

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Ms Manisha Gangadhar MRN : 20110000014767 Gender/Age : FEMALE , 53y (03/07/1969)

Collected On : 01/03/2023 09:59 AM Received On : 01/03/2023 12:21 PM Reported On : 01/03/2023 12:40 PM

Barcode : 022303010500 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	12.6	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	4.71	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	38.8	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	82.4 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.8 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.5	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.1 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	271	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	5.4	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	55.4	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	35.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.1	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.7	%	0.0-2.0

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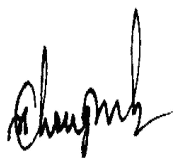
Absolute Neutrophil Count (Calculated)	3.0	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.94	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.33	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.11	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

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.
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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Patient Name : Ms Manisha Gangadhar MRN : 20110000014767 Gender/Age : FEMALE , 53y (03/07/1969)

Collected On : 01/03/2023 11:55 AM Received On : 01/03/2023 03:40 PM Reported On : 06/03/2023 08:49 AM

Barcode : 072303010007 Specimen : Smear Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

CYTOLOGY

PAP SMEAR

LAB No.	P-1428/23
MATERIAL RECEIVED	Received two unstained slides
CLINICAL DETAILS	Post menopausal
SPECIMEN TYPE	Conventional
SMEAR ADEQUACY	Satisfactory for evaluation. No endocervical cell/transformation zone component. Limited by drying artefact.
GENERAL CATEGORIZATION	CERVICAL CYTOLOGY EXAMINATION -PAP SMEAR REPORT 2014 BETHESDA SYSTEM Reactive cellular changes associated with atrophy noted No epithelial cell abnormality seen No evidence of candidiasis or Trichomonas vaginalis or bacterial vaginalis seen
IMPRESSION	Negative for intraepithelial lesion/malignancy.
REMARKS	Note: The pap smear is only a screening test for cervical cancer with inherent false negative results.

--End of Report--



Dr. Nisheena R
DCP,DNB, Pathology
Consultant

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Patient Name : Ms Manisha Gangadhar MRN : 20110000014767 Gender/Age : FEMALE , 53y (03/07/1969)

Collected On : 01/03/2023 11:55 AM Received On : 01/03/2023 03:42 PM Reported On : 01/03/2023 04:01 PM

Barcode : 012303011281 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	127	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

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- (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



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Collected On : 01/03/2023 09:59 AM Received On : 01/03/2023 12:20 PM Reported On : 01/03/2023 12:53 PM

Barcode : 012303010934 Specimen : Plasma Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	91	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



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MBBS,MD, Biochemistry
Consultant Biochemistry



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Incharge, Consultant Biochemistry

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



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Patient Name : Ms Manisha Gangadhar MRN : 20110000014767 Gender/Age : FEMALE , 53y (03/07/1969)

Collected On : 01/03/2023 09:59 AM Received On : 01/03/2023 12:44 PM Reported On : 01/03/2023 01:33 PM

Barcode : 1B2303010017 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test	Result	Unit
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BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)	B	-
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RH Typing (Column Agglutination Technology)	Positive	-
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--End of Report--

Dr. Prathip Kumar B R
MBBS,MD, Immunohaematology & Blood Transfusion
Consultant

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Collected On : 01/03/2023 09:59 AM Received On : 01/03/2023 12:21 PM Reported On : 01/03/2023 01:30 PM

Barcode : 012303010935 Specimen : Serum Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.75	mg/dL	0.6-1.0
eGFR (Calculated)	80.9	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	11	mg/dL	7.0-17.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	5.1	mg/dL	2.5-6.2
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	161	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)	55	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	106.0	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	79 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

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Cholesterol /HDL Ratio (Calculated)	3.0	-	0.0-5.0
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LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.31	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.21	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.40	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.40	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.0	gm/dL	2.0-3.5
Albumin To Globulin (A/G)Ratio (Calculated)	1.47	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	23	U/L	14.0-36.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	17	U/L	<35.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	80	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	19	U/L	12.0-43.0

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.

THYROID PROFILE (T3, T4, TSH)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.38	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	9.68	µg/dl	5.53-11.0

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TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence) **5.431 H** $\mu\text{IU/mL}$ > 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

--End of Report--



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Consultant Biochemistry



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Incharge, Consultant Biochemistry

Note

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- Results relate to the sample only.
- Kindly correlate clinically.
(LFT, -> Auto Authorized)
(Blood Urea Nitrogen (Bun), -> Auto Authorized)
(Lipid Profile, -> Auto Authorized)
(CR, -> Auto Authorized)
(Uric Acid -> Auto Authorized)



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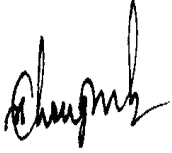
Barcode : 032303010145 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



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Consultant & Head - Hematology & Flow Cytometry

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Barcode : 032303010145 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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URINE ROUTINE & MICROSCOPY**PHYSICAL EXAMINATION**

Colour	Yellow	-	-
Appearance	Clear	-	-

CHEMICAL EXAMINATION

pH(Reaction) (pH Indicator Method)	6.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.011	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	-
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	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)	Present ++	-	Not present
Nitrite (Gries Method)	Not Present	-	Not Present

MICROSCOPIC EXAMINATION

Pus Cells	0.1	/hpf	0-5
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Patient Name : Ms Manisha Gangadhar MRN : 20110000014767 Gender/Age : FEMALE , 53y (03/07/1969)

RBC	6.2	/hpf	0-4
Epithelial Cells	0.5	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	2.7	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



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Barcode : 012303010936 Specimen : Whole Blood Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.6	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	114.02	-	-

Interpretation:

- 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.
- 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.
- 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
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MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Final Report

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Collected On : 01/03/2023 09:59 AM Received On : 01/03/2023 12:20 PM Reported On : 01/03/2023 01:50 PM

Barcode : 022303010499 Specimen : Whole Blood - ESR Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	6	mm/1hr	0.0-19.0

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. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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MC-2688



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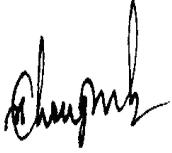
Barcode : 032303010145 Specimen : Urine Consultant : EXTERNAL(EXTERNAL)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8951857011

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--



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CLINICAL PATHOLOGY

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