



Dept. of Pathology
(For Report Purpose Only)



PRN : 105747
Patient Name : Mrs. KATE SUNITA SHARAD
Age/Sex : 47Yr(s)/Female

Lab No : 8378
Req.No : 8378

Company Name : BANK OF BARODA
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 12/02/2022 10:16 AM
Reporting Date & Time : 12/02/2022 08:00 PM
Print Date & Time : 12/02/2022 08:05 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CYTOLOGY

PAP SMEAR


CODE NO. : C-08-22

SPECIMEN : 02 Slides Received


MICROSCOPIC DESCRIPTION (Based on the Bethesda System)

BACKGROUND : Haemorrhagic
CELL TYPE : Superficial & few Intermediate
ENDOCERVICAL CELLS : Present +
ENDOMETRIAL CELLS : Absent
METAPLASTIC CELLS : Absent
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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Print Date & Time : 12/02/2022 04:13 PM

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HAEMATOLOGY

HAEMOGRAM

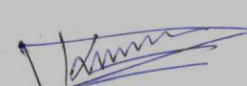
HAEMOGLOBIN (Hb)	: 11.9	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 42.5	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 5.62	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 75.6	cu micron	76 - 96
M.C.H.	: 21.2	pg	27 - 32
M.C.H.C	: 28.0	picograms	32 - 36
RDW-CV	: 17.9	%	11 - 16
WBC TOTAL COUNT	: 10100	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000
PLATELET COUNT	: 378000	cumm	150000 - 450000

WBC DIFFERENTIAL COUNT

NEUTROPHILS	: 62	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 6262	µL	2000 - 7000
LYMPHOCYTES	: 31	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 3131	µL	1000 - 3000
EOSINOPHILS	: 02	%	01 - 04
ABSOLUTE EOSINOPHILS	: 202	µL	20 - 500
MONOCYTES	: 05	%	02 - 08
ABSOLUTE MONOCYTES	: 505	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100

Technician

Report Type By :- KAJAL SADIGALE


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



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RBC Morphology	: Normocytic Normochromic, Microcytes-few		
WBC Abnormality	: Within Normal Limits		
PLATELETS	: Adequate		
PARASITES	: Not Detected		

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

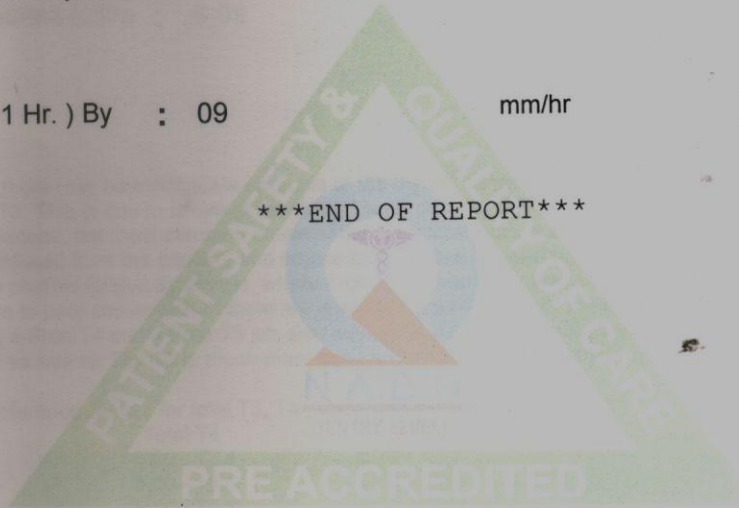
ESR

ESR MM(At The End Of 1 Hr.) By : 09
Wintrob's Method

mm/hr

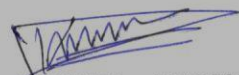
Male : 0 - 9
Female : 0 - 20

END OF REPORT



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ENDOCRINOLOGY

THYROID FUNCTION TEST

T3-Total (Tri iodothyronine)	: 1.20	ng/mL	0.970 - 1.69
T4 - Total (Thyroxin)	: 11.6	µg/dL	5.53 - 11.0
Thyroid Stimulating Hormones (Ultra TSH)	: 6.09	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 autoantibody 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 most 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 to 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
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

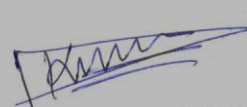
The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	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	

END OF REPORT

Technician

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

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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 30 ML
COLOUR : PALE YELLOW
APPEARANCE : SLIGHTLY HAZY
REACTION : ACIDIC
SPECIFIC GRAVITY : 1.015

CHEMICAL EXAMINATION

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

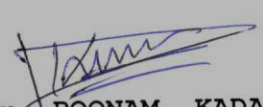
MICROSCOPIC EXAMINATION

PUS CELLS : 2-3 /hpf
RBC CELLS : ABSENT / hpf
EPITHELIAL CELLS : 6-8 /hpf
CASTS : ABSENT /hpf
CRYSTALS : ABSENT
OTHER FINDINGS : Budding Yeast cells seen
BACTERIA : PRESENT

END OF REPORT

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BIOCHEMISTRY

RFT (RENAL FUNCTION TEST)

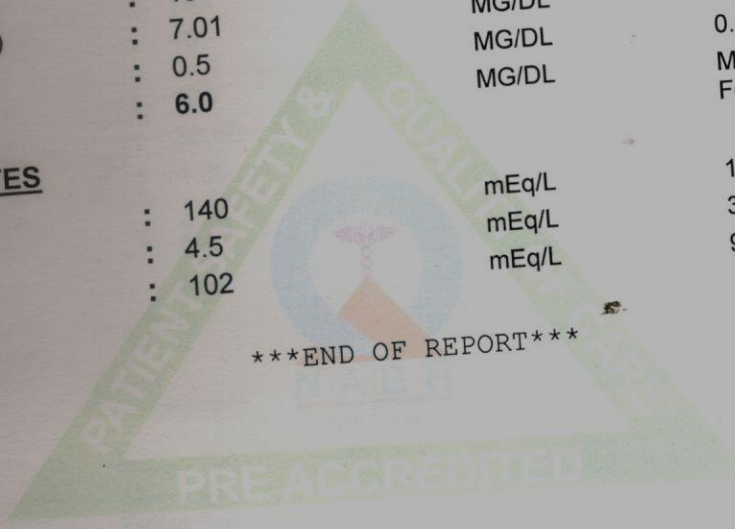
BIOCHEMICAL EXAMINATION

UREA (serum)	: 15	MG/DL	0 - 45
UREA NITROGEN (serum)	: 7.01	MG/DL	7 - 21
CREATININE (serum)	: 0.5	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 6.0	MG/DL	Male : 3.4 - 7.0 Female : 2.4 - 5.7

SERUM ELECTROLYTES

SERUM SODIUM	: 140	mEq/L	136 - 149
SERUM POTASSIUM	: 4.5	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107

END OF REPORT



Technician

By :- KAJAL SADIGALE

Dr. POONAM KADAM
MD (Microbiology), Dip.Pathology
Bacteriology (MMC-2012/03/04)
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BIOCHEMISTRY

LIPID PROFILE

CHOLESTEROL (serum)	: 172	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 182	MG/DL	0 - 150
HDL (serum)	: 40	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 109	MG/DL	0 - 130
VLDL (serum)	: 36.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 4.30		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.73		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

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)	: 32	IU/L	5 - 40
S.G.P.T (serum)	: 33	IU/L	5 - 40
ALKALINE PHOSPHATASE (serum)	: 126	IU/L	CHILD BELOW 6 YRS : 60 - 321 CHILD : 67 - 382 ADULT : 36 - 113
PROTEINS TOTAL (serum)	: 6.9	GM/DL	6.4 - 8.3
ALBUMIN (serum)	: 4.1	GM/DL	3.5 - 5.7
GLOBULIN (serum)	: 2.80	GM/DL	1.8 - 3.6
A/G RATIO	: 1.46		1:2 - 2:1

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BIOCHEMISTRY

HbA1C- GLYCOSYLATED -HB

HBA1C	: 6.79	%	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.

END OF REPORT

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Print Date & Time : 12/02/2022 01:38 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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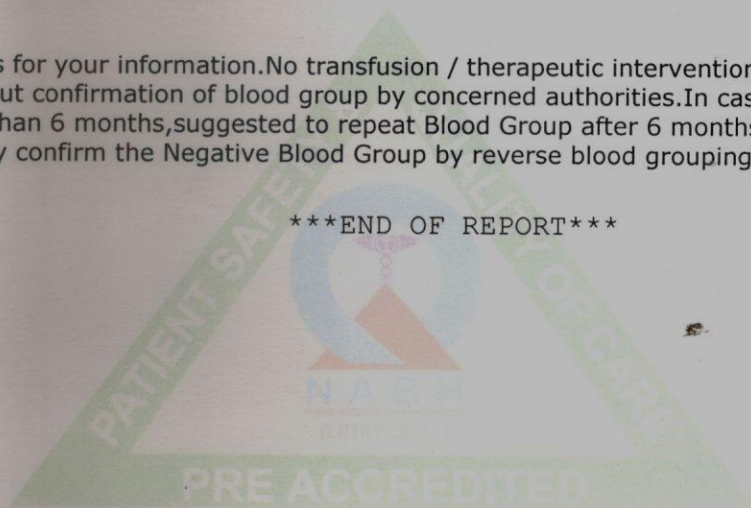
HAEMATOTOLOGY

BLOOD GROUP

BLOOD GROUP : "O"
RH FACTOR : POSITIVE

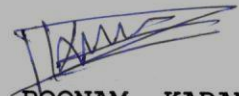
NOTE : This is for your information.No transfusion / therapeutic intervention is done without confirmation of blood group by concerned authorities.In case of infants less than 6 months,suggested to repeat Blood Group after 6 months of age for confirmation. Kindly confirm the Negative Blood Group by reverse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

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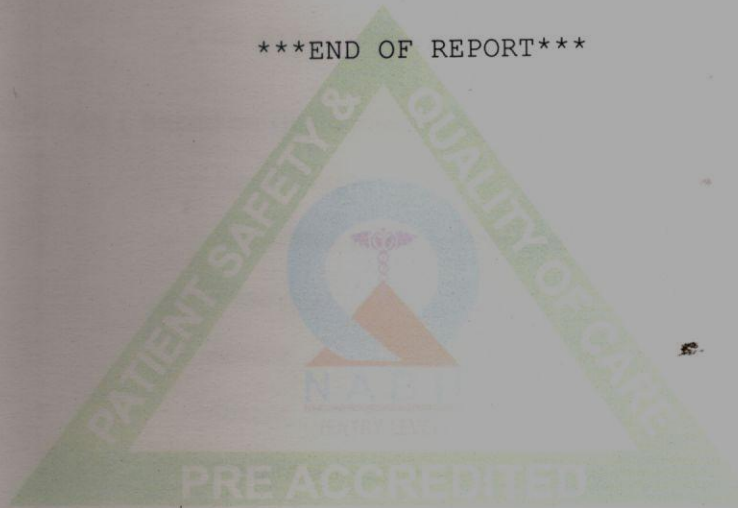
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BIOCHEMISTRY

BSL-F & PP

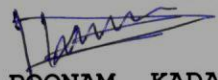
Blood Sugar Level Fasting	: 78	MG/DL	60 - 110
Blood Sugar Level PP	: 202	MG/DL	70 - 140

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