

Patient Name : MRS. RUPALI [UHIDNO:FHP30656109032024]
Age / Gender : 41 Yr / F
Address : EXOTOCA FRESCO SECT137 NOIDA, Nepz Post Office, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. SONIA KURUVILLA
Regn. ID: OPD.23-24-135838

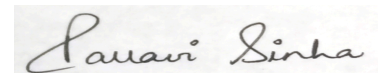
CYTOLOGY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 12-03-2024 05:35 PM
Collection Date : 09-03-2024 09:38 AM | CY159 **Reporting Status :** Finalized
Acceptance Date : 11-03-2024 06:26 PM | **TAT:** 23:09 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
PAP SMEAR *[PAP SMEAR]				
CYTOLOGY NO.	CY-159			
> RECEIVED 2 CONVENTIONAL GYNAE PAP SMEAR.				
SPECIMEN ADEQUACY:				
> SATISFACTORY FOR EVALUATION.				
> TRANSFORMATION ZONE COMPONENT- PRESENT.				
> PARTIALLY OBSCURED BY INFLAMMATION.				
MICROSCOPY:				
> SQUAMOUS CELLS- SUPERFICIAL CELLS- SEEN.				
INTERMEDIATE CELLS- SEEN.				
> INFLAMMATION- MODERATE TO DENSE.				
> REACTIVE CELLULAR CHANGES IN RESPONSE TO INFLAMMATION.				
> ALTERED FLORA.				
> NO ATYPICAL CELL/ FUNGAL ORGANISM/ GRANULOMA SEEN.				
INTERPRETATION:				
> NEGATIVE FOR INTRAEPITHELIAL LESION/ MALIGNANCY (NILM)				
> INFLAMMATORY SMEAR.				

END OF REPORT.

Prepared By
Ms. VARSHABEN PUNIT VIDJA



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

Patient Name : MRS. RUPALI [UHIDNO:FHP30656109032024]
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Address : EXOTOCA FRESCO SECT137 NOIDA, Nepz Post Office, Gautam Buddha Nagar, UTTAR PRADESH
Req. Doctor: Dr. PRIYANKA SINGH
Regn. ID: OPD.23-24-135838


IMMUNOLOGY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 05:27 PM
Collection Date : 09-03-2024 09:38 AM | IMMU33899 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:38 AM | **TAT:** 07:49 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
THYROID PROFILE TOTAL(T3,T4,TSH) * Plain tube (red top)]				CLIA
Total T3	2.04	nmol/L	1.11 - 2.29 (Age 0 - 100)	
Total T4	136.60	nmol/L	62 - 201.4 (Age 0 - 100)	
TSH	7.30 H	µIU/mL	0.38 - 5.33 (Age 0 - 100)	
<i>Performed On: ACCESS 2 (BECKMAN COULTER)</i>				
<p>1. A circadian variation in serum TSH in healthy subjects is well documented. TSH level is reaching peak levels between 2-4 am 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 value of TSH.</p> <p>2. TSH levels between 6.3 and 15.0 may represent subclinical or compensated hypothyroidism or show considerable physiological & seasonal variation, suggest clinical correlation or repeat testing with fresh sample.</p> <p>3. TSH levels may be transiently altered because of non-thyroid illness, like severe infection, renal disease, liver disease, heart disease, severe burns, trauma, surgery etc. Few drugs also altered the TSH values.</p> <p>4. A high TSH result often means an underactive thyroid gland caused by failure of the gland (hypothyroidism). A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH.</p> <p>5. Resistance to thyroid hormone (RTH) and central hyperthyroidism (TSH-oma) are rare conditions associated with elevated TSH, T4 and T3 levels.</p>				
<i>Performed on: ACCESS 2 (BECKMAN COULTER)</i>				

END OF REPORT.

Prepared By
Mr. SURAJ KUMAR


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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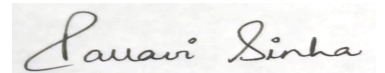
HAEMATOLOGY

Request Date : 09-03-2024 09:02 AM
Collection Date : 09-03-2024 09:38 AM | HA9082
Acceptance Date : 09-03-2024 09:38 AM | **TAT:** 04:03 [HH:MM]

Reporting Date : 09-03-2024 01:41 PM
Reporting Status : Finalized

Investigations	Result	Unit	Biological Reference Range	Method
Blood Group (RH Type) *[EDTA tube(purple top)]				
Blood Group	B			Forward Grouping Method
Rh Type	POSITIVE			Forward Grouping Method

END OF REPORT.



Prepared By
Ms. VARSHABEN PUNIT VIDJA

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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BIOCHEMISTRY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 01:05 PM
Collection Date : 09-03-2024 09:38 AM | BI12547 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:39 AM | **TAT:** 03:26 [HH:MM]

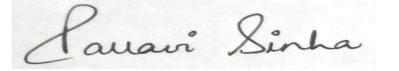
Investigations	Result	Unit	Biological Reference Range	Method
GLYCOSYLATED HAEMOGLOBIN (Hb A1c) *[edta tube(purple top)] Performed On: SD BIOSENSOR 2400 (Method:HPLC Assay) <u>Ref Range for HBA1c</u> Non Diabetic:< 5.7 % Pre-Diabetic: 5.7 - 6.5 % Diabetic: > 6.5 % Remark: Hemoglobin A1c criteria for diagnosing diabetes have not been established for patients who are <18 years of age. <u>HbA1c goals in treatment of diabetes:</u> Ages 0-6 years: 7.6% - 8.4% Ages 6-12 years: <8% Ages 13-19 years: <7.5% Adults: <7% Comments: HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. (Note: If a person has anemia, hemolysis, or heavy bleeding, HbA1c test results may be falsely low. If someone is iron-deficient, the HbA1c level may be increased. If a person has had a recent blood transfusion, the HbA1c may be inaccurate and may not accurately reflect glucose control for 2 to 3 months.) ADA criteria for correlation between HbA1c & Mean plasma glucose levels: HbA1c(%): 6 7 8 9 10 11 12 Mean Plasma Glucose: 126 154 183 212 240 269 298 (mg/dL) Please correlate clinically	6.0	%		

Regn. No. - OPD.23-24-135838

MRS. RUPALI / UHIDNO:FHP30656109032024

END OF REPORT.

Prepared By
Mr. SHIVAM



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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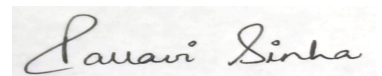
CLINICAL PATHOLOGY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 12:53 PM
Collection Date : 09-03-2024 09:38 AM | CLP13397 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 11:12 AM | **TAT:** 01:41 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
URINE ROUTINE AUTOMATED *[Random Urine]				
VOLUME	30	ML	>10	
COLOUR	PALE YELLOW		PALE YELLOW	
APPEARANCE	S.TURBID		CLEAR	
SPECIFIC GRAVITY (pKA CHANGE)	1.020		1.005 - 1.030	
pH (DOUBLE INDICATOR)	6.0		5 - 8.5	
URINE PROTEIN (PROTEIN ERROR/ 3% SULPHOSALICYLIC ACID)	NIL		NIL	
GLUCOSE (GOD-POD/ BENEDICTS)	NIL		NIL	
MICROSCOPIC EXAMINATION				
PUS CELLS	4-6	/HPF	0.0-3.0	
RBC	2-4	/HPF	NIL	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	
EPITHELIAL CELLS	10-12	/HPF	F 0 - 5	
BACTERIA	Present(+)		ABSENT	
OTHER	ABSENT			

Please correlate clinically

END OF REPORT.



Prepared By
Ms. RAGAPRIYA DHANRAJ

Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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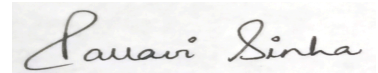
BIOCHEMISTRY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 12:49 PM
Collection Date : 09-03-2024 09:38 AM | BI12548 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:39 AM | **TAT:** 03:10 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
BLOOD SUGAR FASTING (BSF) *[Sodium fluoride(grey top)] <i>Performed On: DIASYS SYS400 PRO</i> <i>Please correlate clinically</i>	104.0	mg/dL	74 - 110 (Age = 100)	

END OF REPORT.

Prepared By
Mr. SHIVAM



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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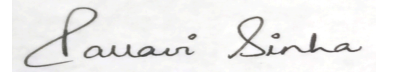
BIOCHEMISTRY

Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 12:36 PM
Collection Date : 09-03-2024 09:38 AM | BI12546 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:38 AM | **TAT:** 02:58 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
KIDNEY FUNCTION TEST(KFT) *[Plain tube (red top)]				
UREA (UREASE METHOD)*	16.1	mg/dL	F 15 - 40 (Age 20 Y - 50 Y)	
S.CREATININE (ENZYMATIC)*	0.62	mg/dL	F 0.51 - 0.95	
S.URIC ACID (URICASE, COLORIMETRY)*	4.70	mg/dL	F 2.6 - 6	
S.CALCIUM (ARSENazo DYE)*	9.30	mg/dL	8.6 - 10.3	Arsenazo III
S. SODIUM (DIRECT I.S.E.)*	138.2	mmol/L	137 - 145	
S. POTASSIUM (DIRECT I.S.E.)*	5.22 H	mmol/L	3.5 - 5.1	
S. PHOSPHORUS (PMA PHENOL)*	4.54 H	mg/dL	2.6 - 4.5	
S. CHLORIDE (DIRECT I.S.E)	110.0 H	mmol/L	98 - 107 (Age 0 - 100)	
<i>Performed On: DIASYS SYS400 PRO</i>				
LIVER FUNCTION TEST *[Plain tube (red top)]				
TOTAL BILIRUBIN (AZOBILIRUBIN/DIPHYLLINE)*	0.31	mg/dL	Adult 0.1 - 1.2	
CONJUGATED(D.Bilirubin) (CALCULATED)	0.07	mg/dL	<= 0.2	
UNCONJUGATED(I.D.Bilirubin) (SPECTROPHOTOMETRY)	0.24	mg/dL	Adult 0 - 1	
S.G.O.T (AST) (KINETIC LEUCO DYE)*	12.8	IU/L	F < 35	IFCC(Modified)
S.G.P.T (ALT) (KINETIC LDH/NADH)*	13.9	IU/L	F < 31	IFCC(Modified)
ALKALINE PHOSPHATASE (pNPP/AMP)*	72.6	IU/L	F 35 - 104	IFCC(Modified)
TOTAL PROTEIN (BIURET)*	7.50	gm/dL	Adult 6.6 - 8.8	
ALBUMIN (BROMOCRESOL GREEN)*	4.70	gm/dL	Adult 3.5 - 5.2	
GLOBULIN (CALCULATED)*	2.80	gm/dL	Adult 2 - 3.5	Calculated
A/G RATIO (CALCULATED)	1.68		1 - 2.1	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. SHIVAM



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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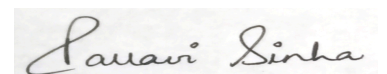
BIOCHEMISTRY

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Collection Date : 09-03-2024 09:38 AM | BI12546 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:38 AM | **TAT:** 02:58 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
LIPID PROFILE *[Plain tube (red top)]				
TOTAL CHOLESTEROL Enzymatic (CHE/CHO/POD)*	176.7	mg/dL	Normal <200, Borderline High 200 - 240, High >240	
TRIGLYCERIDES Enzymatic (Lipase/GK/GPO/POD)*	131.0	mg/dL	Normal : <200, Borderline High: 200 - 400 High: >400 Very High : >650	
HDL -CHOLESTEROL PTA/ MgCl2- enzymatic*	44.1	mg/dL	Low <40, high ≥ 60	
LDL(Low density lipid) Calculated	106.40	mg/dL	Desirable ≤130, Borderline High Risk 130-160, High Risk >160	
VLDL(Very low density lipid) Calculated	26.20	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	4.01		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. SHIVAM



Verified by
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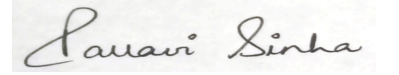
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<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. SHIVAM



Verified by
Dr. PALLAVI SINHA
MBBS, MD, DNB
(PATHOLOGY)

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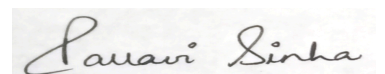
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VLDL(Very low density lipid) Calculated	26.20	mg/dL	16 - 45	
CHOL/HDL Ratio Calculated	4.01		3 - 6	
<i>Performed On: DIASYS SYS400 PRO</i>				
<i>Please correlate clinically</i>				

END OF REPORT.

Prepared By
Mr. SHIVAM



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MBBS, MD, DNB
(PATHOLOGY)

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HAEMATOLOGY


Request Date : 09-03-2024 09:02 AM **Reporting Date :** 09-03-2024 11:54 AM
Collection Date : 09-03-2024 09:38 AM | HA9082 **Reporting Status :** Finalized
Acceptance Date : 09-03-2024 09:38 AM | **TAT:** 02:16 [HH:MM]

Investigations	Result	Unit	Biological Reference Range	Method
HAEMOGRAM (CBC & ESR) *[EDTA tube(purple top)]				
HEMOGLOBIN(NON CYNAMETH/PHOTOMETRY)*	10.70 L	gm/dL	12 - 15	
TOTAL LEUCOCYTE COUNT (TLC) (FLOWCYTOMETRY)*	6750	/cumm	4000 - 10000	
DLC (FLOWCELL & CYTOCHEMISTRY/MANUAL)*				
NEUTROPHIL	63.8	%	40 - 80	
LYMPHOCYTE	31.3	%	20 - 40	
MONOCYTE	4.3	%	2 - 10	
EOSINOPHIL	0.6 L	%	1 - 6	
BASOPHIL	0.0	%		
RBC (IMPEDENCE)*	3.97	millions/cumm	3.8 - 5.8	
HEMATOCRIT/P.C.V (RBC PULSE HEIGHT)*	31.8 L	%	36 - 46	
MCV(Calculated)*	80.2	fL	80 - 100	
MCH(Calculated)*	26.9 L	Picogram	27 - 32	
MCHC(Calculated)*	33.6	%	31.5 - 34.5	
PLATELET COUNT (IMPEDANCE)*	2.68	Lakh/cumm	1.5 - 4	
ESR(Westergren's Method)*	60	mm/hr	M 0 - 10 F 5 - 20	

Performed On: *PENTRA ES60 (Horiba),5-Part*

END OF REPORT.

Prepared By
Mr. ABHISHEK RATHI


Verified by
Dr. KRITIKA JAIN
MBBS MD (PATHOLOGY)

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UTTAR PRADESH

Req. Doctor: Dr. SONIA KURUVILLA

Regn. Number: OPD.23-24-137099

Request Date : 11-03-2024 05:31 PM
Collection Date: 11-03-2024 05:32 PM
TAT: 43:56 [HH:MM]

Reporting Date : 13-03-2024 01:28 PM
Report Status : Finalized
Acceptance Date: 11-03-2024 05:32 PM
Sample ID: MI3052
Sample Type: 1st Morning Sample

CULTURE, URINE

OBSERVATION:

Investigations	Result
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CULTURE, URINE :- No Growth after 48 hours of Aerobic Incubation at 37°C.

Comment :- Aerobic bacteria are absent. However it does not rule out the presence of N.gonorrhoeae, T.pallidum, Chlamydia and anaerobic bacteria.

Prepared By
Mr. ADITYA PANDEY



DR.RITIKA GOYAL
MBBS,MD

(MICROBIOLOGIST)