



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 31230301186
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 12:42
Receiving Date : 24 Mar 2023 10:25

Department of Transfusion Medicine (Blood Bank)

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing A Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Cell Panel I NEGATIVE
Cell Panel II NEGATIVE
Cell Panel III NEGATIVE
Autocontrol NEGATIVE

Final Antibody Screen Result Negative

Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 11

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

Dr Himanshu Lamba



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 32230309227
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 13:17
Receiving Date : 24 Mar 2023 09:55

BIOCHEMISTRY

Glycosylated Hemoglobin

Specimen: EDTA Whole blood

HbA1c (Glycosylated Hemoglobin) 5.2

As per American Diabetes Association(ADA)
% [4.0-6.5]HbA1c in %
Non diabetic adults >= 18years <5.7
Prediabetes (At Risk)5.7-6.4
Diagnosing Diabetes >= 6.5

Methodology (HPLC)

Estimated Average Glucose (eAG) 103 mg/dl

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.

Specimen Type : Serum

THYROID PROFILE, Serum

T3 - Triiodothyronine (ECLIA)	1.17	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	7.94	micg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	2.330	µIU/mL	[0.340-4.250]

1st Trimester:0.6 - 3.4 micIU/mL
2nd Trimester:0.37 - 3.6 micIU/mL
3rd Trimester:0.38 - 4.04 micIU/mL

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 32230309227
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 13:13
Receiving Date : 24 Mar 2023 09:55

BIOCHEMISTRY

affect TSH results.

* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

Test Name	Result	Unit	Biological Ref. Interval
Lipid Profile (Serum)			
TOTAL CHOLESTEROL (CHOD/POD)	203 #	mg/dl	[<200] Moderate risk:200-239 High risk:>240
TRIGLYCERIDES (GPO/POD)	102	mg/dl	[<150] Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct)	42	mg/dl	[30-60]
VLDL - Cholesterol (Calculated)	20	mg/dl	[10-40]
LDL- CHOLESTEROL	141 #	mg/dl	[<100] Near/Above optimal-100-129 Borderline High:130-159 High Risk:160-189
T.Chol/HDL.Chol ratio	4.8		<4.0 Optimal 4.0-5.0 Borderline >6 High Risk
LDL.CHOL/HDL.CHOL Ratio	3.3		<3 Optimal 3-4 Borderline >6 High Risk

Note:
 Reference ranges based on ATP III Classifications.
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 32230309227
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 11:47
Receiving Date : 24 Mar 2023 09:55

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
LIVER FUNCTION TEST (Serum)			
BILIRUBIN-TOTAL (mod.J Groff)**	0.40	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.16	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.24	mg/dl	[0.20-1.00]
SGOT/ AST (P5P,IFCC)	13.20	IU/L	[5.00-37.00]
SGPT/ ALT (P5P,IFCC)	9.40 #	IU/L	[10.00-50.00]
ALP (p-NPP,kinetic)*	145 #	IU/L	[37-98]
TOTAL PROTEIN (mod.Biuret)	6.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	3.9	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	2.9	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.34		[1.10-1.80]

Note:

**NEW BORN:Vary according to age (days), body wt & gestation of baby

*New born: 4 times the adult value





Name : MRS SHIKHA MEHTA Age : 32 Yr(s) Sex :Female
Registration No : MH010869062 Lab No : 32230309227
Patient Episode : H03000053307 Collection Date : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD Reporting Date : 24 Mar 2023 11:46
Receiving Date : 24 Mar 2023 09:55

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
KIDNEY PROFILE (Serum)			
BUN (Urease/GLDH)	6.00 #	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	0.50 #	mg/dl	[0.60-1.40]
SERUM URIC ACID (mod.Uricase)	4.7	mg/dl	[2.6-6.0]
SERUM CALCIUM (NM-BAPTA)	8.9	mg/dl	[8.6-10.0]
SERUM PHOSPHORUS (Molybdate, UV)	2.6	mg/dl	[2.3-4.7]
SERUM SODIUM (ISE)	135.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	3.92	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	99.8	mmol/l	[95.0-105.0]
eGFR	128.5	ml/min/1.73sq.m	[>60.0]

Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

Page 5 of 11

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 32230309228
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 13:49
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 18:21
Receiving Date : 24 Mar 2023 15:25

BIOCHEMISTRY

Specimen Type : Plasma

PLASMA GLUCOSE - PP

Plasma GLUCOSE - PP (Hexokinase) 113 mg/dl [70-140]

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

Plasma GLUCOSE-Fasting (Hexokinase) 99 mg/dl [70-100]

Page 6 of 11

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

Dr. Neelam Singal
CONSULTANT BIOCHEMISTRY



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 33230305489
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 12:14
Receiving Date : 24 Mar 2023 09:56

HAEMATOLOGY

ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 13.0 /1sthour [0.0-20.0]

Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (EDTA Blood)			
WBC Count (Flow cytometry)	8630	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.48	million/cu.mm	[3.80-4.80]
Haemoglobin (SLS Method)	14.0	g/dL	[12.0-15.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	41.4	%	[36.0-46.0]
MCV (Calculated)	92.4	fL	[83.0-101.0]
MCH (Calculated)	31.3	pg	[25.0-32.0]
MCHC (Calculated)	33.8	g/dL	[31.5-34.5]
Platelet Count (Impedence)	237000	/cu.mm	[150000-410000]
RDW-CV (Calculated)	15.6 #	%	[11.6-14.0]
DIFFERENTIAL COUNT			
Neutrophils (Flowcytometry)	64.3	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	25.1	%	[20.0-40.0]



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 33230305489
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 12:15
Receiving Date : 24 Mar 2023 09:56

HAEMATOLOGY

Monocytes (Flowcytometry)	9.0	%	[2.0-10.0]
Eosinophils (Flowcytometry)	1.4	%	[1.0-6.0]
Basophils (Flowcytometry)	0.2 #	%	[1.0-2.0]
IG	0.20	%	
Neutrophil Absolute(Flourescence flow cytometry)	5.5	/cu mm	[2.0-7.0]x10 ³
Lymphocyte Absolute(Flourescence flow cytometry)	2.2	/cu mm	[1.0-3.0]x10 ³
Monocyte Absolute(Flourescence flow cytometry)	0.8	/cu mm	[0.2-1.2]x10 ³
Eosinophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10 ³
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 ³

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

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

Soma Pradhan

Dr. Soma Pradhan



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 38230301871
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 15:52
Receiving Date : 24 Mar 2023 14:41

CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
ROUTINE URINE ANALYSIS		
MACROSCOPIC DESCRIPTION		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
CHEMICAL EXAMINATION		
Reaction[pH] (Reflectancephotometry(Indicator Method))	8.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.010	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite Reflectance photometry/Griess test	NEGATIVE	NEGATIVE
Leukocytes Reflectance photometry/Action of Esterase	NIL	NEGATIVE
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine		
WBC/Pus Cells	2-4 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

Interpretation:



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 38230301871
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 09:42
Referred By : HEALTH CHECK MHD **Reporting Date** : 24 Mar 2023 15:52
Receiving Date : 24 Mar 2023 14:41

CLINICAL PATHOLOGY

URINALYSIS-Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

Page 10 of 11

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

Soma Pradhan

Dr. Soma Pradhan



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021



Awarded Nursing Excellence Services
N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472

Managed by Manipal Hospital (Dwarka) Private Limited



Name : MRS SHIKHA MEHTA **Age** : 32 Yr(s) Sex :Female
Registration No : MH010869062 **Lab No** : 39230300248
Patient Episode : H03000053307 **Collection Date** : 24 Mar 2023 13:23
Referred By : HEALTH CHECK MHD **Reporting Date** : 25 Mar 2023 15:59
Receiving Date : 25 Mar 2023 13:34

CYTOPATHOLOGY

CYTOLOGY NUMBER: C-650/23

SPECIMEN TYPE: Conventional pap smear

SMEAR SITE: Ectocervix and Endocervix

CLINICAL HISTORY: P1L1A1, Ovarian cystectomy done in 2013, PS; Cervix unhealthy, mild erosion present

REPORTING SYSTEM: Bethesda System for reporting Cervical Cytology

SPECIMEN ADEQUACY: Adequate

MICROSCOPY: Smears show superficial and intermediate squamous epithelial cells with fair number of polymorphs. No trichomonas / fungal element identified

IMPRESSION: Negative for Intraepithelial lesion and Malignancy
- Inflammatory smear.

Disclaimer: Gynecological Cytology is a screening test that aids in the detection of cervical cancer precursors. Both false Positive & Negative results can occur. The test should be used at regular intervals & positive results should be confirmed before definitive therapy.

Page 11 of 11

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



NABH Accredited Hospital
H-2019-0640/09/06/2019-08/06/2022



NABL Accredited Hospital
MC/3228/04/09/2019-03/09/2021



Awarded Emergency Excellence Services
E-2019-0026/27/07/2019-26/07/2021

Priyanka Bhatia
Award

N-2019-0113/27/07/2019-26/07/2021



Awarded Clean & Green Hospital
IND18.6278/05/12/2018- 04/12/2019

Dr. Priyanka Bhatia

CONSULTANT PATHOLOGY

www.manipalhospitals.com E info@manipalhospitals.com P +91 11 4967 4967
Home sample collection: +91 74 2876 9482 Pharmacy Home Delivery: +91 84 4848 6472