

Patient Name : Mrs.DEEPTI TRIPATHI  
 Age/Gender : 34 Y 10 M 16 D/F  
 UHID/MR No : SKAR.0000099290  
 Visit ID : SKAROPV127134  
 Ref Doctor : Dr.SELF  
 Emp/Auth/TPA ID : 2154544

Collected : 23/Sep/2023 10:13AM  
 Received : 23/Sep/2023 12:20PM  
 Reported : 23/Sep/2023 01:48PM  
 Status : Final Report  
 Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**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 along with few microcytic hypochromic cells.
WBCs	Normal in number and morphology Differential count is within normal limits
Platelets	Adequate in number, verified on smear
	No Hemoparasites seen in smears examined.
Impression	Mild anemia
Advice	Clinical correlation



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**HEMOGRAM , WHOLE BLOOD EDTA**

<b>HAEMOGLOBIN</b>	<b>10.5</b>	g/dL	12-15	Spectrophotometer
PCV	<b>32.50</b>	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.26	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>76.0</b>	fL	83-101	Calculated
MCH	<b>24.7</b>	pg	27-32	Calculated
MCHC	32.4	g/dL	31.5-34.5	Calculated
R.D.W	<b>15.8</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,600	cells/cu.mm	4000-10000	Electrical Impedance

**DIFFERENTIAL LEUCOCYTIC COUNT (DLC)**

NEUTROPHILS	70	%	40-80	Electrical Impedance
LYMPHOCYTES	26	%	20-40	Electrical Impedance
EOSINOPHILS	01	%	1-6	Electrical Impedance
MONOCYTES	03	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance

**ABSOLUTE LEUCOCYTE COUNT**

NEUTROPHILS	6020	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	2236	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	86	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	258	Cells/cu.mm	200-1000	Electrical Impedance

<b>PLATELET COUNT</b>	264000	cells/cu.mm	150000-410000	Electrical impedance
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	<b>85</b>	mm at the end of 1 hour	0-20	Modified Westergren

<b>PERIPHERAL SMEAR</b>				
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UHID/MR No : SKAR.0000099290	Reported : 23/Sep/2023 03:27PM
Visit ID : SKAROPV127134	Status : Final Report
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**BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA**

BLOOD GROUP TYPE	O			Gel agglutination
Rh TYPE	POSITIVE			Gel agglutination



SIN No:BED230231431

**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.DEEPTI TRIPATHI	Collected : 23/Sep/2023 02:48PM
Age/Gender : 34 Y 10 M 16 D/F	Received : 23/Sep/2023 03:43PM
UHID/MR No : SKAR.0000099290	Reported : 23/Sep/2023 03:52PM
Visit ID : SKAROPV127134	Status : Final Report
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**DEPARTMENT OF BIOCHEMISTRY**

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

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<b>GLUCOSE, FASTING , NAF PLASMA</b>	87	mg/dL	70-100	GOD - POD
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**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:**

1. 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.
2. 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>	139	mg/dL	70-140	GOD - POD
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**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.



Patient Name : Mrs.DEEPTI TRIPATHI	Collected : 23/Sep/2023 10:13AM
Age/Gender : 34 Y 10 M 16 D/F	Received : 23/Sep/2023 04:42PM
UHID/MR No : SKAR.0000099290	Reported : 23/Sep/2023 06:19PM
Visit ID : SKAROPV127134	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>HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD EDTA</b>	5.8	%		HPLC
<b>ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD EDTA</b>	120	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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**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - TMT - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method



SIN No:EDT230087604

Patient Name : Mrs.DEEPTI TRIPATHI	Collected : 23/Sep/2023 10:13AM
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UHID/MR No : SKAR.0000099290	Reported : 23/Sep/2023 01:03PM
Visit ID : SKAROPV127134	Status : Final Report
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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>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	139	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	68	mg/dL	<150	
HDL CHOLESTEROL	<b>38</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	101	mg/dL	<130	Calculated
LDL CHOLESTEROL	87.4	mg/dL	<100	Calculated
VLDL CHOLESTEROL	13.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.66		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 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; 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



SIN No:SE04490570



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Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIVER FUNCTION TEST (LFT) , SERUM**

BILIRUBIN, TOTAL	0.30	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	22	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	23.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	<b>149.00</b>	U/L	32-111	IFCC
PROTEIN, TOTAL	7.10	g/dL	6.7-8.3	BIURET
ALBUMIN	4.00	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.10	g/dL	2.0-3.5	Calculated
A/G RATIO	1.29		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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**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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**RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM**

CREATININE	0.41	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	18.80	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	8.8	mg/dL	8.0 - 23.0	Calculated
URIC ACID	4.20	mg/dL	3.0-5.5	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.90	mg/dL	2.6-4.4	PNP-XOD
SODIUM	137	mmol/L	135-145	Direct ISE
POTASSIUM	4.3	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	98	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>	37.00	U/L	16-73	Glycylglycine Kinetic method



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UHID/MR No : SKAR.0000099290	Reported : 23/Sep/2023 11:11PM
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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
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**THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM**

TRI-IODOTHYRONINE (T3, TOTAL)	0.95	ng/mL	0.7-2.04	
THYROXINE (T4, TOTAL)	10.06	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	2.040	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

1. 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.
2. 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.
3. 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.
4. 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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Test Name	Result	Unit	Bio. Ref. Range	Method
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High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
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Collected : 23/Sep/2023 10:13AM  
Received : 23/Sep/2023 02:02PM  
Reported : 23/Sep/2023 02:57PM  
Status : Final Report  
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**DEPARTMENT OF CLINICAL PATHOLOGY**

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

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

**PHYSICAL EXAMINATION**

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	SLIGHTLY TURBID		CLEAR	Visual
pH	6.5		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		NEGATIVE	PYRROLE HYDROLYSIS

**CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY**

PUS CELLS	15-20	/hpf	0-5	Microscopy
EPITHELIAL CELLS	12-15	/hpf	<10	MICROSCOPY
RBC	2-3	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY
OTHERS	YEAST CELL PRESENT			MICROSCOPY

Result is rechecked. Kindly correlate clinically and with culture study



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**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





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Collected : 23/Sep/2023 01:17PM  
Received : 23/Sep/2023 04:33PM  
Reported : 25/Sep/2023 05:27PM  
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**

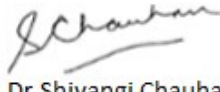
	<b>CYTOLOGY NO.</b>	L/1429/23
<b>I</b>	<b>SPECIMEN</b>	
<b>a</b>	SPECIMEN ADEQUACY	ADEQUATE
<b>b</b>	<b>SPECIMEN TYPE</b>	LIQUID-BASED PREPARATION (LBC)
	SPECIMEN NATURE/SOURCE	CERVICAL SMEAR
<b>c</b>	ENDOCERVICAL-TRANSFORMATION ZONE	PRESENT WITH ENDOCERVICAL CELLS
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Smear shows sheets of superficial, intermediate squamous cells along with clusters of endocervical cells. Some of the squamous cells are covered by layer of coccobacilli and obscuring cell membrane.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHEIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	SHIFT IN FLORA SUGGESTIVE OF BACTERIAL VAGINOSIS
<b>c</b>	<b>NON NEOPLASTIC FINDINGS</b>	INFLAMMATORY SMEAR
<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 \*\*\*



Dr.Tanish Mandal  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr.Shivangi Chauhan  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist



Dr Nidhi Sachdev  
M.B.B.S,MD(Pathology)  
Consultant Pathologist

