) Urine			
Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			
Microscopic Examination Urine			
Pus Cells (WBCs)	**4 - 6**	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	2 - 3	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. PRIYA	**Registration Time :** Oct 12, 2024, 10:56 a.m.
Age / **Gender :** 39 years / Female	**Receiving Time :** Oct 12, 2024, 01:19 p.m.
MR No. / **IPD No. :** MED-1210202401 /	**Reporting Time :** Oct 12, 2024, 02:44 p.m.
Patient Type / **Bed No. :** I /	241012066
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vascodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Name	: Mrs.PRIYA	Centre Details	:MALVIN DIAGNOSTICS
Age	: 39 Yrs Sex: Female	Accession.ID	:SDL2410130003
Collection Date	: 12/Oct/2024 03:19PM	Referred By	:DR GYNAE UNIT
Received Date	: 13/Oct/2024 12:55PM	Report Date	:15/Oct/2024 02:21PM
Registration Date	: 13/Oct/2024	Ref. No./TRF No.	: /

DEPARTMENT OF CYTOLOGY

Conventional PAP Smear

Smear

SPECIMEN DETAILS : **LAB. NO. : C/5767/24**

Conventional PAP smear
One unstained smear.

CLINICAL DETAILS:

P/S Cervix healthy.

REPORTING MODE :

By Bethesda System 2014

ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component present

MICROSCOPY :

Smear shows many intermediate cells, superficial squamous cells, metaplastic squamous cells. and moderate number of neutrophils. Leucophagocytosis is seen. Shift in flora seen.

IMPRESSION :

Negative for any intraepithelial lesion or malignancy.
Reactive cellular changes associated with inflammation seen.

DISCLAIMER

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

***** End Of Report *****

Disclaimer: All Results released pertain to the specimen submitted to the lab
1. Test results are dependent on the quality of the sample received by the lab
2. Tests are performed as per schedule given in the test listing and in any unforeseen circumstances, report delivery may be delayed
3. Test results may show interlaboratory variations
4. All dispute and claims are subjected to local jurisdiction only. Clinical correlation advised.
5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care support +0124 665 0000

Dr. Sanjeev Kathuria
MBBS, MD Pathology
Senior Consultant, Surgical Pathology
MCI Rg. No. 20713

Dr. Shilpi Modi
MBBS, MD, PDCC Liver Pathology
Senior Consultant, Surgical Pathology
HMC Rg. No-HN010336

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at **Oncquest Laboratories Ltd.; A-17 Infocity, Sector-34, Gurugram**