



# CIMS



## City Institute of Medical Sciences

(Multi Super Speciality 200 Bedded Hospital)

### DEPARTMENT OF PATHOLOGY

UHID	CIMS-18808	Visit Type/No	OP/EPD-28141/EPD-28141
Name	Mrs Brajesh	Order No	OR-58947
Age/Gender	45 Y,3 M,8 D/Female	Order Date/Time	28-09-2024
Accession Number	OPAC-6086	Collection Date/Time	28-09-2024 09:51 AM
Treating Doctor	Dr Self	Acknowledge Date/Time	28-09-2024 01:29 PM
Ordering Doctor	Dr Self	Report Date/Time	28-09-2024 01:30 PM
Payer Name	Mediwheel Full Body Health Checkup	Refer By	

#### Haematology

Service Name	Result	Unit	Reference Range	Method
<b>BLOOD GROUP ( ABO )</b>				
BLOOD GROUP (ABO)- RH TYPING	"B" POSITIVE			
The upper agglutination test for grouping has some limitations.				
ESR (Erythrocyte Sedimentation Rate), <b>Blood</b>	<b>30 H</b>	mm 1st Hr.	0-15	Wintrobe
<b>CBC (Complete Blood Count), Blood</b>				
Hemoglobin (Hb)	11.3	gm/dl	11-16	Spectrophotometry
TLC (Total Leukocyte Count)	4440	/cumm	4000-11000	Cell Counter & Microscopy
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
Neutrophils	66	%	40-80	Cell Counter & Microscopy
Lymphocytes	25	%	20-45	Cell Counter & Microscopy
Monocytes	07	%	4-10	Cell Counter & Microscopy
Eosinophils	02	%	1-6	Cell Counter & Microscopy
Basophils	00	%	0-1	Cell Counter & Microscopy
RBC Count	4.23	millions/cumm	3.5-5.0	Impedance
PCV / Hct (Hematocrit)	<b>33.8 L</b>	%	34-47	Calculated
MCV	79.8	fl	76-96	Impedance
MCH	<b>26.7 L</b>	pg	27-32	Impedance
MCHC	33.4	g/dL	30-35	Impedance
Platelet Count	<b>1.33 L</b>	lakh/cumm	1.5-4.5	Cell Counter & Microscopy
RDW	<b>15.5 H</b>	%	1-15	Impedance

#### Clinical Biochemistry

Service Name	Result	Unit	Reference Range	Method
<b>KFT (Kidney Profile) -II, Serum</b>				
Urea, Blood	16.40	mg/dL	15-50	Urease-uv
Creatinine, Serum	0.86	mg/dL	0.6-1.0	Enzymatic
Blood Urea Nitrogen (BUN)	7.65	mg%	7.5-22.0	Calculated
BUN-CREATININE RATIO	<b>8.90 L</b>		10-20	Calculated
Sodium, Serum	140.7	mmol/L	135-150	ISE
Potassium, Serum	4.84	mmol/L	3.5-5.5	ISE
Calcium, Serum	10.28	mg/dL	8.7-11.0	ISE
Chloride, Serum	102.9	mmol/L	94-110	ISE
Uric acid, Serum	3.90	mg/dL	2.5-6.5	Uricase
Magnesium, Serum	2.10	mg/dL	1.6-2.8	XYLIDYL BLUE
Phosphorus, Serum	3.72	mg/dL	2.4-5.0	MOLYBDATE UV
Alkaline phosphatase, Serum	99.16	U/L	42-136	IFCC
Albumin, Serum	4.02	g/dL	3.5-5.4	BCG
Glucose (Fasting), <b>Plasma</b>	92.30	mg/dL	60-110	GOD/POD
<b>LFT (Liver Function Test) Profile, Serum</b>				
Bilirubin Total, Serum	0.69	mg/dL	0.1-1.0	DMSO
Conjugated (Direct), Serum	0.28	mg%	0.0-0.3	DMSO
Unconjugated (Indirect)	0.41	mg%	0.0-0.75	Calculated

All tests have technical limitations Corroborative clinicopathological interpretation is indicated. In case of any disparity in including machine error or typing the test should be repeated immediately.

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Service Name	Result	Unit	Reference Range	Method
SGOT/AST	17.51	U/L	0-40	IFCC
SGPT/ALT	19.12	U/L	0-48	IFCC
AST/ALT Ratio	0.92		0-1	Calculated
Gamma GT,Serum	13.31	U/L	5-32	IFCC
Alkaline phosphatase, Serum	99.16	U/L	42-136	IFCC
Total Protein, serum	7.57	gm/dl	6.0-8.4	Biuret
Albumin, Serum	4.02	g/dL	3.5-5.4	BCG
Globulin	3.55	g/dL	2.3-3.6	Calculated
A/G Ratio	1.13		1.0-2.3	Calculated

#### Lipid Profile, Serum

Cholestrol, serum	163.22	mg%	Optimal: < 200 mg/dl Boder Line High Risk: 150 -240 mg/dl High Risk: > 250 mg/dl
Triglycerides, serum	92.71	mg%	Optimal: < 150 mg/dl Border Line High Risk: 150 - 199 mg/dl High Risk: 200 - 499 mg /dl Very High Risk: > 500 mg /dl
HDL Cholesterol	57.13	mg%	Optimal: 70 mg/dl Border Line High Risk: 80 - 100 mg/dl High Risk: > 120 mg/dl
LDL Cholesterol	87.55	mg%	Optimal: < 100 mg/dl Border Line High Risk: 100 - 129 mg/dl High Risk: > 160 mg/dl
VLDL Cholesterol	18.54	mg%	Male : 10 - 40 mg/dl Female : 10 - 40 mg/dl Child : 10 - 40 mg/dl
LDL / HDL Cholesterol ratio	1.53		0.0-3.5

#### Interpretation




- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- ATP III recommends a complete lipoprotein profile as the initial test for evaluating cholesterol.
- Friedewald equation to calculate LDL cholesterol is most accurate when Triglyceride level is < 400 mg/dL. Measurement of Direct LDL cholesterol is recommended when Triglyceride level is > 400 mg/dL.

Glucose (Post Prandial), Plasma	115.5	mg/dL	80-150
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GOD/POD

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Service Name	Result	Unit	Reference Range	Method
HbA1c				
<b>GLYCOSYLATED HAEMOGLOBIN (HbA1c)</b> Method- Immunofluorescence Assay				
Glycosylated Hemoglobin (HbA1c)	5.95	%	<6.5 : Non Diabetic 6.5-7 : Good Control 7-8 : Weak Control > 8 : Poor Control	
Estimated average blood glucose (eAG)	124.06	mg/dl	90-120: Excellent Control 121-150: Good Control 151-180: Average Control 181-210: Action Suggested	

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

2. Target goals of 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of 7.0 % may not be appropriate.

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.

Cytology



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PAP/74 /2024

#### BETHESDA SYSTEM (REVISED) FOR REPORTING OF CERVICAL CYTOLOGY

<b>I. SPECIMEN TYPE:</b> Conventional smear	YES
<b>II. SPECIMEN ADEQUACY:</b> Satisfactory for evaluation	YES
<b>III. GENERAL CATEGORIZATION</b> • Negative for Intraepithelial lesion or Malignancy	YES
<b>IV INTERPRETATION /RESULT</b> 1. Negative For Intraepithelial Lesion Or Malignancy	YES

#### ORGANISMS:

<b>OTHER NON-NEOPLASTIC FINDINGS</b> Smears studied show dense collection of neutrophils in sheets and in singles.	YES
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#### IMPRESSION: PAP SMEAR: NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY INFLAMMATORY SMEAR .

#### Pathology

Service Name	Result	Unit	Reference Range	Method
<b>Thyroid Profile -T3, T4, TSH, Blood</b>				
Triiodothyronine (T3)	1.52	ng/mL	0.69-2.15	CLIA
Thyroxine (T4)	84.6	ng/mL	52-127	CLIA
Thyroid Stimulating Hormone (TSH)	3.98	uIU/mL	0.3-5.0	CLIA

#### Interpretation

##### :Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm . The variation is of the order of 50% . hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

##### Clinical Use

- Primary Hypothyroidism
- Hyperthyroidism Hypothalamic – Pituitary hypothyroidism
- Inappropriate TSH secretion
- Nonthyroidal illness
- Autoimmune thyroid disease
- Pregnancy associated thyroid disorders
- Thyroid dysfunction in infancy and early childhood

#### URINE ANALYSIS/ URINE ROUTINE EXAMINATION, Urine

##### Physical Examination

COLOUR	Pale Yellow
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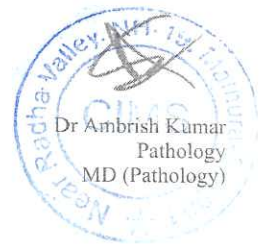
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Service Name	Result	Unit	Reference Range	Method
TRANSPARENCY	Clear			Manual
SPECIFIC GRAVITY	1.005		1.001-1.03	Strip
PH URINE	7.0		5-8	Strip
DEPOSIT	Absent			Manual
<b>BIOCHEMICAL EXAMINATION</b>				
ALBUMIN	Absent			Strip
SUGAR	Absent			Strip
BILE SALTS (BS)	Absent			Manual
BILE PIGMENT (BP)	Absent			Manual
<b>MICROSCOPIC EXAMINATION</b>				
PUS CELLS	0-1	/ hpf		Microscopy
EPITHELIAL CELLS	2-3	/ hpf		Microscopy
RBC'S	Absent	/hpf		Microscopy
CASTS	Absent			Microscopy
CRYSTALS	Absent			Macroscopy
BACTERIA	Absent			Macroscopy
FUNGUS	Absent			Microscopy
SPERMATOZOA	Absent			Microscopy
OTHERS	Absent			Microscopy



-----End of the Report-----



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