

Patient Id : **PVD04224-25/7021** Sample ID : 24051056
 Patient : MRS HEENA NIMISH DESAI Reg. Date : 04/05/2024
 Age/sex : 49 Yrs/ Female Report Date : 07/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



CYTOLOGY REPORT - PAP SMEAR

Specimen : PAP Smear
 Microscopic Description : Smear shows superficial, intermediate and few metaplastic cells. Background shows neutrophils & Doderlein bacilli. No evidence of dyskeratosis or malignancy

Impression

Negative for Intraepithelial lesion or malignancy

HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.4	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	108.28	mg/dL	
Method : HPLC-Biorad D10-USA			

INTERPRETATION

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

Note : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

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CLINICAL BIOCHEMISTRY

Test Description	Result	Unit	Biological Reference Range
Homocysteine (Serum/Plasma)	14.8	umol/L	4.44 - 13.56
Method : CLIA			

Clinical Significance:

Assessment of risk for occlusive vascular disease, obstetric complications (recurrent spontaneous abortion, gross placental infarction), and neural tube defects (hyperhomocysteinemia). Patients taking methotrexate, nicotinic acid, theophylline, nitrous oxide or L-Dopa may have falsely elevated Homocysteine levels. S-adenosyl-methionine is an antidepressant that is structurally similar to S-adenohomocysteine. Individuals taking this drug may show elevated levels of Homocysteine.

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TOTAL T3 T4 TSH (TFT)

Test Description	Result	Unit	Biological Reference Range
T3 (Triiodothyronine)	104.0	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.12	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	2.36	uIU/ml	0.27 - 4.20

Method : ECLIA

INTERPRETATION


TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone.Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.



DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640

Patient Id : **PVD04224-25/9684** Sample ID : 24054656
 Patient : MRS HEENA NIMISH DESAI Reg. Date : 18/05/2024
 Age/sex : 49 Yrs/ Female Report Date : 18/05/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self 



VITAMIN B12- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin B12- Serum	401.0	pg/ml	197.0 - 771.0
Method : ECLIA			

INTERPRETATION

- Vit B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy.
- An associated increase in homocysteine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.
- Very high levels (> 1200) may be seen for several weeks after injections of B12

VITAMIN D- TOTAL (25-OH-VIT D)- SERUM

Test Description	Result	Unit	Biological Reference Range
Vitamin D- Total (25-OH-Vit D)			
Vitamin D- Total (25-OH-Vit D)- Serum	20.6	ng/ml	2-10 : Deficiency 10-30 : Insufficiency 30-100 : Sufficiency > 100 : Toxicity
Method : ECLIA			

INTERPRETATION:

Vitamin D is a fat soluble vitamin & exists in two main forms as cholecalciferol (Vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (Vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25 (OH) Vitamin D in liver. Testing for 25 (OH) Vitamin D is recommended as it is the best indicator of Vitamin D nutritional status as obtained from sunlight exposure & dietary intake.

- 25 OH Vitamin D is the best indicator of Vitamin D nutritional status, it is used as an aid in assessment of Vitamin D sufficiency in adults.
- 25 OH Vitamin D deficiency is seen in secondary hyperparathyroidism.
- Decreased levels of 25 OH Vitamin D can lead to Osteomalacia, reduced bone mass & thus increase the risk of bone fractures.
- Decreased 25 OH Vitamin D levels are also associated with low bone mineral density & also seen in nutritional rickets.
- Decreased levels of 25 OH Vitamin D are also associated with increased cardiovascular risk, low immunity & chronic renal failure.
- Elevated levels are associated with Vitamin D intoxication.

-----End Of Report-----

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DR. SANDEEP B. PORWAL
MBBS MD (Path) Mumbai
MMC Reg no 2001031640

Patient Information

Name : **HEENA DESAI**

DATE : 18/05/24 14:06:17

AGE : 49 /F

ID : 21

Height : 173

REF. BY :

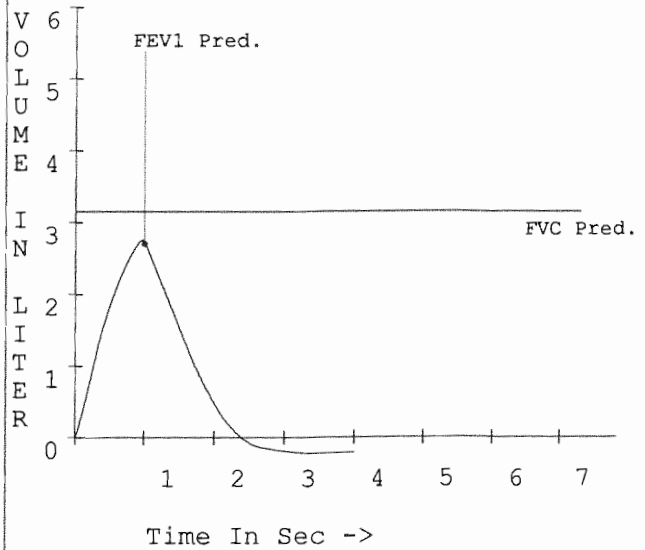
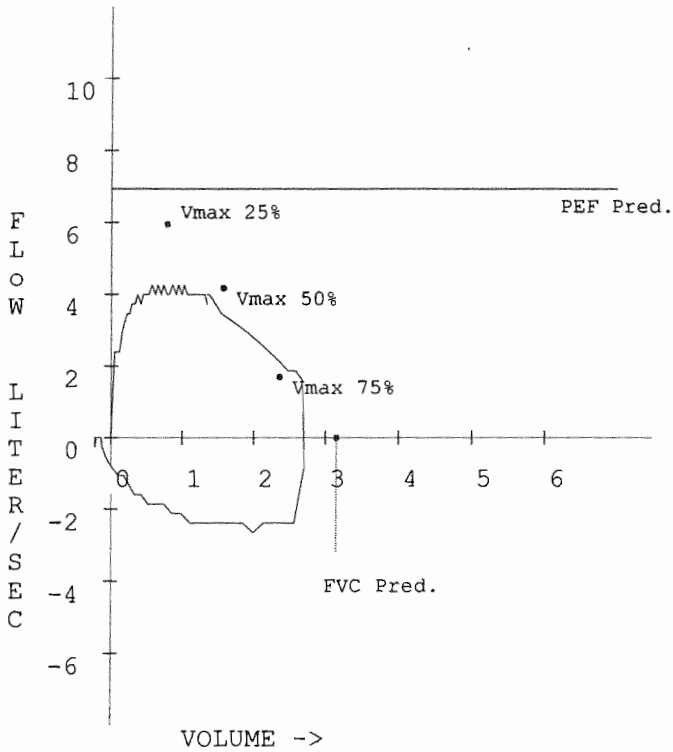
Weight : 100

Indication:

Smoker : No

Pre _____

Post _____



Parameter	Predict Value	Observed		Pre.dif%
		Pre	%Pred	
FVC (L)	3.15	2.76	87.64	
FEV0.5 (L)		1.80		
FEV1 (L)	2.71	2.76	101.96	
FEV1/FVC %	85.96	100.00	116.33	
PEF (L/S)	6.94	4.39	63.28	
PIF (L/S)		2.79		
FEF25-75% (L/S)	3.42	3.43	100.42	
VMax25 %	5.95	3.99	67.10	
VMax50 %	4.17	3.59	86.03	
VMax75 %	1.70	2.79	164.12	
FET100 %		0.98		
FEF50 % (L/S)		3.59		
FIF50 % (L/S)		2.39		
FEF50/FIF50 %		1.50		

Diagnosis :

Normal Spirometry (FVC and FEV1/FVC > 80% of Predicted value)

Dr. G. N. S. (P) CARDIOLOGIST
 Reg. No. 2009 F0471649
 Reg. No. 10871649

Dr.

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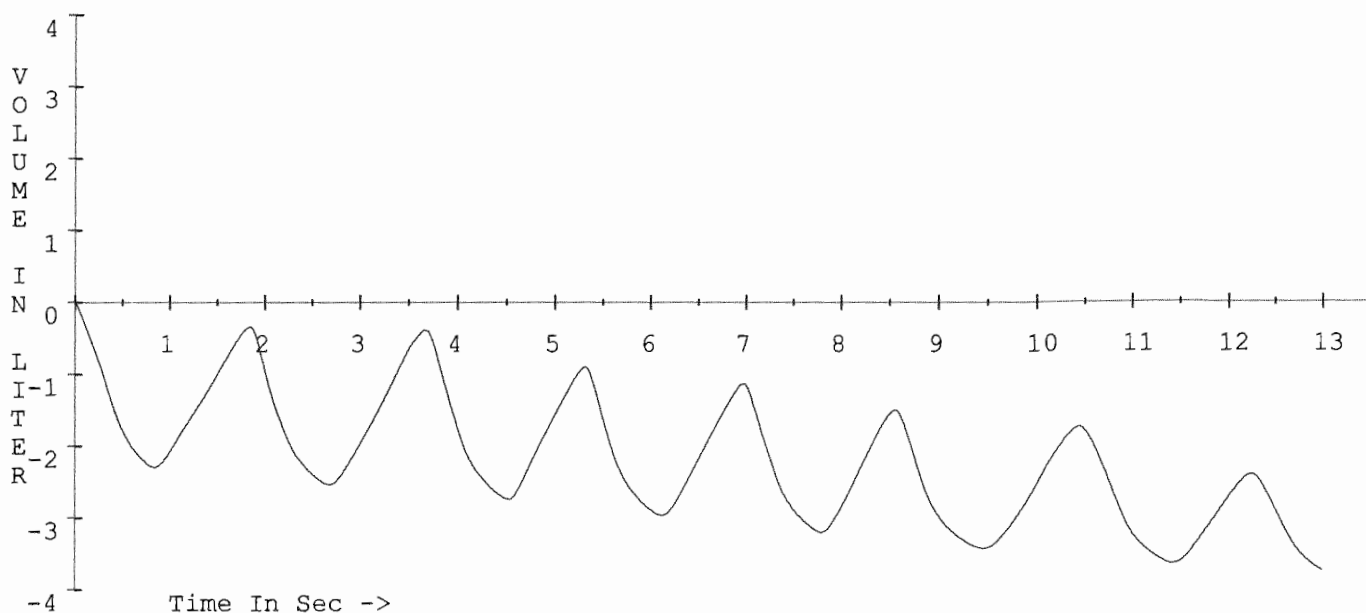
Weight : 100

Indication:

Smoker : No

Pre _____

Post _____



Parameter	Predict Value	Observed		Observed		Pre.dif%
		Pre	%Pred	Post	%Pred	
MVV	96.51	67.46	69.90			

Diagnosis :

Dr. CHITRA & SHAM
 CONSULTANT
 Reg. No. 1003/04/1049

Dr.



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Babhai Naka, Borivali (w), Mumbai - 400092

Email - medical.admin_ash@apexhospitals.in

Website: www.apexgroupofhospitals.com

Contact No.: -022-42457040

DEPARTMENT OF LABORATORY SCIENCES

Patient Name	Mrs. HEENA NIMISH DESAI	LabNo	2998	
UHID/IP No	140023038 / 916	Sample Date	22/05/2024 5:03PM	
Age/Gender	49 Yrs/Female	Receiving Date	23/05/2024 9:45AM	
Bed No/Ward	OPD	Report Date	23/05/2024 9:47AM	
Referred By	Dr. CHIRAG SHAH	Report Status	Final	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
CALCIUM (SERUM) Sample: Serum				
Calcium	8.24 L	mg/dl	8.6 - 10.5	Arsenazo III

--End Of Report--

Dr. Neeraj Gujar
MD PATHOLOGY