

NAME: **PRACHI PANDEY**
Reg. No: **223/P005/23**
Age & Sex: **30 Year | Female**
Reference: **VELOCITY HOSPITAL**

Ward: **OPD**
Registration on: **26/01/2023 18:15:00**
Reported on: **27/01/2023 14:08:16**
Sample Type: **CYTOLOGY-PAP**

PAPANICOLAOU SMEAR (PAP)

Site of specimen:
Cervical PAP

Test method:
Conventional gynec cytology

Specimen type:
Two unstained cervical smears received

Reporting system:
2014 Bethesda system for reporting cervical cytology

Specimen adequacy:
Satisfactory


Microscopy:
The smears show superficial squamous and intermediate squamous epithelial cells with collection of chronic inflammatory cells.

Endocervical / transformation zone component is seen.

Interpretation / result:
Smears are suggestive of "**Negative for intra-epithelial lesion or malignancy - NILM**" with reactive cellular changes associated with inflammation.

Please note:- Papanicolaou smear study is a screening procedure for cervical cancer with inherent false negative results , hence should be interpreted with caution.

-----END OF REPORT-----


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MD. PATHOLOGIST




 Name: **PRACHI PANDEY**

Ward: OPD

 Lab ID: **00000223**

Registration on: 26/01/2023 09:25:00

 Age & Sex: **30 Year | Female**

Reported on: 17:07:01

 Reference: **VELOCITY HOSPITAL**

 Sample Type: **BLOOD ~ URINE**

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	10.8 L	g/dL	12.0 - 16.0
Total RBC	4.22	mill./cm	4.00 - 5.20
Total WBC	6600	/cmm	4000 - 11000
Platelet Count	218000	/cmm	150000 - 450000
HCT	35.3 L	%	36.0 - 48.0
MCV	83.6	fL	80.0 - 100.0
MCH	25.6 L	pg	27.0 - 32.0
MCHC	30.6 L	g/dL	31.5 - 36.0
DIFFERENTIAL COUNT			
Neutrophils	72 H	%	40-70
Lymphocytes	23	%	20-40
Eosinophils	03	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0
ABSOLUTE DIFFERENTIAL COUNT			
Neutrophils	4752	/cumm	2000 - 7000
Lymphocytes	1518	/cumm	1000 - 3000
Eosinophils	198	/cumm	20 - 500
Monocytes	132 L	/cumm	200 - 1000
Basophils	0	/cumm	0 - 100
GLR / NLR (Neutrophil/Lymphocyte Ratio)	3.1		
M ENTZER INDEX	19.8		
RDW-CV	14.3 H	%	11.1 - 14.1
MPV	9.8	fl	7.00 - 11.00
PCT	0.21	%	0.10-0.30
PDW	16.9	%	10.0-18.00

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PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

**Hypochromia (+), Microcytosis (+), Anisocytosis (+),
Appear normal, Immature cells are not seen .
Adequate.**

Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

30 H mm/hr

0.0 - 20.0

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BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"O"		
Rh Factor	POSITIVE		

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BLOOD GLUCOSE TEST

Test	Unit
Sample	FLOURIDE PLASMA
FASTING (FBS)	
Blood Sugar-F	87.9 mg/dL 70.00-110.00

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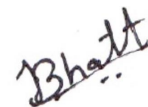
Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD ~ URINE**

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.5	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.2-7 : Near Normal Glycemia < 6.2 : Non-diabetic Level
Mean Blood Glucose	111.2	mg/dL	80.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. , this reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).



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LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		0.0 - 0.0
Cholesterol	179.2	mg/dL	<200 Desirable 200-239 Borderline >240 Hig
Triglyceride	126.7	mg/dL	< 150 Normal 150 - 199 Borderline High 200 - 499 High >=500 Very High
HDL Cholesterol	42.4	mg/dL	40-60
VLDL	25.34	mg/dL	10-40
LDL Cholesterol	111.46	mg/dL	<100 Optimal 100-129 Near optimal/above optimal 130-159 Borderline High 160-189 High >190 Very high
Cholesterol / HDL Chol. Ratio	2.63		0 - 4.1
Total Lipid	4.2 L	mg/dl	400.0 - 1000.0
NOTE	595.8		

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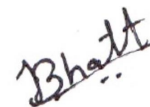
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Reported on: 17:07:02

Reference: **VELOCITY HOSPITAL**Sample Type: **BLOOD ~ URINE**

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.62	mg/dL	0.5-1.30
Bl. Urea	19.0	mg/dL	10.0 - 50.0
BUN	8.9	mg/dl	6.0 - 22.0
S.Calcium	9.7	mg/dL	
Uric Acid	2.8	mg/dL	2.6 - 6.0
PROTEINS			
Total Protein	7.2	g/dL	6.0 - 8.0
Albumin	4.3	g/dL	3.50 - 5.50
Globulin	2.9	g/dL	2.5 - 4.0
A/G Ratio	1.5		



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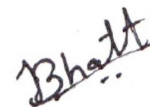
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LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BILIRUBIN			
Total Bilirubin	0.7	mg/dL	0.00 - 1.20
Direct Bilirubin	0.3	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.40	mg/dL	0.20 - 1.00
SGPT(ALT)	75.7 H	U/L	0.0 - 40.0
SGOT (AST)	60.5 H	U/L	0.0 - 46.0
Alkaline Phosphatase	65.0	U/L	40-129



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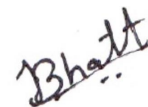


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URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.0		
Specific Gravity	1.010		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Trace		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1-2	/hpf	Absent
Red Blood Cells	1-2	/hpf	Absent
Epithelial Cells	1-2	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---



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