



Registration No.	10241080	Mobile No.	9968255997
Patient Name	Ms. MAHESHWARI REENA NIRMAL	Registration Date/Time	19/04/2024 08:59:46
Age / Sex	39 Yrs 4 Months 0 Days Female	Sample Collected Date/Time	19/04/2024 11:25:21
Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 14:51:11
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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HAEMATOLOGY

Complete Blood Count (CBC)

Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i>	12.6	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i>	08.4	10 ⁹ /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i>	4.34	10 ⁶ /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i>	38.9	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i>	89.6	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i>	29.0	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i>	32.4	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i>	191.00	10 ³ /uL	150.00 - 410.00
RDW- CV% ,EDTA	13.5	%	11.6 - 14.0
Differential Leucocyte Count <i>Method : Microscopy</i>			
Neutrophil ,EDTA	59.0	%	40.0 - 80.0
Lymphocyte ,EDTA	34.0	%	20.0 - 45.0
Eosinophil ,EDTA	3.0	%	1.0 - 6.0
Monocyte ,EDTA	4.0	%	2.0 - 10.0
Basophil ,EDTA	0.0	%	0.0 - 2.0
ESR ,EDTA <i>Method : Westergreen</i>	14	mm/1st hr.	00 - 20

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DR. NEELU CHHABRA
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Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 16:19:04
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

4.6 %

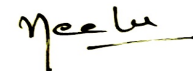
INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20	- 6.80	%
Fair Diabetic Control	6.80	- 7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





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Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 14:39:43
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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BIOCHEMISTRY

LIPID PROFILE

Total Lipids ,Serum Plain	534	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i>	209	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i>	116	mg/dl	40 - 140
Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i>	52	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	133.8	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i>	23.2	mg/dl	24.0 - 45.0
Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	4.02		
LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i>	2.57		

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides
Female 40 - 140
Male 60 - 165

Adult levels:

Optimal <100 mg/dL
Near Optimal/ above optimal 100 -129 mg/dL
Borderline high 130 - 159 mg/dL
High 160 - 189 mg/dL
Very High ≥190 mg/dL

KIDNEY FUNCTION TEST (KFT)

Blood Urea ,Serum Plain <i>Method : Urease -UV</i>	24.0	mg/dl	15.0 - 45.0
Serum Creatinine ,Serum Plain <i>Method : Modified Jaffe's</i>	0.78	mg/dl	0.50 - 1.50

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Age / Sex	39 Yrs 4 Months 0 Days Female	Sample Collected Date/Time	19/04/2024 11:25:21
Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 14:55:45
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i>	4.33	mg/dl	2.40 - 5.70
Serum Sodium ,Serum Plain <i>Method : ISE Direct</i>	139.0	mmol/L	135.0 - 148.0
Serum Potassium ,Serum Plain <i>Method : ISE Direct</i>	4.60	mmol/L	3.50 - 5.00
Serum Chloride ,Serum Plain <i>Method : ISE DIRECT</i>	102.00	mmol/L	97.00 - 107.00
Serum Calcium ,Serum Plain <i>Method : Arsenazo III</i>	9.30	mg/dl	New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl



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Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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LIVER PROFILE / LFT

Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i>	0.51	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i>	0.19	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i>	0.32	mg/dl	0.00 - 0.60
SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i>	32.1	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i>	41.4	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i>	44.0	IU/l	30.0 - 120.0
Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i>	7.37	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain <i>Method : BCG Method</i>	4.44	gm/dl	3.20 - 5.50
Globulin ,Serum Plain <i>Method : Calculated</i>	2.93	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain <i>Method : Calculated</i>	1.52		1.00 - 2.10
Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i>	75.0	U/L	0.0 - 50.0



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Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 14:27:50
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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Blood Sugar (Fasting) ,Plasma F 90.1 mg/dl 70.0 - 110.0
Method : GOD POD

Blood Sugar (PP) ,Plasma PP 144.2 mg/dl 70.0 - 140.0
Method : GOD POD

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..





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Ref By / Hospital	MEDIWHEEL	Report Date/Time	19/04/2024 14:36:44
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
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IMMUNOASSAY

TOTAL THYROID PROFILE

Total T3 ,Serum Plain	1.23	ng/mL	0.69 - 2.15
Total T4 ,Serum Plain	9.50	ug/dl	5.20 - 12.70
TSH	3.20	uIU/ml	0.30 - 4.50

Comment :

Age Group	Biological Reference Range
1-2 Days	3.2-3.43 uIU/ml
3-4 Days	0.7-15.4 uIU/ml
15 Days - 5 Months	1.7-9.1 uIU/ml
5 Months - 2 Years	0.7-6.4 uIU/ml
2 Years - 12 Years	0.64-6.27 uIU/ml
12 Years - 18 Years	0.51-4.94 uIU/ml
> 18 Years	0.35-5.50 uIU/ml

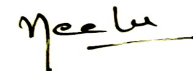
Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Test Name	Value	Unit	Biological Ref Interval
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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow	Pale Yellow
Volume ,URINE	15 mL	
Appearance ,URINE	Clear	Clear

URE CHEMICAL EXAMINATION

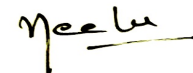
Reaction ,URINE	Acidic	Acidic
Ph (Strip Method) ,URINE	6.0	5.0
Specific Gravity ,URINE	1.010	1.000
Protein (Strip Method) ,URINE	Nil	Nil
Glucose (Strip Method) ,URINE	Nil	Nil

URE MICROSCOPY EXAMINATION

Pus Cells ,URINE	0 - 2 /HPF	0 - 1
Epithelial Cells ,URINE	1 - 2 /HPF	0 - 1
RBC's ,URINE	Nil /HPF	Nil
Casts ,URINE	Nil	
Crystals ,URINE	Nil	
Bacteria ,URINE	Absent	Absent
Mucus Thread ,URINE	Nil	Nil
Other ,URINE	Nil	

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Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

Test Name	Value	Unit	Biological Ref Interval
URE SUGAR (FASTING) ,URINE	NIL		
URE SUGAR PP ,URINE	NIL		





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Ref By / Hospital	MEDIWHEEL	Report Date/Time	20/04/2024 17:32:36
Collected At	DCKC	Printed Date/Time	19/04/2024 16:40:21

PAP SMEAR ,SLIDE SMEAR

LAB ID: P- 71/24
SPECIMEN TYPE: Conventional Smear
SPECIMEN ADEQUACY: Satisfactory and Adequate for Evaluation.

MICROSCOPY: Squamous cells - Superficial and Intermediate Squamous cells seen.
Unremarkable.
Transitional Zone - Seen. Unremarkable

Others -
Lactobacilli (++)

INTERPRETATION/RESULTS: Negative for Intra-Epithelial Lesion or Malignancy (NILM).

NOTE:-

Cervical cytology is screening test primarily for squamous cancer and its precursors and has been Associated with false positive and false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false negative results

*** End of Report ***

