Name	[:] Mrs. MANJULA S	Register On	: 11/05/2022 8:52 AM	\mathbf{C}
PID No.	[:] MED111084189	Collection On	: 11/05/2022 9:25 AM	MEDALL
SID No.	: 422041584	Report On	: 12/05/2022 3:59 PM	
Age / Sex	: 42 Year(s) / Female	Printed On	[:] 16/05/2022 3:26 PM	
Ref. Dr	: MediWheel	OP / IP	: OP	

PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Cervical smear.

Lab NO: GC-625/22

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation.

Endocervical / Transformation zone cells : Absent.

General categorization : Within normal limits.

DESCRIPTION :Smear shows superficial squamous cells and intermediate cells in a background of sheets of neutrophils and lymphocytes.

INTERPRETATION : Negative for intraepithelial lesion or malignancy

Advised : Follow up smears.





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Туре	: OP
Ref. Dr	: MediWheel

:	11/05/2022 8:52 AM
:	11/05/2022 9:25 AM
:	12/05/2022 3:59 PM
:	16/05/2022 3:25 PM
	:



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
HAEMATOLOGY			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood'Spectrophotometry)	13.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.9	%	37 - 47
RBC Count (EDTA Blood)	4.63	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.0	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	70.3	%	40 - 75
Lymphocytes (EDTA Blood)	22.9	%	20 - 45
Eosinophils	1.5	%	01 - 06

(EDTA Blood)



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Туре	: OP	Printed On : 16/05/2022 3:25 PM	
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Monocytes (EDTA Blood)	5.0	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five F	Part cell counter. All	abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	6.1	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.0	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	212	10^3 / µl	150 - 450
MPV (EDTA Blood)	9.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.208	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	19	mm/hr	< 20



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.36	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.21	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	10.43	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.73	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	87.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.43	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.75	gm/dL	2.3 - 3.6
A : G RATIO	1.70		1.1 - 2.2

A : G RATIO (Serum/Derived)



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Age / Sex	: 42 Year(s) / Female	Report On : 12/05/2022 3:59 PM	MEDALL
Туре	: OP	Printed On : 16/05/2022 3:25 PM	
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	210.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	259.50	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	41.77	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/ <i>Calculated</i>)	116.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	51.9	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	168.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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Name PID No. SID No. Age / Sex Type Ref. Dr	 : Mrs. MANJULA S : MED111084189 : 422041584 : 42 Year(s) / Female : OP : MediWheel 	Register On:11/05/2022 8:52 AMCollection On:11/05/2022 9:25 AMReport On:12/05/2022 3:59 PMPrinted On:16/05/2022 3:25 PM	MEDALL
2.It is the s	RETATION: 1.Non-HDL Choleste		Biological Reference Interval isk marker than LDL Cholesterol. icrons and it is the "new bad cholesterol" and is a
Total Ch (Serum/Ca	olesterol/HDL Cholesterol Ra	tio 5	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglycer (TG/HD)	ride/HDL Cholesterol Ratio L)	6.2	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0

Triglyceride/HDL Cholesterol Ratio 6.2 (TG/HDL) (Serum/Calculated) LDL/HDL Cholesterol Ratio 2.8 (Serum/Calculated)

M.Sc Biochemistry

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DR SHAMIM JAVED MD PATHOLOGY KMC 88902

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High Risk: > 5.0

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

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Age / Sex	: 42 Year(s) / Female	Report On : 12/05/2022 3:59 PM	MEDALL
Туре	: OP	Printed On : 16/05/2022 3:25 PM	
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> Value	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
NITEDDDET ATION IS Disk-top Condensation (1)		71 800/ Darma	

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %

Estimated Average Glucose	96.8	mg/dL
---------------------------	------	-------

(Whole Blood)

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E

ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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Age / Sex	: 42 Year(s) / Female	Report On : 12/05/2022 3:59 PM	MEDALL
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
IMMUNOASSAY			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/ <i>ECLIA</i>)	1.25	ng/ml	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like preg Metabolically active.	mancy, drugs, neph	nrosis etc. In such ca	ases, Free T3 is recommended as it is
T4 (Tyroxine) - Total (Serum/ <i>ECLIA</i>)	10.13	µg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like preg Metabolically active.	nancy, drugs, neph	nrosis etc. In such ca	ases, Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.83	µIU/mL	0.35 - 5.50
INTERPRETATION: Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) Comment : 1.TSH reference range during pregnancy depends on Iodi 2.TSH Levels are subject to circadian variation, reaching of the order of 50% hence time of the day has influence o	peak levels betwee	n 2-4am and at a m	inimum between 6-10PM. The variation can be

of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
CLINICAL PATHOLOGY			
<u>PHYSICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Slightly Turbid		Clear
Volume(CLU) (Urine)	10		
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein	Negative		Negative



(Urine)

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Name	: Mrs. MANJULA S			
PID No.	: MED111084189	Register On : 11/05/20	022 8:52 AM	
SID No.	: 422041584	Collection On : 11/05/2	022 9:25 AM	
Age / Sex	: 42 Year(s) / Female	Report On : 12/05/2	2022 3:59 PM MEDALL	
Туре	: OP	Printed On : 16/05/2	022 3:25 PM	
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> (URINE COMPLETE)			
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	6-8	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts	Nil	/hpf	NIL
(Urine)			
Crystals	Nil	/hpf	NIL
(Urine)			



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Biological

Reference Interval

Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)

'O' 'Positive'

Observed

<u>Value</u>

<u>Unit</u>



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Investigation BIOCHEMISTRY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BUN / Creatinine Ratio	10.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.48	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	110.13	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.4	mg/dL	7.0 - 21
Creatinine	0.80	mg/dL	0.6 - 1.1

(Serum/Modified Jaffe)

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i>)	4.26	mg/dL	2.6 - 6.0
Shilpashree M.Sc.Biochemistry VERIFIED BY		DR SHAMIM JAVED MD PATHOLOGY KMC 88902 APPROVED BY	

-- End of Report --