



Dept. of Pathology  
(For Report Purpose Only)



PRN : 105745  
Patient Name : Mrs. PATIL ROHINI S  
Age/Sex : 38Yr(s)/Female  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 8376  
Req.No : 8376

Collection Date & Time : 12/02/2022 02:12 PM  
Reporting Date & Time : 12/02/2022 07:51 PM  
Print Date & Time : 12/02/2022 08:06 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CYTOLOGY

PAP SMEAR

CODE NO. : C-07-22

SPECIMEN : 02 Slides Received


**MICROSCOPIC DESCRIPTION ( Based on the Bethesda System )**

BACKGROUND : Clear  
CELL TYPE : Superficial & few Intermediate  
ENDOCERVICAL CELLS : Not seen  
ENDOMETRIAL CELLS : Absent  
METAPLASTIC CELLS : Not seen  
NEUTROPHILS : Present +  
LYMPHOCYTES : Absent  
ORGANISMS : Normal Flora  
ATYPICAL CELLS : Absent  
IMPRESSION : Negative For intraepithelial lesion or malignancy

\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- MONIKA MANE

  
Dr. AMRUT V. ASHTURKAR  
MD (Pathology) (MMC-2003/04/1751)

Pathologist

For Free Home Collection Call : 9545200011



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Collection Date & Time : 12/02/2022 09:38 AM  
Reporting Date & Time : 12/02/2022 02:22 PM  
Print Date & Time : 12/02/2022 02:24 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### HAEMATOLOGY

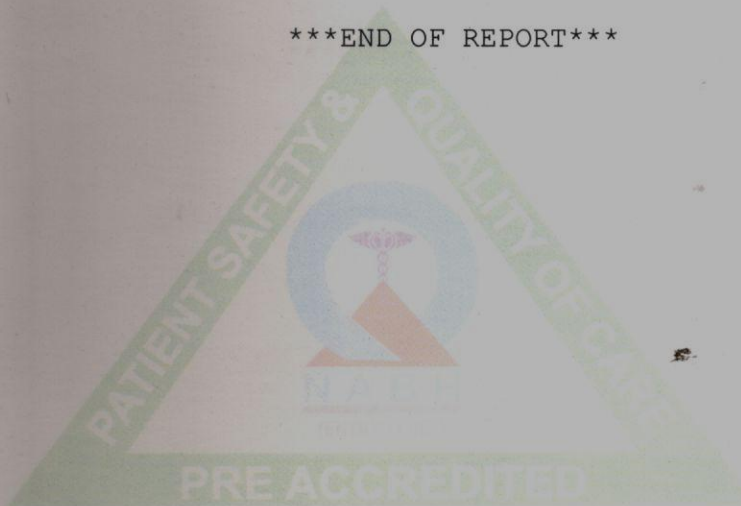
#### ESR

ESR MM(At The End Of 1 Hr. ) By : 12  
Wintrob's Method

mm/hr


Male : 0 - 9  
Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



  
Technician

Report Type By :- KAJAL SADIGALE

  
Dr. POONAM KADAM  
MD (Microbiology), Dip.Pathology &  
Bacteriology (MMC-2012/03/0668)  
Pathologist

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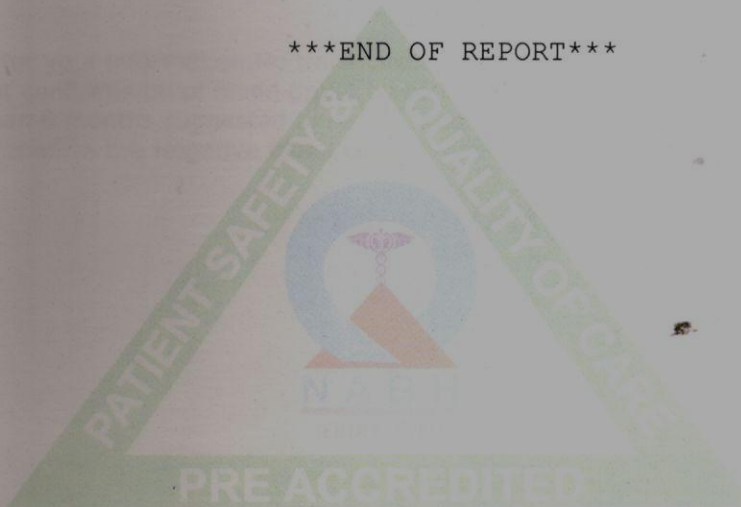
PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

#### BSL-F & PP


Blood Sugar Level Fasting	: 98	MG/DL	60 - 110
Blood Sugar Level PP	: 101	MG/DL	70 - 140

\*\*\*END OF REPORT\*\*\*



  
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Reporting Date & Time : 12/02/2022 01:16 PM  
Print Date & Time : 12/02/2022 01:25 PM

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## HAEMATOLOGY

### BLOOD GROUP

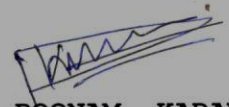
BLOOD GROUP : "O"  
RH FACTOR : POSITIVE

NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse blood grouping (Tube method).

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 Reporting Date & Time : 12/02/2022 10:42 AM  
 Print Date & Time : 12/02/2022 01:25 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
<b>HAEMATOLOGY</b>			
<b>HAEMOGRAM</b>			
HAEMOGLOBIN (Hb)	: 11.5	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 39.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.66	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 84.8	cu micron	76 - 96
M.C.H.	: 24.7	pg	27 - 32
M.C.H.C	: 29.1	picograms	32 - 36
RDW-CV	: 14.3	%	11 - 16
WBC TOTAL COUNT	: 5580	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 243000	cumm	150000 - 450000
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 57	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3180.60	µL	2000 - 7000
LYMPHOCYTES	: 32	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 1785.60	µL	1000 - 3000
EOSINOPHILS	: 03	%	01 - 04
ABSOLUTE EOSINOPHILS	: 167.40	µL	20 - 500
MONOCYTES	: 08	%	02 - 08
ABSOLUTE MONOCYTES	: 446.40	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

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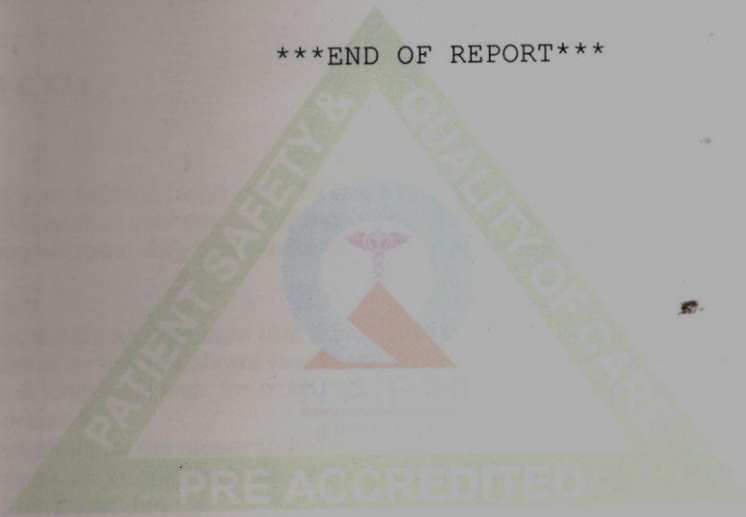
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PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
RBC Morphology	: Normocytic Normochromic		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

\*\*\*END OF REPORT\*\*\*



*u*  
**Technician**

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*[Signature]*  
**Dr. POONAM KADAM**  
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### BIOCHEMISTRY

#### HbA1C- GLYCOSYLATED -HB

HBA1C	: 5.90	%	Normal Control : : 4.2 - 6.2 Good Control : : 5.5 - 6.7 Fair Control : : 6.8 - 7.6 Poor Control : : >7.6
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Instrument: COBAS C 111

#### NOTE :

1. The HbA1C test shows your average blood sugar for last 3 months.
2. The HbA1C test does not replace your day-to-day monitoring of blood glucose.  
Use this test result along with your daily test results to measure your overall diabetes control.

#### How does HbA1C works ?

The HbA1C test measures the amount of **sugar that attaches to protein** in your red blood cells. RBCs live for about 3 months, so this test shows your average blood sugar levels during that time. Greater the level of sugar & longer it is high, the more sugar that will attach to RBCs.

#### Why is this test so important ?

Research studies demonstrated that **the closer to normal your HbA1C level was, the less likely your risk of developing the long- term complications of diabetes.** Such problems include eye disease and kidney problems.

#### Who should have the HbA1c test done ?

Everyone with diabetes can benefit from taking this test. Knowing your HbA1C level helps you and your doctor decide if you need to change your diabetes management plan.

#### How often should you have a HbA1C test ?

You should have this test done when you are first diagnosed with diabetes. Then at least twice a year if your treatment goals are being met & blood glucose control is stable. More frequent HbA1C testing (4 times / year) is recommended if your blood glucose management goals.

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**BIOCHEMISTRY**

**LFT ( Liver function Test )**

BILIRUBIN TOTAL (serum)	: 0.3	MG/DL	INFANTS : 1.2 - 12.0 ADULT : 0.1 - 1.2
BILIRUBIN DIRECT (serum)	: 0.1	MG/DL	ADULT & INFANTS : 0.0 - 0.4
BILIRUBIN INDIRECT (serum)	: 0.20	MG/DL	0.0 - 1.0
S.G.O.T (serum)	: 23	IU/L	5 - 40
S.G.P.T (serum)	: 11	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 58	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 5.9	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 3.7	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.20	GM/DL	1.8 - 3.6
A/G RATIO	: 1.68		1:2 - 2:1

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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 146	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 109	MG/DL	0 - 150
HDL (serum)	: 38	MG/DL	Male : 42 - 79.5 Female : 42 - 79.5
LDL (serum)	: 101	MG/DL	0 - 130
VLDL (serum)	: 21.80	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.84		Male : 1.0 - 5.0 Female : 1.0 - 4.5
LDL/HDL RATIO	: 2.66		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
 Cholesterol & Triglycerides reprocessed , & confirmed.

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**BIOCHEMISTRY**

**RFT (RENAL FUNCTION TEST)**

**BIOCHEMICAL EXAMINATION**

UREA (serum)	: 10	MG/DL	0 - 45
UREA NITROGEN (serum)	: 4.67	MG/DL	7 - 21
CREATININE (serum)	: 0.5	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 2.1	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

**SERUM ELECTROLYTES**

SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 5.2	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 104	mEq/L	98 - 107

\*\*\*END OF REPORT\*\*\*

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### CLINICAL PATHOLOGY

#### URINE ROUTINE

##### PHYSICAL EXAMINATION

QUANTITY : 30 ML  
 COLOUR : PALE YELLOW  
 APPEARANCE : SLIGHTLY HAZY  
 REACTION : ACIDIC  
 SPECIFIC GRAVITY : 1.005

##### CHEMICAL EXAMINATION

PROTEIN : ABSENT  
 SUGAR : ABSENT  
 KETONES : ABSENT  
 BILE SALTS : ABSENT  
 BILE PIGMENTS : ABSENT  
 UROBILINOGEN : NORMAL

##### MICROSCOPIC EXAMINATION

PUS CELLS : 1-2 /hpf  
 RBC CELLS : ABSENT / hpf  
 EPITHELIAL CELLS : 3-4 /hpf  
 CASTS : ABSENT /hpf  
 CRYSTALS : ABSENT  
 OTHER FINDINGS : ABSENT  
 BACTERIA : PRESENT

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### ENDOCRINOLOGY

#### THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.25	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 9.23	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 1.61	µIU/mL	0.465 - 4.68

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoimmune disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is more common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

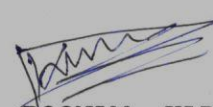
The guidelines for age related reference ranges for T3, T4, & Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

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