Patient Name : MRS. SALENI NAYAK

Age / Gender : 29 years / Female

Patient ID : 24577

Source : MEDI WHEEL

Referral : SELF

Collection Time : Jul 22, 2023, 09:28 a.m.

Reporting Time : Jul 22, 2023, 01:13 p.m.

Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
CBC; Complete Blood Count			
Hemoglobin (Hb)*	**11.4**	12.0 - 15.0	gm/dL
Method : Cynmeth Photometric Measurement			
Erythrocyte (RBC) Count*	**3.27**	3.8 - 4.8	mil/cu.mm
Method : Electrical Impedence			
Packed Cell Volume (PCV)*	**30.6**	36 - 46	%
Method : Calculated			
Mean Cell Volume (MCV)*	93.58	83 - 101	fL
Method : Electrical Impedence			
Mean Cell Haemoglobin (MCH)*	**34.86**	27 - 32	pg
Method : Calculated			
Mean Corpuscular Hb Concn. (MCHC)*	**37.25**	31.5 - 34.5	gm/dL
Method : Calculated			
Red Cell Distribution Width (RDW)*	**16.4**	11.6 - 14.0	%
Method : Electrical Impedence			
Total Leucocytes (WBC) Count*	6700	4000-10000	cell/cu.mm
Method : Electrical Impedence			
Neutrophils*	57	40 - 80	%
Method : VCSn Technology			
Lymphocytes*	38	20 - 40	%
Method : VCSn Technology			
Monocytes*	4	2 - 10	%
Method : VCSn Technology			
Eosinophils*	1	1 - 6	%
Method : VCSn Technology			
Basophils	0	0 - 1	
Platelet Count*	2.57	1.5 - 4.5	Lakhs/cu.mm
Method : Electrical Impedence			
Mean Platelet Volume (MPV)*	9.3	7.2 - 11.7	fL
Method : Electrical Impedence			

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
PCT*	0.238	0.2 - 0.5	%
Method : Calculated			
PDW*	14.7	9.0 - 17.0	%
Method : Calculated			

Tests done on Automated Three Part Cell Counter. (WBC, RBC,Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.

Esr, Erythrocyte Sedimentation Rate

Esr, Erythrocyte Sedimentation Rate (Westergren)	**35**	0-20	mm/hr

Interpretation:

- It indicates presence and intensity of an inflammatory process. It does not diagnose a specific disease. Changes in the ESR are more significant than the abnormal results of a single test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis and polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Blood Group & Rh Type

Blood Grouping & Rh Typing "B" POSITIVE (+VE)

Method : Forward and Reverse By Tube Method

Methodology

This is done by forward and reverse grouping by tube 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).

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
Fasting - Glucose			
Glucose Fasting* **Method : Plasma, Hexokinase**	70	Normal: 70-100 Impaired Fasting Glucose (IFG): 101-125 Diabetes Mellitus: >125	mg/dL
Fasting Urine Sugar			
Fasting Urine Glucose	NEGATIVE	Negative	
Stool Complete Exam			
Lipid Profile			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	135.86	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	83.75	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	**31.53**	<40: Low 40 - 60: Optimal > 60: Desirable	mg/dL

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
LDL Cholesterol Method : Serum	87.58	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	104.33	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	16.75	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	4.31	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.78	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required.

Liver Function Test

Bilirubin - Total Method : Serum, Diazotization	1.18	Adults and Children: < 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.66	Adults and Children: < 0.5	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.52	0.1 - 1.0	mg/dL
SGOT Method : Serum, UV with P5P, IFCC 37 degree	26.98	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	24.51	< 50	U/L

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	84.24	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	8.28	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromcresol purple	4.21	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	**4.07**	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	**1.03**	1.2 - 2.2	ratio
KIDNEY FUNCTION TEST			
Urea * Method : Serum	19.86	15- 50	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	9.28	7 - 24	mg/dL
Uric Acid* Method : Serum, Uricase/POD	4.43	2.6 - 6.0	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.93	0.6 - 1.1	mg/dL
Urine Routine			
Colour*	Yellow		
Transparency (Appearance)*	Clear	Clear	
Reaction (pH)*	5.0	4.5 - 8	
Specific Gravity*	1.030	1.010 - 1.030	
Chemical Examination (Automated Dipstick Method) Urine			
Urine Glucose*	Negative	Negative	
Urine Protein*	Negative	Negative	

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
Urine Ketone*	Negative	Negative	
Blood*	**Positive (++)**	Negative	
Bilirubin*	Negative	Negative	
Nitrite*	Negative	Negative	
Leucocytes*	Negative	Negative	
Urobilinogen*	Normal	With in normal limits	
Microscopic Examination Urine			
Pus Cells (WBCs)*	2-3	0 - 5	/hpf
Epithelial Cells*	1-2	0 - 4	/hpf
Red blood Cells*	**8-10**	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Bacteria*	Absent	Absent	

HBA1C (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) Method : EDTA Whole blood,HPLC	**6.34**	Non-Diabetic: <=5.9 Pre Diabetic:6.0-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	**135.26**		mg/dL

Interpretations

1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
2. Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
3. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit
Excellent control-6-7 % Fair to Good control – 7-8 % Unsatisfactory control – 8 to 10 % Poor Control – More than 10 %			
Thyroid Function Test (TFT)			
TRI-IODO THYRONINE (T3) Method : CLIA	1.718	0.60 - 1.81	ng/mL
TOTAL THYROXINE (T4) Method : CLIA	5.735	4.2 - 12.0	ug/dL
THYROID STIMULATING HORMONE (TSH) Method : CLIA	**31.63**	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : >18 Yrs Pregnancy Ranges 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester:0.3 - 3.0	uIU/mL

Comments:

IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

Please correlate with clinical conditions.

Note : Serum T3, T4 and TSH form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism)To confirm diagnosis - evaluate FT3 and FT4.

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate

Patient Name : MRS. SALENI NAYAK
Age / Gender : 29 years / Female
Patient ID : 24577
Source : MEDI WHEEL

Referral : SELF
Collection Time : Jul 22, 2023, 09:28 a.m.
Reporting Time : Jul 22, 2023, 01:13 p.m.
Sample ID : 668430575

Test Description	Value(s)	Reference Range	Unit

Pap Smear

The PAP Smear is not a diagnostic procedure and should not be used as the sole means to evaluate cervical cancer. It is a screening procedure to aid in detection of cervical cancer and its precursors.
The foundation of Liquid Based Cytology (LBC) is that it produces uniform, thin layer slides and minimizes obscuring artefacts as, blood and mucus. On balance, LBC provides consistent improvement compared with conventional PAP testing in specimen adequacy and detection of LSIL and HSIL categories.
Cervico - vaginal cytology is screened & reported as per the Bethesda 2014.

References :

1. Johnson J and Patnick J. 2000. Achievable standards, benchmarks for reporting, and criteria for evaluating cervical cytopathology. Revised 2nd Edition.NHSCSP Publications ?NHS Cancer Screening Programmes.
2. Bankhead C, Austoker J, Davey C. 2003. Cervical Screening Results Explained ?a guide for primary care. NHS Cancer Screening Programme.
3. Gibb RK, Martens MG. The Impact of Liquid Based Cytology in decreasing the incidence of cervical cancer. Rev Obstet Gynecol 2011; 4(Suppl 1):S2-S11.
4. The Bathesda system for reporting cervical cytology, 2014, 3rd Edition.

Post Prandial Urine Sugar

Post Prandial Urine Sugar	NEGATIVE		

Post Prandial Blood Sugar

Blood Glucose-Post Prandial*	99.8	70-140	mg/dL
Method : Plasma - P, Hexokinase			

END OF REPORT

Dr.CH.Deepthi Chandrika
M.D. Pathology
Reg.No.APCM/FMR/77174

Approved by

Scan to Validate