



<b>Registration No.</b>	<b>10231370</b>	Mobile No.	9968255997
<b>Patient Name</b>	<b>Ms. MAHESHWARI REENA NIRMAL</b>	Registration Date/Time	21/04/2023 08:53:14
Age / Sex	39 Yrs 4 Months 0 Days Female	Sample Collected Date/Time	21/04/2023 11:41:58
Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 13:35:31
Collected At	DCKC	Printed Date/Time	21/04/2023 18:32:34

Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

### Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	12.2	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	07.8	10 <sup>9</sup> /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.14	10 <sup>6</sup> /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	36.5	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	88.3	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.6	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	33.5	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	200.00	10 <sup>3</sup> /uL	150.00 - 410.00
RDW- CV% ,EDTA	13.5	%	11.6 - 14.0
<b>Differential Leucocyte Count</b> <i>Method : Microscopy</i>			
Neutrophil ,EDTA	58.0	%	40.0 - 80.0
Lymphocyte ,EDTA	31.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	8.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	<b>23</b>	mm/1st hr.	00 - 20

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DR. NEELU CHHABRA  
MD. PATHOLOGIST

**At Your Home: Collection of Blood Samples, ECG, Digital X-Ray**

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

**Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry**



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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

**HbA1c** ,EDTA

Method : Photometric method

5.6 %

**INTERPRETATIONS:-**

**NORMAL RANGE** **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

**Note:-**

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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## BIOCHEMISTRY

### LIPID PROFILE

Total Lipids ,Serum Plain	553	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	<b>207</b>	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method : GOD-POD	139	mg/dl	40 - 140
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	62.0	mg/dl	40.0 - 70.0
Serum LDL Cholesterol ,Serum Plain Method : Calculated	<b>117.0</b>	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	28.0	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain Method : Calculated	3.34		
LDL/HDL Cholesterol Ratio ,Serum Plain Method : Calculated	1.89		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides  
Female 40 - 140  
Male 60 - 165

Adult levels:  
Optimal <100 mg/dL  
Near Optimal/ above optimal 100 -129 mg/dL  
Borderline high 130 - 159 mg/dL  
High 160 - 189 mg/dL  
Very High >=190 mg/dL

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**LIVER PROFILE / LFT**

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.51	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.18	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.33	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	37.9	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	<b>51.5</b>	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	73.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.67	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.54	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.10	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.46		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	<b>155.0</b>	U/L	0.0 - 50.0



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Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F <i>Method : GOD POD</i>	94.1	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP <i>Method : GOD POD</i>	137.5	mg/dl	70.0 - 140.0
Serum Creatinine ,Serum Plain <i>Method : Mosified Jaffe's</i>	0.80	mg/dl	0.50 - 1.50
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	4.60	mg/dl	2.40 - 5.70
Blood Urea Nitrogen ,Serum Plain <i>Method : Calculated</i>	10.18	mg/dl	0.00 - 20.00





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Test Name	Value	Unit	Biological Ref Interval
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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.57	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	9.52	ug/dl	5.20 - 12.70
TSH	3.91	uIU/ml	0.30 - 4.50

**Comment :**

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

**Adults**

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**Newborn**

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Test Name	Value	Unit	Biological Ref Interval
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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	30 mL	
Appearance ,URINE	Clear	Clear

#### URE CHEMICAL EXAMINATION

Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.5	5.0 - 8.0
Specific Gravity ,URINE	1.030	1.001 - 1.035
Protein (Strip Method) ,URINE	Nil	Not-Detected
Glucose (Strip Method) ,URINE	Nil	Nil

#### URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	1 - 2 /HPF	0 - 2
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 2
RBC's ,URINE	NIL /HPF	0 - 2
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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**STOOL ANALYSIS**

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL SNR Nil







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Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 16:48:07
Collected At	DCKC	Printed Date/Time	21/04/2023 18:32:34

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URE SUGAR (FASTING) , URINE

NIL

\*\*\* End of Report \*\*\*





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Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 13:35:31
Collected At	DCKC	Printed Date/Time	22/04/2023 12:23:19

Test Name	Value	Unit	Biological Ref Interval
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## HAEMATOLOGY

### Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	12.2	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	07.8	10 <sup>9</sup> /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.14	10 <sup>6</sup> /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	36.5	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	88.3	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.6	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	33.5	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	200.00	10 <sup>3</sup> /uL	150.00 - 410.00
RDW- CV% ,EDTA	13.5	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	58.0	%	40.0 - 80.0
Lymphocyte ,EDTA	31.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	8.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	<b>23</b>	mm/1st hr.	00 - 20

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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

**HbA1c** ,EDTA

Method : Photometric method

5.6 %

**INTERPRETATIONS:-**

**NORMAL RANGE** **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

**Note:-**

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.







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**LIVER PROFILE / LFT**

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.51	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.18	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.33	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	37.9	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	<b>51.5</b>	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	73.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.67	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.54	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	3.10	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.46		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	<b>155.0</b>	U/L	0.0 - 50.0





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Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F <i>Method : GOD POD</i>	94.1	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP <i>Method : GOD POD</i>	137.5	mg/dl	70.0 - 140.0
Serum Creatinine ,Serum Plain <i>Method : Mosified Jaffe's</i>	0.80	mg/dl	0.50 - 1.50
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	4.60	mg/dl	2.40 - 5.70
Blood Urea Nitrogen ,Serum Plain <i>Method : Calculated</i>	10.18	mg/dl	0.00 - 20.00





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## IMMUNOASSAY

### TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.57	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	9.52	ug/dl	5.20 - 12.70
TSH	3.91	uIU/ml	0.30 - 4.50

**Comment :**

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

**Adults**

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

**Newborn**

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## CLINICAL PATHOLOGY

### URINE ROUTINE EXAMINATION

#### URE PHYSICAL EXAMINATION

Colour ,URINE Pale Yellow Pale Yellow

Volume ,URINE 30 mL

Appearance ,URINE Clear Clear

#### URE CHEMICAL EXAMINATION

Reaction ,URINE Acidic Acidic

Ph (Strip Method) ,URINE 6.5 5.0 - 8.0

Specific Gravity ,URINE 1.030 1.001 - 1.035

Protein (Strip Method) ,URINE Nil Not-Detected

Glucose (Strip Method) ,URINE Nil Nil

#### URE MICROSCOPY EXAMINATION

Pus Cells ,URINE 1 - 2 /HPF 0 - 2

Epithelial Cells ,URINE 1 - 2 /HPF 0 - 2

RBC's ,URINE NIL /HPF 0 - 2

Casts ,URINE Nil

Crystals ,URINE Nil


Bacteria ,URINE Absent Absent

Mucus Thread ,URINE Nil Nil

Other ,URINE Nil

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Checked By :- POOJA



DR. NEELU CHHABRA  
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service ■ Diagnostic & Preventive ■ Health Assessment ■ Periodic Preventive Health Camps ■ Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



<b>Registration No.</b>	<b>10231370</b>	Mobile No.	9968255997
<b>Patient Name</b>	<b>Ms. MAHESHWARI REENA NIRMAL</b>	Registration Date/Time	21/04/2023 08:53:14
Age / Sex	39 Yrs 4 Months 0 Days	Sample Collected Date/Time	21/04/2023 11:41:58
Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 16:47:40
Collected At	DCKC	Printed Date/Time	22/04/2023 12:23:19

Test Name	Value	Unit	Biological Ref Interval
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**STOOL ANALYSIS**

STOOL MICROSCOPIC EXAMINATION

OTHERS ,STOOL SNR Nil






<b>Registration No.</b>	<b>10231370</b>	Mobile No.	9968255997
<b>Patient Name</b>	<b>Ms. MAHESHWARI REENA NIRMAL</b>	Registration Date/Time	21/04/2023 08:53:14
Age / Sex	39 Yrs 4 Months 0 Days	Sample Collected Date/Time	21/04/2023 11:41:58
Ref By / Hospital	MEDIWHEEL	Report Date/Time	21/04/2023 16:48:07
Collected At	DCKC	Printed Date/Time	22/04/2023 12:23:19

Test Name	Value	Unit	Biological Ref Interval
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URE SUGAR (FASTING) , URINE

NIL





<b>Registration No.</b>	<b>10231370</b>	Mobile No.	9968255997
<b>Patient Name</b>	<b>Ms. MAHESHWARI REENA NIRMAL</b>	Registration Date/Time	21/04/2023 08:53:14
Age / Sex	39 Yrs 4 Months 0 Days Female	Sample Collected Date/Time	21/04/2023 11:41:58
Ref By / Hospital	MEDIWHEEL	Report Date/Time	22/04/2023 12:22:38
Collected At	DCKC	Printed Date/Time	22/04/2023 12:23:19

**PAP SMEAR** ,SLIDE SMEAR

**LAB ID:** P- 47/23  
**SPECIMEN TYPE:** Conventional Smear  
**SPECIMEN ADEQUACY:** Adequate & Satisfactory for evaluation.

**MICROSCOPY:**

Squamous Cells - Superficial & Intermediate Squamous cells seen. Unremarkable.

Transitional Zone - Seen. Unremarkable.

Others:

Lactobacillus - ++

**INTERPRETATION/RESULTS:** Negative for Intra-Epithelial Lesion or Malignancy (NILM).

**NOTE:-**

*Cervical cytology is screening test primarily for squamous cancer and its precursors and has been Associated with false positive and false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false negative results (The Bethesda System 2014)*

\*\*\* End of Report \*\*\*

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Checked By :- DRNEELU



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E- mail: [drcharukohli@yahoo.com](mailto:drcharukohli@yahoo.com)

**NAME : MAHESHWARI REENA NIRMAL**

**AGE/SEX : 39Y/F**

**DATE : 21.04.2023**

**X - RAY CHEST PA VIEW :**

Cardiac shadow is normal.  
Aorta is normal.  
Bilateral lung fields are clear.  
Both costophrenic angles are clear.  
Bilateral domes of diaphragm are normal.  
No bony injury noted.

**IMPRESSION:** Normal chest skiagram

*Charu Kohli*

**DR. CHARU KOHLI**  
**MBBS, DMRD**  
**Consultant Radiologist**

**IMPORTANT:** Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.