

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994 **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961 **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s)/ Female **Report On** : 31/03/2022 9:58 AM  
**Type** : OP **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

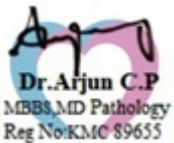
---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

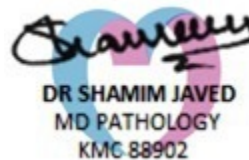
## **HAEMATOLOGY**

### **Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	<b>12.4</b>	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.6	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.70	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	<b>26.4</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.1	g/dL	32 - 36
RDW-CV (Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	39.32	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8900	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	66.5	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	22.7	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	4.7	%	01 - 06



VERIFIED BY



APPROVED BY

Name : Mrs. SIGARAM MEENA

PID No. : MED120926994

Register On : 29/03/2022 8:29 AM

SID No. : 522212961

Collection On : 29/03/2022 10:18 AM

Age / Sex : 47 Year(s) / Female

Report On : 31/03/2022 9:58 AM

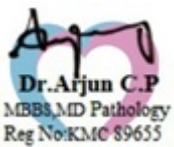
Type : OP

Printed On : 15/04/2022 7:55 PM

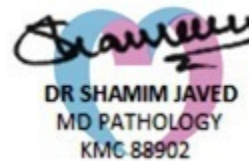
Ref. Dr : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (Blood/Impedance Variation & Flow Cytometry)	5.7	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.92	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.02	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.51	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	290	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	8.8	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Modified Westergren)	<b>22</b>	mm/hr	< 20



VERIFIED BY



APPROVED BY

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994 **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961 **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s)/ Female **Report On** : 31/03/2022 9:58 AM  
**Type** : OP **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

**BIOCHEMISTRY**


**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.1	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.3	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.9	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.5		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	16	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	15	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	86	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	<b>44</b>	U/L	< 38



**Dr SURAJ JAIN**  
 Consultant Pathologist  
 Reg No : 80423

**VERIFIED BY**



**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

**APPROVED BY**

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994 **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961 **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s)/ Female **Report On** : 31/03/2022 9:58 AM  
**Type** : OP **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

---


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	200	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	98	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	56	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	124.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	144.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
**Dr SURAJ JAIN**  
 Consultant Pathologist  
 Reg No : 80423

VERIFIED BY

  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

APPROVED BY

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994      **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961      **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s) / Female      **Report On** : 31/03/2022 9:58 AM  
**Type** : OP      **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
---	-----	--	--


Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---



**Dr SURAJ JAEN**  
 Consultant Pathologist  
 Reg No : 80423

VERIFIED BY



**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

APPROVED BY

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994 **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961 **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s)/ Female **Report On** : 31/03/2022 9:58 AM  
**Type** : OP **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	7.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose 168.55 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



**Dr SURAJ JAEN**  
 Consultant Pathologist  
 Reg No : 80423

VERIFIED BY



**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

APPROVED BY

Name : Mrs. SIGARAM MEENA  
PID No. : MED120926994 Register On : 29/03/2022 8:29 AM  
SID No. : 522212961 Collection On : 29/03/2022 10:18 AM  
Age / Sex : 47 Year(s)/ Female Report On : 31/03/2022 9:58 AM  
Type : OP Printed On : 15/04/2022 7:55 PM  
Ref. Dr : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

## **IMMUNOASSAY**

### **THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.05	ng/mL	0.7 - 2.04
---	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/CMIA)	7.57	µg/dL	4.2 - 12.0
--	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	2.74	µIU/mL	0.35 - 5.50
--	------	--------	-------------

#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values<math>0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

Name : Mrs. SIGARAM MEENA  
PID No. : MED120926994  
SID No. : 522212961  
Age / Sex : 47 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 29/03/2022 8:29 AM  
Collection On : 29/03/2022 10:18 AM  
Report On : 31/03/2022 9:58 AM  
Printed On : 15/04/2022 7:55 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------


## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Slightly Hazy		Clear
Volume (Urine)	10	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY



Name : Mrs. SIGARAM MEENA

PID No. : MED120926994

Register On : 29/03/2022 8:29 AM

SID No. : 522212961

Collection On : 29/03/2022 10:18 AM

Age / Sex : 47 Year(s) / Female

Report On : 31/03/2022 9:58 AM


Type : OP

Printed On : 15/04/2022 7:55 PM


Ref. Dr : MediWheel

---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	3-5	/hpf	3-5
Epithelial Cells (Urine)	8-10	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

  
DR. VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. SIGARAM MEENA

PID No. : MED120926994

Register On : 29/03/2022 8:29 AM

SID No. : 522212961

Collection On : 29/03/2022 10:18 AM

Age / Sex : 47 Year(s) / Female


Report On : 31/03/2022 9:58 AM

Type : OP


Printed On : 15/04/2022 7:55 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour (Stool)	Brownish		
Consistency (Stool)	solid		Semi solid to solid
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (Stool)	Alkaline		Alkaline
<b><u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u></b>			
Ova (Stool)	Nil		Not Found
Cysts (Stool)	Nil		Not Found
Trophozoites (Stool)	Nil		Not Found
Pus Cells (Stool/Microscopy)	2-3	/hpf	Nil
RBCs (Stool/Microscopy)	Nil	/hpf	Nil

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049

VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mrs. SIGARAM MEENA  
PID No. : MED120926994 Register On : 29/03/2022 8:29 AM  
SID No. : 522212961 Collection On : 29/03/2022 10:18 AM  
Age / Sex : 47 Year(s) / Female Report On : 31/03/2022 9:58 AM  
Type : OP Printed On : 15/04/2022 7:55 PM  
Ref. Dr : MediWheel

---

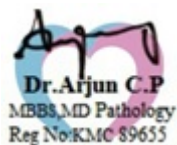
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

## IMMUNOHAEMATOLOGY

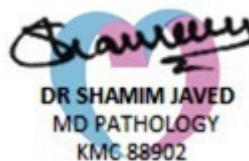
BLOOD GROUPING AND Rh TYPING 'B' 'Negative'  
(EDTA Blood/Agglutination)

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

**Remark:** Advised confirmation with gel card method.



VERIFIED BY



APPROVED BY

**Name** : Mrs. SIGARAM MEENA  
**PID No.** : MED120926994 **Register On** : 29/03/2022 8:29 AM  
**SID No.** : 522212961 **Collection On** : 29/03/2022 10:18 AM  
**Age / Sex** : 47 Year(s)/ Female **Report On** : 31/03/2022 9:58 AM  
**Type** : OP **Printed On** : 15/04/2022 7:55 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	14		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>120</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	<b>163</b>	mg/dL	70 - 140

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.


Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	<b>0.5</b>	mg/dL	0.6 - 1.1

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.5	mg/dL	2.6 - 6.0
---	-----	-------	-----------

  
**Dr SURAJ JAIN**  
 Consultant Pathologist  
 Reg No : 80423

VERIFIED BY

  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902

APPROVED BY

-- End of Report --

Name : Mrs. SIGARAM MEENA Register On : 29/03/2022 8:29 AM  
PID No. : MED120926994 Collection On : 29/03/2022 10:18 AM  
SID No. : 522212961 Report On : 31/03/2022 9:58 AM  
Age / Sex : 47 Year(s) / Female Printed On : 15/04/2022 7:55 PM  
Ref. Dr : MediWheel OP / IP : OP

### PAP Smear by LBC( Liquid based Cytology )

Nature of Specimen: Cervical smear.

Lab NO : GC-357/22

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation.


Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.

**DESCRIPTION :**Smear shows few superficial squamous cells, with predominantly intermediate cells and parabasal cells in a background of sheets of neutrophils,lymphocytes and organisms.

**INTERPRETATION :** Negative for intraepithelial lesion or malignancy-Inflammatory smear.

  
Dr SURAJ JAIN  
Consultant Pathologist  
Reg No : 80423

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902