



ECHO REPORT – HEALTH CHECK

DATE: 23/09/2023 MRN:10200000281346 NAME:MEENA SINGH AGE/GENDER:55 Y/F

IMPRESSION

- NORMAL CHAMBER DIMENSIONS
- NO RWMA
- MR-MILD
- NORMAL PA PRESSURE
- NORMAL RV FUNCTION
- BORDERLINE LV FUNCTION
- LVEF:55%

AO: 30	LVID(d):40	IVS(d): 10	RV: 28
LA: 31	LVID(s):30	PW(s): 9	TAPSE: 22

FINDINGS

CHAMBERS:NORMAL RWMA:NO RWMA VALVES: MR-MILD SEPTAE:INTACT

AORTA AND PA: AORTIC ANNULUS -19 MM, NORMAL

PERICARDIUM:NORMAL

PRESSURES: NORMAL, PASP-27MMHG

OTHERS:POOR ECHO WINDOW

DR SATISH C GOVIND SENIOR CONSULTANT

NAVYA SONOGRAPHER

SR/ROOM NUMBER - 3

Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 10:30 AM Received On: 23/09/2023 10:41 AM Reported On: 23/09/2023 11:45 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.002	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	-
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.3	/hpf	0-5

Patient Name: Ms Meena Singh	MRN: 10200000281346 G	ender/Age : FEMALE , 5	5y (10/08/1968)	
RBC	0.0	/hpf	0-4	
Epithelial Cells	0.3	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.00	/hpf	0-1	
Bacteria	2.6	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	Not Pre	esent -	Not Present	

Interpretation Notes

Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine
microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to
nearest whole number is suggested.

Dr. Shalini K S

DCP, DNB, Pathology

Consultant

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present

POD))

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 10:28 AM Received On: 23/09/2023 10:42 AM Reported On: 23/09/2023 10:58 AM

Barcode: 032309230232 Specimen: Stool Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
STOOL ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Colour	Brownish	-	-
Consistency	Semi Solid	-	-
Mucus	Absent	-	-
Blood	Absent	-	-
CHEMICAL EXAMINATION			
Stool For Occult Blood (Standard Guaiac Method)	Negative	-	-
Reaction	Alkaline	-	-
MICROSCOPE EXAMINATION			
Ova	Not Seen	-	-
Cyst Of Protozoa	Not Seen	-	-
Pus Cells	4-6/hpf	/hpf	0-5

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 12:25 PM Received On: 23/09/2023 12:43 PM Reported On: 23/09/2023 01:46 PM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

BIOCHEMISTRY

Test Result Unit **Biological Reference Interval** 70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes Post Prandial Blood Sugar (PPBS) (Colorimetric - 133 mg/dL Glucose Oxidase Peroxidase)

-- End of Report-

Mrs. Latha B S MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS, MD, Biochemistry Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically. (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





ADA standards 2020

Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 09:38 AM Received On: 23/09/2023 10:02 AM Reported On: 23/09/2023 11:08 AM

Barcode: 012309231058 Specimen: Serum Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8707774222

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.66	mg/dL	0.52-1.04
eGFR (Calculated)	93.0	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	7	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	4.8	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	99	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	139	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	42	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	57.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	47 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	27.8	mg/dL	0.0-40.0

Patient Name: Ms Meena Singh MRN: 102000002	81346 Gender/A	age : FEMALE , 55y (10/08	3/1968)
Cholesterol /HDL Ratio (Calculated)	2.4	-	0.0-5.0
THYROID PROFILE (T3, T4, TSH)			
Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.46	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	9.30	μg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminesence)	2.190	μIU/mL	> 18 Year(s): 0.4 -4.5 Pregnancy: 1st Trimester: 0.129-3.120 2nd Trimester: 0.274-2.652 3rd Trimester: 0.312-2.947

Interpretation Notes

• TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.50	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.00	mg/dL	0.0-0.3
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.30	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	2.9	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.52	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	34	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	29	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P- nitro Phenyl Phosphate, AMP Buffer)	91	U/L	38.0-126.0

Gamma Glutamyl Transferase (GGT) (Multipoint 14

U/L

12.0-43.0

Rate - L-glutamyl-p-nitroanilide (Szasz Method))

Interpretation Notes

• Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).

Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin.

Delta Bilirubin is not expected to be present in healthy adults or neonates.

-- End of Report-

Dr. Anushre Prasad MBBS,MD, Biochemistry

Consultant Biochemistry

-Eliu oi kepoit-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

(, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Blood Urea Nitrogen (Bun), -> Auto Authorized)

(Uric Acid -> Auto Authorized)





Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 09:38 AM Received On: 23/09/2023 10:02 AM Reported On: 23/09/2023 11:28 AM

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8707774222

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	12	mm/1hr	0.0-19.0

(Westergren Method)

Interpretation Notes

• ESR high - Infections, chronic disorders,, plasma cell dyscrasias. **DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert**

-- End of Report-



Dr. Hema S MD, DNB, Pathology Associate Consultant

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Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 01:47 PM Received On: 23/09/2023 02:37 PM Reported On: 23/09/2023 03:05 PM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Post Prandial) (Enzyme

Method (GOD POD))

--End of Report-

Not Present

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 12:57 PM Received On: 23/09/2023 02:42 PM Reported On: 25/09/2023 02:18 PM

Barcode: 072309230026 Specimen: Smear Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

CYTOLOGY

PAP SMEAR

LAB No.	P-7323/23.
MATERIAL RECEIVED	Received one unstained smear.
CLINICAL DETAILS	Postmenopausal
SPECIMEN TYPE	Conventional.
SMEAR ADEQUACY	Satisfactory for evaluation with endocervical cells
GENERAL CATEGORIZATION	No epithelial cell abnormality seen.
IMPRESSION	PAP SMEAR REPORT (The 2014 Bethesda System). Result / Interpretation. Negative for Intraepithelial lesion / Malignancy.
REMARKS	The pap test is only a screening test for cervical cancer with inherent false negative results.
	Typed by Dr Akhila L.

-- End of Report-

Dr. Akhila L

MD, DNB, PDF, Neuropathology

Consultant

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Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 10:30 AM Received On: 23/09/2023 10:41 AM Reported On: 23/09/2023 11:45 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.002	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	-
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.3	/hpf	0-5

Patient Name: Ms Meena Singh	MRN: 10200000281346 G	ender/Age : FEMALE , 5	5y (10/08/1968)	
RBC	0.0	/hpf	0-4	
Epithelial Cells	0.3	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.00	/hpf	0-1	
Bacteria	2.6	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	Not Pre	esent -	Not Present	

Interpretation Notes

Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine
microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to
nearest whole number is suggested.

Dr. Shalini K S

DCP, DNB, Pathology

Consultant

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present

POD))

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Kindly correlate clinically.





Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 09:38 AM Received On: 23/09/2023 10:02 AM Reported On: 23/09/2023 10:33 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	6.6 H	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	142.72	-	-

Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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- Kindly correlate clinically.





Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 09:38 AM Received On: 23/09/2023 10:02 AM Reported On: 23/09/2023 10:50 AM

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

BIOCHEMISTRY

Test Result Unit Biological Reference Interval

Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)

125 H

mg/dL

70 to 99: Normal 100 to 125: Pre-diabetes =>126: Diabetes ADA standards 2020

-- End of Report-

y.

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry Mrs. Latha B S

MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry

Note

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- Kindly correlate clinically.

(Fasting Blood Sugar (FBS) -> Auto Authorized)





Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)

Collected On: 23/09/2023 09:38 AM Received On: 23/09/2023 10:02 AM Reported On: 23/09/2023 11:09 AM

Barcode: 022309230584 Specimen: Whole Blood Consultant: Dr. Ashutosh Vashistha(CARDIOLOGY - ADULT)

Sample adequacy: Satisfactory Visit No: OP-001 Patient Mobile No: 8707774222

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval		
COMPLETE BLOOD COUNT (CBC)					
Haemoglobin (Hb%) (Photometric Measurement)	11.6 L	g/dL	12.0-15.0		
Red Blood Cell Count (Electrical Impedance)	4.84 H	million/μl	3.8-4.8		
PCV (Packed Cell Volume) / Hematocrit (Calculated)	37.7	%	36.0-46.0		
MCV (Mean Corpuscular Volume) (Derived)	77.8 L	fL	83.0-101.0		
MCH (Mean Corpuscular Haemoglobin) (Calculated)	23.9 L	pg	27.0-32.0		
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	30.7 L	%	31.5-34.5		
Red Cell Distribution Width (RDW) (Derived)	15.3 H	%	11.6-14.0		
Platelet Count (Electrical Impedance Plus Microscopy)	165	$10^3/\mu$ L	150.0-450.0		
Note: Platelet count verified manually, Large/Giant platelets seen.					
Mean Platelet Volume (MPV)	11.8 H	fL	7.0-11.7		
Total Leucocyte Count(WBC) (Electrical Impedance)	5.9	10 ³ /μL	4.0-10.0		
DIFFERENTIAL COUNT (DC)					
Neutrophils (VCS Technology Plus Microscopy)	61.2	%	40.0-75.0		
Lymphocytes (VCS Technology Plus Microscopy)	31.8	%	20.0-40.0		
Monocytes (VCS Technology Plus Microscopy)	4.6	%	2.0-10.0		

Patient Name: Ms Meena Singh MRN: 10200000281346 Gender/Age: FEMALE, 55y (10/08/1968)					
Eosinophils (VCS Technology Plus Microscopy)	2.0	%	1.0-6.0		
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0		
Absolute Neutrophil Count (Calculated)	3.61	x10 ³ cells/μl	2.0-7.0		
Absolute Lymphocyte Count (Calculated)	1.88	x10 ³ cells/μl	1.0-3.0		
Absolute Monocyte Count (Calculated)	0.27	x10 ³ cells/μl	0.2-1.0		
Absolute Eosinophil Count (Calculated)	0.12	x10 ³ cells/μl	0.02-0.5		
Absolute Basophil Count (Calculated)	0.02	-	-		

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

• Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested . RBC Indices aid in typing of anemia.

 $\label{lem:wbc} \mbox{WBC Count: If below reference range, susceptibility to infection.}$

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB, Typhoid, UTI

Eosinophils -If above reference range -Allergy, cough, Common cold, Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis, Sinusitis, Bronchitis, Pneumonia, Appendicitis, UTI - 12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

-- End of Report-

Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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