

## Client

Jeevan Jyoti HLM

Pathkind Diagnostics Pvt. Ltd.

162, Lowther Road, Bai Ka Bagh, Prayagraj

## Processed By

Pathkind Diagnostics Pvt. Ltd.

162, Lowther Road, Bai Ka Bagh, Prayagraj

Uttar Pradesh-211003

Name	: Ms. ARADHANA SINGH REG-318023 OPD	Billing Date	: 04/04/2023 08:23:36
Age	: 36 Yrs	Sample Collected on	: 04/04/2023 12:26:07
Sex	: Female	Sample Received on	: 04/04/2023 15:14:06
P. ID No.	: P1212100010920	Report Released on	: 04/04/2023 15:30:05
Accession No	: 1212230126	Barcode No.	: 1212069325
Referring Doctor	: SELF	Ref no.	:
Referred By	:		

## Report Status - Preliminary Report

Test Name	Result	Biological Ref. Interval	Unit
<b>HAEMATOLOGY</b>			
<b>Complete Blood Count (CBC)</b>			
<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA Method: Photometric measurement</i>	13.3	12.0 - 15.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	4.9	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	4.1	3.8 - 4.8	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	39.2	36.0 - 46.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	95.0	83.0 - 101.0	fL
<b>MCH</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	<b>32.2 H</b>	27.0 - 32.0	pg
<b>MCHC</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	33.9	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	12.1	11.9 - 15.5	%
<b>DLC (Differential Leucocyte Count)</b> <i>Method: Flowcytometry/Microscopy</i>			
<b>Neutrophils</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	61	40 - 80	%
<b>Lymphocytes</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	32	20 - 40	%

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<b>Eosinophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	03	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	04	02 - 10	%
<b>Basophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	00	00 - 02	%
<b>Absolute Neutrophil Count</b> <i>Sample: Whole Blood EDTA</i>	2989	2000 - 7000	/ $\mu$ L
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	1568	1000 - 3000	/ $\mu$ L
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	147	20 - 500	/ $\mu$ L
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	196 L	200 - 1000	/ $\mu$ L
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/ $\mu$ L
<b>DLC Performed By</b> <i>Sample: Whole Blood EDTA</i>	EDTA Smear		
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	209	150 - 410	thou/ $\mu$ L
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i>	10.7	6.8 - 10.9	fL
<b>Erythrocyte Sedimentation Rate (ESR)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Modified Westergren Method</i>	14 H	<12	mm 1st Hour

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**Report Status - Preliminary Report**

Test Name	Result	Biological Ref. Interval	Unit
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**Blood Group****Blood Grouping**

Sample: Whole Blood EDTA

"B"

**Rh (D) Typing**

Sample: Whole Blood EDTA

POSITIVE

**BIOCHEMISTRY****HbA1C (Glycosylated Hemoglobin)****HbA1c**

Sample: Whole Blood EDTA

Method: Turbidimetric inhibition immunoassay

5.2

Non Diabetic : < 5.7 %  
Prediabetic Range : 5.7 - 6.4 %  
Diabetic Range : >= 6.5 %  
Goal of Therapy : <7.0 %  
Action suggested : >8.0 %

%

**Mean Plasma Glucose**

Sample: Whole Blood EDTA

Method: Calculated

102.5

&lt;116.0

mg/dL

**Fasting Plasma Glucose**

Sample: Fluoride Plasma - F

102

74 - 106

mg/dl

**Glucose Post-Prandial**

Sample: Fluoride Plasma - PP

Method: Hexokinase

77

70 - 140

mg/dl

**Thyroid Profile Total****Total T3 (Triiodothyronine)**

Sample: Serum

Method: ECLIA

0.90

0.80 - 2.00

ng/mL

**Total T4 (Thyroxine)**

Sample: Serum

Method: ECLIA

8.47

5.10 - 14.10

µg/dL

**TSH 3rd Generation**

Sample: Serum

Method: ECLIA

2.490

0.270 - 4.200

µIU/mL

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**Report Status - Preliminary Report****CYTOLOGY****GYNAECYTOPATHOLOGY REPORT**

<b>Gynaec Cyto no.</b>	: 0032 / 2023	:
<b>Clinical details</b>	: Routine screening	:
<b>No of slides received / prepared</b>	: 02 (labelled)	:
<b>Specimen type</b>	: Conventional pap smear	:
<b>Reporting mode</b>	: Bethesda system	:
<b>Specimen adequacy</b>	: Satisfactory without endocervical cells.	:
<b>Descriptive interpretation</b>	:	:
1. Non Neoplastic findings	: Normal morphology of benign squamous epithelial cells seen with predominance of superficial and intermediate cells Inflammatory cells mostly neutrophils and occasional histiocytes seen.	:
2. Organisms	: Normal flora	:
3. Epithelial abnormalities	: Negative for intraepithelial lesion / Malignancy	:
<b>Impression</b>	: Negative for intraepithelial lesion or malignancy	:

**Disclaimer** : Gynaecological 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 .

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Test Name	Result	Biological Ref. Interval	Unit
<b>Lipid Profile</b>			
<b>Total Cholesterol</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	148	No risk : < 200 Moderate risk : 200-239 High risk : =240	mg/dL
<b>Triglycerides</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	52	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >= 500	mg/dL
<b>LDL Cholesterol (Calculated)</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	96	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >=190	mg/dL
<b>HDL Cholesterol</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	42	Low : < 40 Optimal : 40 - 60 High : > 60	mg/dL
<b>Non HDL Cholesterol</b> <i>Sample: Serum</i>	106	< 130	mg/dL
<b>VLDL Cholesterol</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	10.4	Desirable 10 - 35	mg/dL
<b>Total Cholesterol / HDL Ratio</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	3.52	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
<b>LDL / HDL Ratio</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	2.3	0.5 - 3.0  Low Risk : 0.5 - 3.0 Moderate Risk : 3.1 - 6.0 High Risk : > 6.0	

**Kidney Profile (KFT)****Blood Urea**

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Test Name	Result	Biological Ref. Interval	Unit
<b>Blood Urea Nitrogen (BUN)</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry-Urease / GLDH</i>	8.21	7.00 - 18.69	mg/dL
<b>Urea</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	17.57	17.00 - 43.00	mg/dL
<b>Creatinine</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	0.60	0.50 - 1.10	mg/dL
<b>BUN Creatinine Ratio</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	14	10 - 20	
<b>Calcium</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	9.6	8.6 - 10.0	mg/dL
<b>Uric Acid</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	3.7	2.4 - 5.7	mg/dL
<b>Total Protein</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	7.3	6.4 - 8.3	g/dL
<b>Albumin</b> <i>Sample: Serum</i> <i>Method: Spectrophotometry</i>	5.1 H	4.0 - 4.9	g/dL
<b>Globulin</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	2.2	1.9 - 3.7	g/dL
<b>Albumin/Globulin (A/G) Ratio</b> <i>Sample: Serum</i> <i>Method: Calculated</i>	2.3 H	1.0 - 2.1	g/dL

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CLINICAL PATHOLOGYUrine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination**Colour**

Sample: Urine

Method: Physical Examination

Pale Yellow

Pale Yellow

**Appearance**

Sample: Urine

Method: Physical Examination

Slightly Hazy

Clear

**Specific Gravity**

Sample: Urine

Method: pKa change of pretreated polyelectrolytes

1.005

1.003 - 1.035

**pH**

Sample: Urine

Method: Double indicator principle

6.5

4.7 - 7.5

Chemical Examination**Glucose**

Sample: Urine

Method: Glucose oxidase/peroxidase

Not Detected

Not Detected

**Protein**

Sample: Urine

Method: Protein-error-of-indicators principle

Not Detected

Not Detected

**Ketones**

Sample: Urine

Method: Sodium nitroprusside reaction

Not Detected

Not Detected

**Blood**

Sample: Urine

Method: Peroxidase

Not Detected

Not Detected

**Bilirubin**

Sample: Urine

Method: Diazo reaction

Not Detected

Not Detected

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**Report Status - Preliminary Report**

Test Name	Result	Biological Ref. Interval	Unit
<b>Urobilinogen</b> <i>Sample: Urine</i> <i>Method: Ehrlich's reaction</i>	Normal	Normal	
<b>Nitrite</b> <i>Sample: Urine</i> <i>Method: Nitrite Test</i>	Not Detected	Not Detected	
<b>Microscopic Examination</b> <i>Method: Microscopy</i>			
<b>Pus Cells</b> <i>Sample: Urine</i>	2 - 3	0 - 5	/hpf
<b>RBC</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Epithelial Cells</b> <i>Sample: Urine</i>	3 - 5	0 - 5	/hpf
<b>Casts</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Crystals</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Bacteria</b> <i>Sample: Urine</i>	Not Detected	Not Detected	/hpf
<b>Remarks</b> <i>Sample: Urine</i>			

**Remarks** : Microscopic Examination is performed on urine sediment

**BIOCHEMISTRY**

**Electrolytes (Na/K/Cl)**

<b>Sodium</b> <i>Sample: Serum</i> <i>Method: ISE</i>	140	136 - 145	mmol/L
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Test Name	Result	Biological Ref. Interval	Unit
<b>Potassium</b> <i>Sample: Serum</i> <i>Method: ISE</i>	4.3	3.5 - 5.1	mmol/L
<b>Chloride</b> <i>Sample: Serum</i> <i>Method: ISE</i>	110 H	97 - 107	mmol/L

**Complete Blood Count (CBC)**Clinical Significance :

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

**Erythrocyte Sedimentation Rate (ESR)**Clinical Significance :

The erythrocyte sedimentation rate (ESR) is a simple but non-specific test that helps to detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases.

**HbA1C (Glycosylated Hemoglobin)**Clinical Significance :

Hemoglobin A1c (HbA1c) level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations. American Diabetes Association (ADA) include the use of HbA1c to diagnose diabetes, using a cutpoint of 6.5%. The ADA recommends measurement of HbA1c 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to assess whether a patient's metabolic control has remained continuously within the target range. Falsely low HbA1c results may be seen in conditions that shorten erythrocyte life span. and may

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<b>Referred By</b> :					

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not reflect glycemc control in these cases accurately.

**Total T3 (Triiodothyronine)**Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin. Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

**Total T4 (Thyroxine)**Clinical Significance :

Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

**TSH 3rd Generation**Clinical Significance :

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

**Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:**

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	μIU/mL
SECOND TRIMESTER	0.200 - 3.000	μIU/mL
THIRD TRIMESTER	0.300 - 3.000	μIU/mL

**PAP (Papanicolaou) Smear**

1212230126 Ms. ARADHANA SINGH REG-318023

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**Client**  
 Jeevan Jyoti HLM  
 Pathkind Diagnostics Pvt. Ltd.  
 162, Lowther Road, Bai Ka Bagh, Prayagraj

**Processed By**  
 Pathkind Diagnostics Pvt. Ltd.  
 162, Lowther Road, Bai Ka Bagh, Prayagraj  
 Uttar Pradesh-211003

<b>Name</b> : Ms. ARADHANA SINGH REG-318023 OPD	<b>Billing Date</b> : 04/04/2023 08:23:36
<b>Age</b> : 36 Yrs	<b>Sample Collected on</b> : 04/04/2023 12:26:07
<b>Sex</b> : Female	<b>Sample Received on</b> : 04/04/2023 15:14:06
<b>P. ID No.</b> : P1212100010920	<b>Report Released on</b> : 04/04/2023 15:30:05
<b>Accession No</b> : 1212230126	<b>Barcode No.</b> : 1212069324, 1212068910, 1212069323, 1212069555, 1212069552, 1212069325
<b>Referring Doctor</b> : SELF	<b>Ref no.</b> :
<b>Referred By</b> :	

**Report Status - Preliminary Report**

Test Name	Result	Biological Ref. Interval	Unit
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**Clinical Significance :**

PAP smear is used for screening for cervical carcinoma and infections of the female genital tract including human papillomavirus, herpes, Candida, and Trichomonas. Standard reporting done as defined by the Bethesda System (TBS).

**Lipid Profile**

**Proposed LDL-C goals in very high risk and extreme risk group patients by the Lipid Association of India.**

Very High Risk group(VHRG)	Extreme Risk group	
	Category A	Category B
LDL-C goal of <50 mg/dl  High-risk conditions Any one of following:  1. ASCVD (CAD/PAD/TIA or stroke) 2. Homozygous familial 3. hypercholesterolemia 4. Diabetes with $\geq 2$ major ASCVD risk factors*/target organ damage	LDL-C goal of <50 mg/dl (recommended) LDL-C goal of $\leq 30$ mg/dl (optional)  CAD with $\geq 1$ of following:  1. Diabetes without target organ damage/ $\leq 1$ major 2. ASCVD risk factors 3. Familial hypercholesterolemia 4. $\geq 3$ major ASCVD risk factors 5. CKD stage 3B and 4 6. $\geq 2$ major ASCVD risk factors with $\geq 1$ moderate 7. non-conventional risk factor# 8. Lp(a) $\geq 50$ mg/dl 9. Coronary calcium score $\geq 300$ HU 10. Extreme of a single risk factor 11. PAD 12. H/o TIA or stroke 13. Non-stenotic carotid plaque	LDL-C goal of $\leq 30$ mg/dl  CAD with $\geq 1$ of following:  1. Diabetes + polyvascular disease/ $\geq 2$ 2. major ASCVD risk factors*/target organ 3. damage 4. Recurrent ACS (within 12 months) 5. despite on LDL-C goal 6. Homozygous familial 7. Hypercholesterolemia

1212230126 Ms. ARADHANA SINGH REG-318023



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Uttar Pradesh-211003

<b>Name</b> :	<b>Ms. ARADHANA SINGH</b>	<b>REG-318023</b>	<b>OPD</b>	<b>Billing Date</b> :	04/04/2023 08:23:36
<b>Age</b> :	36 Yrs			<b>Sample Collected on</b> :	04/04/2023 12:26:07
<b>Sex</b> :	Female			<b>Sample Received on</b> :	04/04/2023 15:14:06
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<b>Accession No</b> :	<b>1212230126</b>			<b>Barcode No.</b> :	1212069324, 1212068910, 1212069323, 1212069555, 1212069552, 1212069325
<b>Referring Doctor</b> :	SELF			<b>Ref no.</b> :	
<b>Referred By</b> :					

**Report Status - Preliminary Report**

Test Name	Result	Biological Ref. Interval	Unit
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The LDL-C goal of  $\leq 30$  mg/dl must be pursued after detailed risk-benefit discussion between physician and patient.

Clinical judgment to be used in decision making if the patient has disease/risk factors not covered in the table, eg. peripheral arterial disease or cerebrovascular disease.

\*Major ASCVD risk factors: 1. Age- male  $\geq 45$  years, female  $\geq 55$  years, 2. Family h/o premature CAD- male  $< 55$  years, female  $< 65$  years, 3. Smoking/tobacco use, 4. Systemic hypertension, 5. Low HDL (males  $< 40$  mg/dl and females  $< 50$  mg/dl).

#Moderate non-conventional risk factors: 1. Coronary calcium score 100–299 HU, 2. Increased carotid intima-media thickness, 3. Lp(a)  $\geq 20$ –49

**Uric Acid**Clinical Significance :

Uric acid is the final product of purine metabolism. Serum uric acid levels are raised in case of increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy and cytotoxic drugs. Decreased levels are seen in chronic renal failure, severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies.

**Urine Routine & Microscopic Examination**Clinical Significance :

Urine routine examination and microscopy comprises of a set of screening tests that can detect some common diseases like urinary tract infections, kidney disorders, liver problems, diabetes or other metabolic conditions. Physical characteristics (colour and appearance), chemical composition (glucose, protein, ketone, blood, bilirubin and urobilinogen) and microscopic content (pus cells, epithelial cells, RBCs, casts and crystals) are analyzed and reported.

\*\* End of Report\*\*

**Dr. Ankit Singh**MBBS, MD (Pathologist)  
Lab Head

1212230126 Ms. ARADHANA SINGH REG-318023

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जांच सही तो इलाज सही

from the promoters of 