| | | | |
|---|---|---|---|
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medall DIAGNOSTICS

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination*) | 'A' 'Positive' | | |
| ***Complete Blood Count With - ESR*** | | | |
| Haemoglobin (Blood/*Spectrophotometry*) | 13.8 | g/dL | 12.5 - 16.0 |
| Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*) | 41.3 | % | 37 - 47 |
| RBC Count (Blood/*Electrical Impedance*) | 4.77 | mill/cu.mm | 4.2 - 5.4 |
| Mean Corpuscular Volume(MCV) (Blood/*Calculated*) | 86.5 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*) | 29.1 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*) | 33.6 | g/dL | 32 - 36 |
| RDW-CV (*Calculated*) | 14.6 | % | 11.5 - 16.0 |
| RDW-SD (*Calculated*) | 44.20 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Blood/*Electrical Impedance*) | 7450 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood/*Impedance and absorbance*) | 61.82 | % | 40 - 75 |
| Lymphocytes (Blood/*Impedance and absorbance*) | 23.52 | % | 20 - 45 |
| Eosinophils (Blood/*Impedance and absorbance*) | **6.62** | % | 01 - 06 |
| Monocytes (Blood/*Impedance and absorbance*) | 7.79 | % | 01 - 10 |

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Lab Manager

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|---|---|---|---|
| Basophils<br>(Blood/*Impedance and absorbance)* | 0.25 | % | 00 - 02 |
| **INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count<br>(Blood/*Impedance and absorbance)* | 4.61 | 10^3 / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count<br>(Blood/*Impedance)* | 1.75 | 10^3 / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC)<br>(Blood/*Impedance)* | **0.49** | 10^3 / µl | 0.04 - 0.44 |
| Absolute Monocyte Count<br>(Blood/*Impedance)* | 0.58 | 10^3 / µl | < 1.0 |
| Absolute Basophil count<br>(Blood/*Impedance)* | 0.02 | 10^3 / µl | < 0.2 |
| Platelet Count<br>(Blood/*Impedance)* | 3.06 | lakh/cu.mm | 1.4 - 4.5 |
| **INTERPRETATION:** Platelet count less than 1.5 lakhs will be confirmed microscopically. | | | |
| MPV<br>(Blood/*Derived from Impedance)* | 8.17 | fL | 8.0 - 13.3 |
| PCT<br>(*Calculated)* | 0.25 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate)<br>(Blood/*Automated ESR analyser)* | **78** | mm/hr | < 30 |
| BUN / Creatinine Ratio | 14.5 | | |
| Glucose Fasting (FBS)<br>(Plasma - F/*Glucose oxidase/Peroxidase)* | **109** | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>Diabetic: >= 126 |
| **INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. | | | |
| Glucose, Fasting (Urine)<br>(Urine - F*)* | Negative | | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/*GOD - POD)* | **172** | mg/dL | 70 - 140 |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes. | | | |
| Urine Glucose(PP-2 hours) (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/*Calculated*) | 10.2 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/*Jaffe ï Alkaline Picrate*) | 0.7 | mg/dL | 0.6 - 1.1 |
| Uric Acid (Serum/*Uricase/Peroxidase*) | 5.1 | mg/dL | 2.6 - 6.0 |
| ***Liver Function Test*** | | | |
| Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid*) | 0.6 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid* ) | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/*Calculated*) | 0.40 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P*) | 28 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P*) | 19 | U/L | 5 - 41 |
| Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer*) | 77 | U/L | 53 - 141 |
| Total Protein (Serum/*Biuret*) | 7.0 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/*Bromocresol green*) | 3.9 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/*Calculated*) | 3.10 | gm/dL | 2.3 - 3.6 |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| A : G RATIO<br>(Serum/*Calculated)* | 1.26 | | 1.1 - 2.2 |
| **INTERPRETATION:** Enclosure : Graph | | | |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/*IFCC / Kinetic)* | 22 | U/L | < 38 |
| ***Lipid Profile*** | | | |
| Cholesterol Total<br>(Serum/*Cholesterol oxidase/Peroxidase)* | 173 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240 |
| Triglycerides<br>(Serum/*Glycerol-phosphate oxidase/Peroxidase)* | 74 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>Very High: >= 500 |

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the ñusualò circulating level of triglycerides during most part of the day.

| | | | |
|---|---|---|---|
| HDL Cholesterol<br>(Serum/*Immunoinhibition)* | **51** | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 50 - 59<br>High Risk: < 50 |
| LDL Cholesterol<br>(Serum/*Calculated)* | 107.2 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190 |
| VLDL Cholesterol<br>(Serum/*Calculated)* | 14.8 | mg/dL | < 30 |

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|---|---|---|---|
| Non HDL Cholesterol<br>(Serum/*Calculated)* | 122.0 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>Very High: >= 220 |

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

| | | | |
|---|---|---|---|
| Total Cholesterol/HDL Cholesterol Ratio<br>(Serum/*Calculated)* | 3.4 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL)<br>(Serum/*Calculated)* | 1.5 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio<br>(Serum/*Calculated)* | 2.1 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |

***Glycosylated Haemoglobin (HbA1c)***

| | | | |
|---|---|---|---|
| HbA1C<br>(Whole Blood/*HPLC-Ion exchange)* | **6.0** | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: >= 6.5 |

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

| | | |
|---|---|---|
| Mean Blood Glucose<br>(Whole Blood) | 125.50 | mg/dl |

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|

**INTERPRETATION: 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.
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

## *THYROID PROFILE / TFT*

| | | | |
|---|---|---|---|
| T3 (Triiodothyronine) - Total<br>(Serum/*Chemiluminescent Immunometric Assay (CLIA))* | 1.24 | ng/ml | 0.4 - 1.81 |

**INTERPRETATION:**
**Comment :**
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

| | | | |
|---|---|---|---|
| T4 (Thyroxine) - Total<br>(Serum/*Chemiluminescent Immunometric Assay (CLIA))* | 10.62 | µg/dl | 4.2 - 12.0 |

**INTERPRETATION:**
**Comment :**
Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

| | | | |
|---|---|---|---|
| TSH (Thyroid Stimulating Hormone)<br>(Serum/*Chemiluminescence)* | 3.39 | µIU/mL | 0.35 - 5.50 |

**INTERPRETATION:**
Reference range for cord blood - upto 20
1 st trimester: 0.1-2.5
2 nd trimester 0.2-3.0
3 rd trimester : 0.3-3.0
(Indian Thyroid Society Guidelines)
**Comment :**
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.
3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

## *Urine Analysis - Routine*

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Others<br>(Urine/*Microscopy)* | NIL | | |

**INTERPRETATION:** Note: Done with Automated Urine Analyser & microscopy

***Physical Examination(Urine Routine)***

| | | | |
|---|---|---|---|
| Colour<br>(Urine/*Physical examination)* | PALE YELLOW | | Yellow to Amber |
| Appearance<br>(Urine/*Physical examination)* | Clear | | Clear |

***Chemical Examination(Urine Routine)***

| | | | |
|---|---|---|---|
| Protein<br>(Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method )* | Negative | | Negative |
| Glucose<br>(Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedictôs semi quantitative method.)* | Negative | | Negative |

***Microscopic Examination(Urine Routine)***

| | | | |
|---|---|---|---|
| Pus Cells<br>(Urine/*Microscopy exam of urine sediment)* | 2-3 | /hpf | 0 - 5 |
| Epithelial Cells<br>(Urine/*Microscopy exam of urine sediment)* | **4-5** | /hpf | NIL |
| RBCs<br>(Urine/*Microscopy exam of urine sediment)* | NIL | /hpf | 0 - 5 |

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-- End of Report --



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MEDALL

## PAP Smear by LBC( Liquid based Cytology )

**PAP SMEAR ( BETHESDA SYSTEM)**

Cytology No : CYT 12 /23

Clinical Details : Routine Screening

Specimen Type : Conventional pap smear

Gross Examination : Received 2 unstained slides and stained with pap stain

Specimen adequacy : satisfactory for evaluation with evidence of transformation zone

GENERALCATEGORIZATION : Negative for intraepithelial lesion /malignancy

MICROSCOPIC OBSERVATIONS :smears studied shows superficial squamous epithelial cells ,intermediate squamous cells ,endocervical cells in clusters and squamous metaplastic cells in a background of inflammatory cells
: :

Organisms Not present

NEOPLASTIC
FINDINGS : NOT PRESENT

NON-NEOPLASTICCELLUAR VARIATION :

Reactive cellular changes :Squamous metaplasia

Associated with
:

Dr. ARUNA JYOTHI
CONSULTANT PATHOLOGIST
REG: APMC/50338

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SQUAMOUS CELL ABNORMALITIES :Not present

GLANDULAR CELL :Not present

Interpretation/Result :NEGATIVE FOR INTRA EPITHELIAL LESION / MALIGNANCY

Comments :ADVISED CLINICAL CORRELATION

`

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