

**Patient Name** : Mrs. Bhavana A Tiwari

**Age/Gender** : 33 Y/F

**UHID/MR No.** : STAR.0000060712

**OP Visit No** : STAROPV66445

**Sample Collected on** :

**Reported on** : 13-01-2024 15:56

**LRN#** : RAD2207825

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 151313

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

**CONCLUSION :**

No obvious abnormality seen



**Dr. VINOD SHETTY**  
Radiology

<b>Patient Name</b>	: Mrs. Bhavana A Tiwari	<b>Age/Gender</b>	: 33 Y/F
<b>UHID/MR No.</b>	: STAR.0000060712	<b>OP Visit No</b>	: STAROPV66445
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 13-01-2024 12:33
<b>LRN#</b>	: RAD2207825	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 151313		

## DEPARTMENT OF RADIOLOGY

### ULTRASOUND - WHOLE ABDOMEN

**LIVER :** The liver is normal in size, shape & echotexture. No focal mass lesion is seen. The intrahepatic biliary tree & venous radicles appear normal. The portal vein and CBD appear normal.

**GALL :** The gall bladder is normal in size with a normal wall thickness and there are no **BLADDER** calculi seen in it.

**PANCREAS :** The pancreas is normal in size and echotexture. No focal mass lesion is seen.

**SPLEEN :** The spleen is normal in size and echotexture. No focal parenchymal mass lesion is seen. The splenic vein is normal.

**KIDNEYS :** The **RIGHT KIDNEY** measures 10.7 x 4.0 cms and the **LEFT KIDNEY** measures 10.4 x 4.7 cms in size. Both kidneys are normal in shape and echotexture. There is no evidence of hydronephrosis or calculi seen on either side.

The para-aortic & iliac fossa regions appear normal. There is no free fluid or any

## lymphadenopathy seen in the abdomen.

## **URINARY** The urinary bladder distends well and is normal in shape and contour No intrinsic

**BLADDER:** lesion or calculus is seen in it. The bladder wall is normal in thickness.

**UTERUS :** The uterus is anteverted & it appears normal in size, shape and echotexture. It measures 7.9 x 4.2 x 2.8 cms. Normal myometrial & endometrial echoes are seen. Endometrial thickness is 8.4 mms. No focal mass lesion is noted within the uterus.

**OVARIES :** Both ovaries reveal normal size, shape and echopattern. Right ovary measures 2.6 x 1.7 cms. Left ovary measures 2.6 x 2.2 cms. There is no free fluid seen in cul de.

**IMPRESSION :** Normal Ultrasound examination of the Abdomen and Pelvis.

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**Dr. VINOD SHETTY**  
Radiology


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Reported : 13/Jan/2024 03:27PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

Methodology : Microscopic  
RBC : Normocytic normochromic  
WBC : Normal in number, morphology and distribution. No abnormal cells seen  
Platelets : Adequate in Number  
Parasites : No Haemoparasites seen  
IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

  
**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:BED240009661

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	12.6	g/dL	12-15	CYANIDE FREE COLOUROMETER
PCV	<b>38.90</b>	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	4.69	Million/cu.mm	3.8-4.8	Electrical Impedance
MCV	<b>82.9</b>	fL	83-101	Calculated
MCH	<b>26.8</b>	pg	27-32	Calculated
MCHC	32.3	g/dL	31.5-34.5	Calculated
R.D.W	12.5	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,670	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	55	%	40-80	Electrical Impedance
LYMPHOCYTES	33	%	20-40	Electrical Impedance
EOSINOPHILS	04	%	1-6	Electrical Impedance
MONOCYTES	08	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3118.5	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1871.1	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	226.8	Cells/cu.mm	20-500	Calculated
MONOCYTES	453.6	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	362000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	20	mm at the end of 1 hour	0-20	Modified Westergren
<b>PERIPHERAL SMEAR</b>				

Methodology : Microscopic


RBC : Normocytic normochromic

WBC : Normal in number, morphology and distribution. No abnormal cells seen

Platelets : Adequate in Number

Parasites : No Haemoparasites seen

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CIN- U85100TG2009PTC099414

Regd Off:1-10-62/62, 5th Floor, Ashoka Raghupathi Chambers, Begumpet, Hyderabad, Telangana - 500016

**Address:**

190, Park Road One Labs, Behind Everest Building, Tanishka Jhankari Central, HSR Layout, Bengaluru  
Ph: 022 4552 4500


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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

IMPRESSION : Normocytic normochromic blood picture  
Note/Comment : Please Correlate clinically

  
DR. APEKSHA MADAN  
MBBS, DPB  
PATHOLOGY



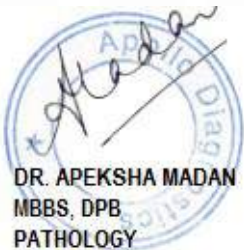
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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Forward & Reverse Grouping with Slide/Tube Aggluti
Rh TYPE	POSITIVE			Forward & Reverse Grouping with Slide/Tube Agglutination

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Ph: 022-4552 4500

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Collected : 13/Jan/2024 03:09PM  
Received : 13/Jan/2024 03:55PM  
Reported : 13/Jan/2024 04:15PM  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	97	mg/dL	70-100	GOD - POD

**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:**

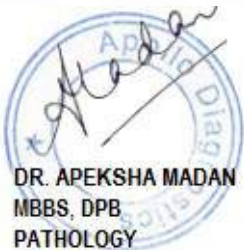
- The diagnosis of Diabetes requires a fasting plasma glucose of  $> \text{ or } = 126 \text{ mg/dL}$  and/or a random / 2 hr post glucose value of  $> \text{ or } = 200 \text{ mg/dL}$  on at least 2 occasions.
- Very high glucose levels ( $>450 \text{ mg/dL}$  in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	78	mg/dL	70-140	GOD - POD

**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.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	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)



Dr. Pratibha Kadam  
M.B.B.S, M.D (Pathology)  
Consultant Pathologist



SIN No: EDT240004146

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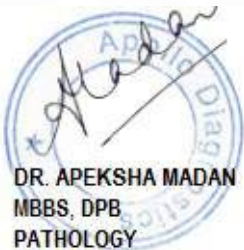
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	183	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	83	mg/dL	<150	
HDL CHOLESTEROL	57	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	126	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>109.4</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.6	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.21		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

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 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.
- 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.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.



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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.20	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.10	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.10	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	<b>71</b>	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	<b>47.0</b>	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	51.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.80	g/dL	6.7-8.3	BIURET
ALBUMIN	4.30	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	3.50	g/dL	2.0-3.5	Calculated
A/G RATIO	1.23		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, Wilson'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:**

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.46	mg/dL	0.4-1.1	ENZYMATIC METHOD
UREA	<b>10.50</b>	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	<b>4.9</b>	mg/dL	8.0 - 23.0	Calculated
URIC ACID	<b>3.00</b>	mg/dL	4.0-7.0	URICASE
CALCIUM	9.50	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	3.80	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	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>	19.00	U/L	16-73	Glycylglycine Kinetic method

**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY

SIN No:SE04600208

**Apollo Speciality Hospitals Private Limited**  
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CIN- U85100TG2009PTC099414  
Regd Off:1-10-62/62 ,5th Floor, Ashoka RaghupathiChambers,  
Begumpet, Hyderabad, Telangana - 500016

**Address:**  
190, Parnona One Labs, Behind Everest Building,  
Tardeo (Kumbhari Central), Mumbai, Maharashtra  
Ph: 022-4552 4500



Patient Name : Mrs.BHAVANA A TIWARI  
Age/Gender : 33 Y 7 M 3 D/F  
UHID/MR No : STAR.000060712  
Visit ID : STAROPV66445  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 151313

Collected : 13/Jan/2024 10:10AM  
Received : 13/Jan/2024 11:22AM  
Reported : 13/Jan/2024 01:31PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**


Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	1.05	ng/mL	0.67-1.81	ELFA
THYROXINE (T4, TOTAL)	7.79	µg/dL	4.66-9.32	ELFA
THYROID STIMULATING HORMONE (TSH)	1.550	µIU/mL	0.25-5.0	ELFA

**Comment:**

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

- 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.
- 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.
- 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.
- 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
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma



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SIN No:SPL24006455

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Patient Name : Mrs.BHAVANA A TIWARI  
Age/Gender : 33 Y 7 M 3 D/F  
UHID/MR No : STAR.000060712  
Visit ID : STAROPV66445  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 151313

Collected : 13/Jan/2024 10:10AM  
Received : 13/Jan/2024 02:58PM  
Reported : 13/Jan/2024 04:11PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY HEALTH ANNUAL PLUS CHECK - FEMALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.005		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
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	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	0-1	/hpf	0-5	Microscopy
EPITHELIAL CELLS	0-1	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



**DR. APEKSHA MADAN**  
MBBS, DPB  
PATHOLOGY



SIN No:UR2262348

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**Address:**  
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Tanaka Junction Central, HMTCL, Maracostina  
Ph: 022 4552 4500



Patient Name : Mrs.BHAVANA A TIWARI	Collected : 13/Jan/2024 04:45PM
Age/Gender : 33 Y 7 M 3 D/F	Received : 14/Jan/2024 03:10PM
UHID/MR No : STAR.0000060712	Reported : 17/Jan/2024 11:12AM
Visit ID : STAROPV66445	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 151313	

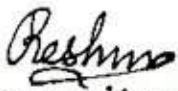
**DEPARTMENT OF CYTOLOGY**

**LBC PAP TEST (PAPSURE) , CERVICAL BRUSH SAMPLE**

	<b>CYTOLOGY NO.</b>	870/24
<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	ABSENT
<b>d</b>	COMMENTS	SATISFACTORY FOR EVALUATION
<b>II</b>	<b>MICROSCOPY</b>	Superficial and intermediate squamous epithelial cells with benign morphology.  Inflammatory cells, predominantly neutrophils.  Negative for intraepithelial lesion/ malignancy.
<b>III</b>	<b>RESULT</b>	
<b>a</b>	<b>EPITHELIAL CELL</b>	
	SQUAMOUS CELL ABNORMALITIES	NOT SEEN
	GLANDULAR CELL ABNORMALITIES	NOT SEEN
<b>b</b>	<b>ORGANISM</b>	NIL
<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. Reshma Stanly  
M.B.B.S, DNB(Pathology)  
Consultant Pathologist

Page 14 of 14  
**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS



SIN No:CS073101

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory, Hyderabad

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