

|                                  |  |
|----------------------------------|--|
| Patient Name : Mrs.URBIJA SHUKLA | Collected : 23/Sep/2023 09:11AM            |
| Age/Gender : 30 Y 5 M 8 D/F      | Received : 23/Sep/2023 11:20AM             |
| UHID/MR No : SKAR.0000099281     | Reported : 23/Sep/2023 12:59PM             |
| Visit ID : SKAROPV127124         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
| Emp/Auth/TPA ID : 21145454       |  |

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

|            |   |
|------------|---|
| RBCs       | Show mild anisocytosis, are predominantly Normocytic Normochromic             |
| WBCs       | Normal in number and morphology<br>Differential count is within normal limits |
| Platelets  | Adequate in number, verified on smear   |
|            | No Hemoparasites seen in smears examined.                                     |
| Impression | Normal peripheral smear study   |
| Advice     | Clinical correlation  |



SIN No:BED230230992

**Apollo Speciality Hospitals Private Limited**

(Formerly known as a Nova Speciality Hospitals Private Limited)

**CIN- U85100TG2009PTC099414**

**Regd Off:**1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

66A/2, New Rohtak Road, Near Liberty Cinema, Karol Bagh, New Delhi

Patient Name : Mrs.URBIJA SHUKLA  
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UHID/MR No : SKAR.0000099281  
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**HEMOGRAM , WHOLE BLOOD EDTA**

|                             |             |               |            |                                |
|-----------------------------|-------------|---------------|------------|--------------------------------|
| <b>HAEMOGLOBIN</b>          | 13.7        | g/dL          | 12-15      | Spectrophotometer              |
| PCV                         | 40.00       | %             | 36-46      | Electronic pulse & Calculation |
| RBC COUNT                   | 4.37        | Million/cu.mm | 3.8-4.8    | Electrical Impedance           |
| MCV                         | 92.0        | fL            | 83-101     | Calculated                     |
| MCH                         | 31.3        | pg            | 27-32      | Calculated                     |
| MCHC                        | 34.2        | g/dL          | 31.5-34.5  | Calculated                     |
| R.D.W                       | <b>14.5</b> | %             | 11.6-14    | Calculated                     |
| TOTAL LEUCOCYTE COUNT (TLC) | 5,900       | cells/cu.mm   | 4000-10000 | Electrical Impedance           |

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

|             |    |   |       |                      |
|-------------|----|---|-------|----------------------|
| NEUTROPHILS | 60 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 35 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 02 | % | 1-6   | Electrical Impedance |
| MONOCYTES   | 03 | % | 2-10  | Electrical Impedance |
| BASOPHILS   | 00 | % | <1-2  | Electrical Impedance |

**ABSOLUTE LEUCOCYTE COUNT**

|   |            |                         |               |                      |
|---|------------|-------------------------|---------------|----------------------|
| NEUTROPHILS                                 | 3540       | Cells/cu.mm             | 2000-7000     | Electrical Impedance |
| LYMPHOCYTES                                 | 2065       | Cells/cu.mm             | 1000-3000     | Electrical Impedance |
| EOSINOPHILS                                 | 118        | Cells/cu.mm             | 20-500        | Electrical Impedance |
| MONOCYTES                                   | <b>177</b> | Cells/cu.mm             | 200-1000      | Electrical Impedance |
| <b>PLATELET COUNT</b>                       | 214000     | cells/cu.mm             | 150000-410000 | Electrical impedance |
| <b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b> | 15         | mm at the end of 1 hour | 0-20          | Modified Westergren  |
| <b>PERIPHERAL SMEAR</b>                     |            |                         |               |                      |



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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

|                  |          |  |  |                   |
|------------------|----------|--|--|-------------------|
| BLOOD GROUP TYPE | B        |  |  | Gel agglutination |
| Rh TYPE          | POSITIVE |  |  | Gel agglutination |



|                                  |  |
|----------------------------------|--|
| Patient Name : Mrs.URBIJA SHUKLA | Collected : 23/Sep/2023 02:09PM            |
| Age/Gender : 30 Y 5 M 8 D/F      | Received : 23/Sep/2023 03:20PM             |
| UHID/MR No : SKAR.0000099281     | Reported : 23/Sep/2023 03:40PM             |
| Visit ID : SKAROPV127124         | Status : Final Report                      |
| Ref Doctor : Dr.SELF             | Sponsor Name : ARCOFEMI HEALTHCARE LIMITED |
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

|                                      |    |       |        |           |
|--------------------------------------|----|-------|--------|-----------|
| <b>GLUCOSE, FASTING , NAF PLASMA</b> | 89 | mg/dL | 70-100 | GOD - POD |
|--------------------------------------|----|-------|--------|-----------|

**Comment:**

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL                    | Normal         |
| 100-125 mg/dL                   | Prediabetes    |
| ≥126 mg/dL                      | Diabetes       |
| <70 mg/dL                       | Hypoglycemia   |

**Note:**

- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

|   |     |       |        |           |
|---|-----|-------|--------|-----------|
| <b>GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)</b> | 100 | mg/dL | 70-140 | GOD - POD |
|---|-----|-------|--------|-----------|

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



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| UHID/MR No : SKAR.0000099281     | Reported : 23/Sep/2023 08:43PM             |
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|   |    |       |  |            |
|---|----|-------|--|------------|
| <b>HBA1C, GLYCATED HEMOGLOBIN ,<br/>WHOLE BLOOD EDTA</b>      | 5  | %     |  | HPLC       |
| <b>ESTIMATED AVERAGE GLUCOSE (eAG) ,<br/>WHOLE BLOOD EDTA</b> | 97 | mg/dL |  | Calculated |

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

| REFERENCE GROUP        | HBA1C %   |
|------------------------|-----------|
| NON DIABETIC           | <5.7      |
| PREDIABETES            | 5.7 – 6.4 |
| DIABETES               | ≥ 6.5     |
| DIABETICS              |           |
| EXCELLENT CONTROL      | 6 – 7     |
| FAIR TO GOOD CONTROL   | 7 – 8     |
| UNSATISFACTORY CONTROL | 8 – 10    |
| POOR CONTROL           | >10       |

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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|           |        |      |                 |        |



SIN No:EDT230087416



|                                  |  |
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| Age/Gender : 30 Y 5 M 8 D/F      | Received : 23/Sep/2023 11:24AM             |
| UHID/MR No : SKAR.0000099281     | Reported : 23/Sep/2023 11:45AM             |
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| <b>LIPID PROFILE , SERUM</b> |      |       |        |             |
|------------------------------|------|-------|--------|-------------|
| TOTAL CHOLESTEROL            | 149  | mg/dL | <200   | CHE/CHO/POD |
| TRIGLYCERIDES                | 78   | mg/dL | <150   |             |
| HDL CHOLESTEROL              | 43   | mg/dL | >40    | CHE/CHO/POD |
| NON-HDL CHOLESTEROL          | 106  | mg/dL | <130   | Calculated  |
| LDL CHOLESTEROL              | 90.4 | mg/dL | <100   | Calculated  |
| VLDL CHOLESTEROL             | 15.6 | mg/dL | <30    | Calculated  |
| CHOL / HDL RATIO             | 3.47 |       | 0-4.97 | Calculated  |

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

|                     | Desirable                              | Borderline High | High      | Very High |
|---------------------|--|-----------------|-----------|-----------|
| TOTAL CHOLESTEROL   | < 200                                  | 200 - 239       | ≥ 240     |           |
| TRIGLYCERIDES       | <150                                   | 150 - 199       | 200 - 499 | ≥ 500     |
| LDL                 | Optimal < 100<br>Near Optimal 100-129  | 130 - 159       | 160 - 189 | ≥ 190     |
| HDL                 | ≥ 60                                   |                 |           |           |
| NON-HDL CHOLESTEROL | Optimal <130;<br>Above Optimal 130-159 | 160-189         | 190-219   | >220      |

1. Measurements in the same patient on different days can show physiological and analytical variations.
2. NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3. Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
5. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
6. VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350 mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|           |        |      |                 |        |



SIN No:SE04490113



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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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|-----------|--------|------|-----------------|--------|

**LIVER FUNCTION TEST (LFT) , SERUM**

|                                       |       |       |         |                   |
|---------------------------------------|-------|-------|---------|-------------------|
| BILIRUBIN, TOTAL                      | 0.40  | mg/dL | 0.1-1.2 | Azobilirubin      |
| BILIRUBIN CONJUGATED (DIRECT)         | 0.10  | mg/dL | 0.1-0.4 | DIAZO DYE         |
| BILIRUBIN (INDIRECT)                  | 0.30  | mg/dL | 0.0-1.1 | Dual Wavelength   |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)   | 23    | U/L   | 4-44    | JSCC              |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 23.0  | U/L   | 8-38    | JSCC              |
| ALKALINE PHOSPHATASE                  | 96.00 | U/L   | 32-111  | IFCC              |
| PROTEIN, TOTAL                        | 7.10  | g/dL  | 6.7-8.3 | BIURET            |
| ALBUMIN                               | 4.50  | g/dL  | 3.8-5.0 | BROMOCRESOL GREEN |
| GLOBULIN                              | 2.60  | g/dL  | 2.0-3.5 | Calculated        |
| A/G RATIO                             | 1.73  |       | 0.9-2.0 | Calculated        |

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury.

Values also correlate well with increasing BMI.

- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

**3. Synthetic function impairment:**

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- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.



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|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

|                       |       |        |            |                  |
|-----------------------|-------|--------|------------|------------------|
| CREATININE            | 0.65  | mg/dL  | 0.4-1.1    | ENZYMATIC METHOD |
| UREA                  | 30.40 | mg/dL  | 17-48      | Urease           |
| BLOOD UREA NITROGEN   | 14.2  | mg/dL  | 8.0 - 23.0 | Calculated       |
| URIC ACID             | 4.10  | mg/dL  | 3.0-5.5    | URICASE          |
| CALCIUM               | 8.70  | mg/dL  | 8.4-10.2   | CPC              |
| PHOSPHORUS, INORGANIC | 3.20  | mg/dL  | 2.6-4.4    | PNP-XOD          |
| SODIUM                | 140   | mmol/L | 135-145    | Direct ISE       |
| POTASSIUM             | 4.5   | mmol/L | 3.5-5.1    | Direct ISE       |
| CHLORIDE              | 101   | mmol/L | 98-107     | Direct ISE       |



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| Test Name  | Result       | Unit | Bio. Ref. Range | Method                       |
|--|--------------|------|-----------------|------------------------------|
| <b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b> | <b>15.00</b> | U/L  | 16-73           | Glycylglycine Kinetic method |



|                                  |  |
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| Age/Gender : 30 Y 5 M 8 D/F      | Received : 23/Sep/2023 04:43PM             |
| UHID/MR No : SKAR.0000099281     | Reported : 23/Sep/2023 11:51PM             |
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**DEPARTMENT OF IMMUNOLOGY**

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| Test Name | Result | Unit | Bio. Ref. Range | Method |
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

| Test Name                         | Result | Unit   | Bio. Ref. Range | Method |
|-----------------------------------|--------|--------|-----------------|--------|
| TRI-iodothyronine (T3, TOTAL)     | 1.12   | ng/mL  | 0.7-2.04        |        |
| THYROXINE (T4, TOTAL)             | 8.51   | µg/dL  | 5.48-14.28      | CLIA   |
| THYROID STIMULATING HORMONE (TSH) | 1.030  | µIU/mL | 0.34-5.60       | CLIA   |

**Comment:**

**Note:**

| For pregnant females | Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association) |
|----------------------|---|
| First trimester      | 0.1 - 2.5   |
| Second trimester     | 0.2 – 3.0   |
| Third trimester      | 0.3 – 3.0   |

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

| TSH   | T3   | T4   | FT4  | Conditions  |
|-------|------|------|------|---|
| High  | Low  | Low  | Low  | Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis                    |
| High  | N    | N    | N    | Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy. |
| N/Low | Low  | Low  | Low  | Secondary and Tertiary Hypothyroidism   |
| Low   | High | High | High | Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy                   |
| Low   | N    | N    | N    | Subclinical Hyperthyroidism   |
| Low   | Low  | Low  | Low  | Central Hypothyroidism, Treatment with Hyperthyroidism  |
| Low   | N    | High | High | Thyroiditis, Interfering Antibodies   |
| N/Low | High | N    | N    | T3 Thyrotoxicosis, Non thyroidal causes   |

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

|      |      |      |      |  |
|------|------|------|------|--|
| High | High | High | High | Pituitary Adenoma; TSHoma/Thyrotropinoma |
|------|------|------|------|--|



SIN No:SPL23135583



Patient Name : Mrs.URBIJA SHUKLA  
Age/Gender : 30 Y 5 M 8 D/F  
UHID/MR No : SKAR.0000099281  
Visit ID : SKAROPV127124  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 21145454

Collected : 23/Sep/2023 09:11AM  
Received : 23/Sep/2023 02:02PM  
Reported : 23/Sep/2023 02:23PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

**COMPLETE URINE EXAMINATION (CUE) , URINE**

**PHYSICAL EXAMINATION**

|              |        |  |             |                  |
|--------------|--------|--|-------------|------------------|
| COLOUR       | YELLOW |  | PALE YELLOW | Visual           |
| TRANSPARENCY | TURBID |  | CLEAR       | Visual           |
| pH           | 6.0    |  | 5-7.5       | Bromothymol Blue |
| SP. GRAVITY  | 1.025  |  | 1.002-1.030 | Dipstick         |

**BIOCHEMICAL EXAMINATION**

|                        |                  |  |          |                            |
|------------------------|------------------|--|----------|----------------------------|
| URINE PROTEIN          | NEGATIVE         |  | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE                | NEGATIVE         |  | NEGATIVE | GOD-POD                    |
| URINE BILIRUBIN        | NEGATIVE         |  | NEGATIVE | AZO COUPLING               |
| URINE KETONES (RANDOM) | NEGATIVE         |  | NEGATIVE | NITROPRUSSIDE              |
| UROBILINOGEN           | NORMAL           |  | NORMAL   | EHRlich                    |
| BLOOD                  | NEGATIVE         |  | NEGATIVE | Dipstick                   |
| NITRITE                | NEGATIVE         |  | NEGATIVE | Dipstick                   |
| LEUCOCYTE ESTERASE     | POSITIVE (Trace) |  | NEGATIVE | PYRROLE HYDROLYSIS         |

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

|                  |        |      |                  |            |
|------------------|--------|------|------------------|------------|
| PUS CELLS        | 8-10   | /hpf | 0-5              | Microscopy |
| EPITHELIAL CELLS | 30-40  | /hpf | <10              | MICROSCOPY |
| RBC              | 1-2    | /hpf | 0-2              | MICROSCOPY |
| CASTS            | NIL    |      | 0-2 Hyaline Cast | MICROSCOPY |
| CRYSTALS         | ABSENT |      | ABSENT           | MICROSCOPY |

Result is rechecked. Kindly correlate clinically



Patient Name : Mrs.URBIJA SHUKLA  
 Age/Gender : 30 Y 5 M 8 D/F  
 UHID/MR No : SKAR.0000099281  
 Visit ID : SKAROPV127124  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 21145454

Collected : 23/Sep/2023 09:11AM  
 Received : 23/Sep/2023 02:02PM  
 Reported : 23/Sep/2023 02:18PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

| Test Name                    | Result   | Unit | Bio. Ref. Range | Method   |
|------------------------------|----------|------|-----------------|----------|
| URINE GLUCOSE(POST PRANDIAL) | NEGATIVE |      | NEGATIVE        | Dipstick |
| URINE GLUCOSE(FASTING)       | NEGATIVE |      | NEGATIVE        | Dipstick |



Patient Name : Mrs.URBIJA SHUKLA  
Age/Gender : 30 Y 5 M 8 D/F  
UHID/MR No : SKAR.0000099281  
Visit ID : SKAROPV127124  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 21145454

Collected : 23/Sep/2023 09:11AM  
Received : 23/Sep/2023 06:38PM  
Reported : 25/Sep/2023 05:39PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CYTOLOGY**


**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**


|            |                                  |   |
|------------|----------------------------------|---|
|            | <b>CYTOLOGY NO.</b>              | L/1430/23   |
| <b>I</b>   | <b>SPECIMEN</b>                  |   |
| <b>a</b>   | SPECIMEN ADEQUACY                | ADEQUATE  |
| <b>b</b>   | <b>SPECIMEN TYPE</b>             | LIQUID-BASED PREPARATION (LBC)  |
|            | SPECIMEN NATURE/SOURCE           | CERVICAL SMEAR  |
| <b>c</b>   | ENDOCERVICAL-TRANSFORMATION ZONE | PRESENT WITH ENDOCERVICAL CELLS   |
| <b>d</b>   | COMMENTS                         | SATISFACTORY FOR EVALUATION   |
| <b>II</b>  | <b>MICROSCOPY</b>                | Smear shows sheets of superficial, intermediate squamous cells along with clusters of endocervical cells. |
| <b>III</b> | <b>RESULT</b>                    |   |
| <b>a</b>   | <b>EPITHELIAL CELL</b>           |   |
|            | SQUAMOUS CELL ABNORMALITIES      | NOT SEEN  |
|            | GLANDULAR CELL ABNORMALITIES     | NOT SEEN  |
| <b>b</b>   | <b>ORGANISM</b>                  | NIL   |
| <b>IV</b>  | <b>INTERPRETATION</b>            | NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY   |

Pap Test is a screening test for cervical cancer with inherent false negative results. Regular screening and follow-up is recommended (Bethesda-TBS-2014) revised

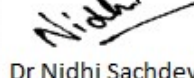
\*\*\* End Of Report \*\*\*



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