PATHKIND REFERENCE LAB
PATHKIND DIAGNOSTICS PVT. LTD.
Plot No. 55-56, Udyog Vihar, Phase IV, Sector-18, Gurugram-122015
E-Mail: care@pathkindlabs.com | Website: www.pathkindlabs.com
Customer Care: 75000 75111

Client

Jeevan Jyoti HLM

Pathkind Diagnostics Pvt. Ltd.

162, Lowther Road, Bai Ka Bagh, Prayagraj

Processed By

Pathkind Diagnostics Pvt. Ltd.

Plot No. 55-56, Udhyog Vihar Ph-IV, Gurugram - 122015

Name	:	**Mrs. SONIKA GIRI REG-307286**	Billing Date	:	09/07/2022 10:59:47
Age	:	31 Yrs	Sample Collected on	:	09/07/2022 17:18:51
Sex	:	Female	Sample Received on	:	09/07/2022 18:06:41
P. ID No.	:	P121218821	Report Released on	:	13/07/2022 13:16:27
Accession No	:	**12122204312**	Barcode No.	:	16835960
Referring Doctor	:	SELF			
Referred By	:		Ref no.	:	

Report Status - Final

CYTOLOGY

GYNAECYTOPATHOLOGY REPORT

GynaecCyto no: CG-502-22

Clinical details	: Routine screening
No of slides received	: 2 Unstained slides
Specimen type	: Conventional pap smear
Reporting mode	: Bethesda system
Specimen adequacy	: Satisfactory with endocervical cells.
Descriptive interpretation	: Normal morphology of benign squamous epithelial cells seen with predominance of superficial and intermediate cells. Few endocervical cells are seen. No Significant inflammation is seen in the background.
Impression	: Negative for intraepithelial lesion or malignancy

Disclaimer : Gynaecologial 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.
Report entered by :- Ankit

PAP (Papanicolaou) Smear

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).

Dr Smita Kumari
Consultant Histopathologist
DMC No. 44237

The Test/s marked with (#) is are not accredited by NABL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
HAEMATOLOGY			
Complete Blood Count (CBC)			
Haemoglobin (Hb) *Sample: Whole Blood EDTA* *Method: Photometric measurement*	**11.1** L	12.0 - 15.0	gm/dL
Total WBC Count / TLC *Sample: Whole Blood EDTA* *Method: Impedance*	5.5	4.0 - 10.0	thou/µL
RBC Count *Sample: Whole Blood EDTA* *Method: Impedance*	4.2	3.8 - 4.8	million/µL
PCV / Hematocrit *Sample: Whole Blood EDTA* *Method: Impedance*	**34.7** L	36.0 - 46.0	%
MCV *Sample: Whole Blood EDTA* *Method: Calculated*	83.5	83.0 - 101.0	fL
MCH *Sample: Whole Blood EDTA* *Method: Calculated*	**26.7** L	27.0 - 32.0	pg
MCHC *Sample: Whole Blood EDTA* *Method: Calculated*	32.0	31.5 - 34.5	g/dL
RDW (Red Cell Distribution Width) *Sample: Whole Blood EDTA* *Method: Calculated*	14.4	11.9 - 15.5	%
DLC (Differential Leucocyte Count) *Method: Flowcytometry/Microscopy*			
Neutrophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	58	40 - 80	%
Lymphocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	36	20 - 40	%

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Eosinophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	02	01 - 06	%
Monocytes *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	04	02 - 10	%
Basophils *Sample: Whole Blood EDTA* *Method: VCS Technology & Microscopy*	00	00 - 02	%
Absolute Neutrophil Count *Sample: Whole Blood EDTA*	3190	2000 - 7000	/µL
Absolute Lymphocyte Count *Sample: Whole Blood EDTA*	1980	1000 - 3000	/µL
Absolute Eosinophil Count *Sample: Whole Blood EDTA*	110	20 - 500	/µL
Absolute Monocyte Count *Sample: Whole Blood EDTA*	220	200 - 1000	/µL
Absolute Basophil Count *Sample: Whole Blood EDTA*	**0 L**	20 - 100	/µL
DLC Performed By *Sample: Whole Blood EDTA*	EDTA Smear		
Platelet Count *Sample: Whole Blood EDTA* *Method: Impedance*	178	150 - 410	thou/µL
MPV (Mean Platelet Volume) *Sample: Whole Blood EDTA* *Method: Calculated*	**11.7 H**	6.8 - 10.9	fL
Erythrocyte Sedimentation Rate (ESR) *Sample: Whole Blood EDTA* *Method: Modified Westergren Method*	**54 H**	<12	mm 1st Hour

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Blood Group			
Blood Grouping *Sample: Whole Blood EDTA*	"O"		
Rh (D) Typing *Sample: Whole Blood EDTA*	POSITIVE		
BIOCHEMISTRY			
Fasting Plasma Glucose *Sample: Fluoride Plasma - F*	90	74 - 106	mg/dl
Glucose Post-Prandial *Sample: Fluoride Plasma - PP* *Method: Hexokinase*	102	70 - 140	mg/dl
Liver Function Extended Panel			
Bilirubin Total *Sample: Serum* *Method: Spectrophotometery*	0.6	<1.1	mg/dL
Bilirubin Direct *Sample: Serum* *Method: Spectrophotometery*	0.2	<0.2	mg/dL
Serum Bilirubin (Indirect) *Sample: Serum* *Method: Calculated*	0.4	<0.90	mg/dL
SGOT / AST *Sample: Serum* *Method: Spectrophotometery*	26	<31	U/L
SGPT / ALT *Sample: Serum* *Method: Spectrophotometery*	17	<33	U/L
Alkaline Phosphatase (ALP) *Sample: Serum* *Method: Spectrophotometery*	91	<98	U/L
Lactate Dehydrogenase (LDH) *Sample: Serum* *Method: Spectrophotometery*	**243 H**	<223	U/L

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Gamma-Glutamyl Transferase (GGT) *Sample: Serum* *Method: Spectrophotometery*	13	<42	U/L
Total Protein *Sample: Serum* *Method: Spectrophotometry*	7.9	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometery*	4.7	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	3.2	1.9 - 3.7	g/dL
Albumin Globulin A/G Ratio *Sample: Serum* *Method: Calculated*	1.5	1.0 - 2.1	
Thyroid Profile Total			
Total T3 (Triiodothyronine) *Sample: Serum* *Method: ECLIA*	1.16	0.80 - 2.00	ng/mL
Total T4 (Thyroxine) *Sample: Serum* *Method: ECLIA*	6.33	5.10 - 14.10	µg/dL
TSH 3rd Generation *Sample: Serum* *Method: ECLIA*	2.920	0.270 - 4.200	µIU/mL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Stool Routine & Microscopic Examination

Physical Examination

Colour *Sample: Stool*	Brownish	Yellowish Brown	
Consistency *Sample: Stool*	Semi Solid	Semi Solid	
Mucus *Sample: Stool*	Absent	Absent	
Blood *Sample: Stool*	Absent	Absent	
Odour *Sample: Stool*	Fecal	Fecal	

Microscopic Examination

Cyst *Sample: Stool*	Not Detected	Not Detected	
Trophozoites *Sample: Stool*	Not Detected	Not Detected	
Charcot - Leyden Crystals *Sample: Stool*	Not Detected	Not Detected	
Ova *Sample: Stool*	Not Detected	Not Detected	
Adult Parasite *Sample: Stool*	Not Detected	Not Detected	

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
RBC *Sample: Stool*	Not Detected	0 - 0	/hpf
Pus Cells *Sample: Stool*	0 - 2	0 - 5	/HPF
Stool pH & Reducing Substances			
Stool for pH *Sample: Stool*	6.8		
Stool For Reducing Substances *Sample: Stool*	Not Detected	Not Detected	
Lipid Profile			
Total Cholesterol *Sample: Serum* *Method: Spectrophotometery*	**212 H**	No risk : < 200 Moderate risk : 200–239 High risk : =240	mg/dL
Triglycerides *Sample: Serum* *Method: Spectrophotometry*	132	Desirable : < 150 Borderline High : 150 - 199 High : 200 - 499 Very High : >/= 500	mg/dL
LDL Cholesterol (Calculated) *Sample: Serum* *Method: Calculated*	**141 H**	Optimal : <100 Near Optimal : 100 - 129 Borderline High : 130 - 160 High : 161 - 189 Very High : >/=190	mg/dL
HDL Cholesterol *Sample: Serum* *Method: Spectrophometry*	45	Low : < 40 Optimal : 40 - 60 High : > 60	mg/dl
Non HDL Cholesterol *Sample: Serum*	**167 H**	< 130	mg/dL
VLDL Cholesterol *Sample: Serum* *Method: Calculated*	26.4	Desirable 10 - 35	mg/dL
Total Cholesterol / HDL Ratio *Sample: Serum* *Method: Calculated*	**4.71 H**		

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Test Name	Result	Biological Ref. Interval	Unit
		Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.0 Moderate Risk : 7.1 - 11.0 High Risk : > 11.0	
LDL / HDL Ratio *Sample: Serum* *Method: Calculated*	**3.1 H**	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			
Blood Urea Nitrogen (BUN) *Sample: Serum* *Method: Spectrophotometry-Urease / GLDH*	**3.72 L**	7.00 - 18.69	mg/dL
Urea *Sample: Serum* *Method: Spectrophotometery*	**7.96 L**	17.00 - 43.00	mg/dL
Creatinine *Sample: Serum* *Method: Spectrophotometry*	0.56	0.50 - 1.10	mg/dL
BUN Creatinine Ratio *Sample: Serum* *Method: Calculated*	**7 L**	10 - 20	
Calcium *Sample: Serum* *Method: Spectrophotometery*	9.8	8.6 - 10.0	mg/dL
Uric Acid *Sample: Serum* *Method: Spectrophotometery*	5.3	2.4 - 5.7	mg/dL
Electrolytes (Na/K/Cl)			
Sodium *Sample: Serum* *Method: ISE*	143	136 - 145	mmol/L

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
Potassium *Sample: Serum* *Method: ISE*	4.0	3.5 - 5.1	mmol/L
Chloride *Sample: Serum* *Method: ISE*	107	97 - 107	mmol/L
Total Protein *Sample: Serum* *Method: Spectrophotometry*	7.9	6.4 - 8.3	g/dL
Albumin *Sample: Serum* *Method: Spectrophotometery*	4.7	4.0 - 4.9	g/dL
Globulin *Sample: Serum* *Method: Calculated*	3.2	1.9 - 3.7	g/dL
Albumin/Globulin (A/G) Ratio *Sample: Serum* *Method: Calculated*	1.5	1.0 - 2.1	g/dL

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

CLINICAL PATHOLOGY

Urine Routine & Microscopic Examination

Method: Reflectance Photometry

Physical Examination

Colour *Sample: Urine* *Method: Physical Examination*	Pale Yellow	Pale Yellow	
Appearance *Sample: Urine* *Method: Physical Examination*	Clear	Clear	
Specific Gravity *Sample: Urine* *Method: pKa change of pretreated polyelectrolytes*	1.005	1.003 - 1.035	
pH *Sample: Urine* *Method: Double indicator principle*	7.0	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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Test Name	Result	Biological Ref. Interval	Unit
Urobilinogen *Sample: Urine* *Method: Ehrlich's reaction*	Normal	Normal	
Nitrite *Sample: Urine* *Method: Nitrite Test*	Not Detected	Not Detected	
Microscopic Examination *Method: Microscopy*			
Pus Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
RBC *Sample: Urine*	Not Detected	Not Detected	/hpf
Epithelial Cells *Sample: Urine*	2 - 3	0 - 5	/hpf
Casts *Sample: Urine*	Not Detected	Not Detected	/hpf
Crystals *Sample: Urine*	Not Detected	Not Detected	/hpf
Bacteria *Sample: Urine*	Not Detected	Not Detected	/hpf
Remarks *Sample: Urine*			

Remarks : Microscopic Examination is performed on urine sediment

Complete Blood Count (CBC)

Clinical Significance :

CBC comprises of estimation of the cellular componenets of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a

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Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

measure of the size of the average RBC, MCH is a measure of the hemoglobin cointent 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.

-

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 hyperthroidism and low levels lead to hypothyroidism.

TSH 3rd Generation

-
Clinical Significance :

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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

Name	:	**Mrs. SONIKA GIRI REG-307286**	Billing Date	:	09/07/202210:59:47
Age	:	31 Yrs	Sample Collected on	:	09/07/2022 17:18:51
Sex	:	Female	Sample Received on	:	09/07/2022 18:06:41
P. ID No.	:	P121218821	Report Released on	:	13/07/2022 13:16:27
Accession No	:	**12122204312**	Barcode No.	:	1212028080, 1212028081, 1212028079, 1212028083, 16835966, 1212028082
Referring Doctor	:	SELF			
Referred By	:		Ref no.	:	

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TSH levels are elevated in primary hyporthyroidism 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

Stool Routine & Microscopic Examination

Clinical Significance :

Routine and microscopic examination of stool sample comprises of macroscopic as well as microscopic examination of the sample for presence of parasitic ova and cysts.

Stool for pH

Clinical Significance :

Testing for pH and reducing substances in stool helps in determining the underlying cause of diarrhea - whether the diarrhoea is due to osmotic cause or due to infective cause.

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

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Referred By	:		Ref no.	:	

Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit

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