

Name : MRS POONAM **Age** : 34 Yr(s) Sex :Female
Registration No : MH011288815 **Lab No** : 202309001652
Patient Episode : H18000001047 **Collection Date** : 08 Sep 2023 09:49
Referred By : HEALTH CHECK MGD **Reporting Date** : 09 Sep 2023 08:41
Receiving Date : 08 Sep 2023 09:49

HAEMATOTOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
COMPLETE BLOOD COUNT (AUTOMATED)		SPECIMEN-EDTA Whole Blood	
RBC COUNT (IMPEDENCE)	4.52	millions/cumm	[3.80-4.80]
HEMOGLOBIN	11.3 #	g/dl	[12.0-15.0]
Method:cyanide free SLS-colorimetry			
HEMATOCRIT (CALCULATED)	37.2	%	[36.0-46.0]
MCV (DERIVED)	82.3 #	fL	[83.0-101.0]
MCH (CALCULATED)	25.0	pg	[25.0-32.0]
MCHC (CALCULATED)	30.4 #	g/dl	[31.5-34.5]
RDW CV% (DERIVED)	16.9 #	%	[11.6-14.0]
Platelet count	206	x 10 ³ cells/cumm	[150-410]
Method: Electrical Impedance			
MPV(DERIVED)	----		
WBC COUNT(TC)(IMPEDENCE)	5.42	x 10 ³ cells/cumm	[4.00-10.00]
DIFFERENTIAL COUNT (VCS TECHNOLOGY/MICROSCOPY)			
Neutrophils	44.0	%	[40.0-80.0]
Lymphocytes	43.0 #	%	[20.0-40.0]
Monocytes	7.0	%	[2.0-10.0]
Eosinophils	6.0	%	[1.0-6.0]
Basophils	0.0	%	[0.0-2.0]
ESR	12.0	mm/1sthour	[0.0-

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Referred By : HEALTH CHECK MGD **Reporting Date** : 09 Sep 2023 08:46
Receiving Date : 08 Sep 2023 09:49

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hemoglobin			
Specimen: EDTA			
HbA1c (Glycosylated Hemoglobin)	5.0	%	[0.0-5.6]
Method: HPLC			
As per American Diabetes Association(ADA)			
HbA1c in %			
Non diabetic adults >= 18years <5.7			
Prediabetes (At Risk)5.7-6.4			
Diagnosing Diabetes >= 6.5			
Estimated Average Glucose (eAG)	97	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.

STOOL COMPLETE ANALYSIS

Specimen-Stool

Macroscopic Description

Colour BROWN
 Consistency Semi Solid
 Blood Absent
 Mucus Absent
 Occult Blood NEGATIVE

Microscopic Description

Ova Absent
 Cyst Absent
 Fat Globules Absent

Name : MRS POONAM **Age** : 34 Yr(s) Sex :Female
Registration No : MH011288815 **Lab No** : 202309001652
Patient Episode : H18000001047 **Collection Date** : 17 Sep 2023 11:04
Referred By : HEALTH CHECK MGD **Reporting Date** : 18 Sep 2023 18:26
Receiving Date : 17 Sep 2023 11:04

CLINICAL PATHOLOGY

Pus Cells NIL
 RBC NIL
 Others NIL

Serum LIPID PROFILE

Serum TOTAL CHOLESTEROL	222 #	mg/dl	[<200]
Method:Oxidase,esterase, peroxide			Moderate risk:200-239
			High risk:>240
TRIGLYCERIDES (GPO/POD)	115	mg/dl	[<150]
			Borderline high:151-199
			High: 200 - 499
			Very high:>500
HDL- CHOLESTEROL	59.0	mg/dl	[35.0-65.0]
Method : Enzymatic Immunoimhibition			
VLDL- CHOLESTEROL (Calculated)	23	mg/dl	[0-35]
CHOLESTEROL, LDL, CALCULATED	140.0 #	mg/dl	[<120.0]
			Near/
Above optimal-100-129			Borderline High:130-159
			High Risk:160-189
T.Chol/HDL.Chol ratio(Calculated)	3.8		<4.0 Optimal
			4.0-5.0 Borderline
			>6 High Risk
LDL.CHOL/HDL.CHOL Ratio(Calculated)	2.4		<3 Optimal
			3-4 Borderline
			>6 High Risk

Note:
 Reference ranges based on ATP III Classifications.

Lipid profile is a panel of blood tests that serves as initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases

Name : MRS POONAM **Age** : 34 Yr(s) Sex :Female
Registration No : MH011288815 **Lab No** : 202309001652
Patient Episode : H18000001047 **Collection Date** : 08 Sep 2023 09:51
Referred By : HEALTH CHECK MGD **Reporting Date** : 08 Sep 2023 11:18
Receiving Date : 08 Sep 2023 09:51

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
KIDNEY PROFILE			
Specimen: Serum			
UREA	22.1	mg/dl	[15.0-40.0]
<i>Method: GLDH, Kinatic assay</i>			
BUN, BLOOD UREA NITROGEN	10.3	mg/dl	[8.0-20.0]
<i>Method: Calculated</i>			
CREATININE, SERUM	0.62 #	mg/dl	[0.70-1.20]
<i>Method: Jaffe rate-IDMS Standardization</i>			
URIC ACID	3.5 #	mg/dl	[4.0-8.5]
<i>Method:uricase PAP</i>			
SODIUM, SERUM	134.10 #	mmol/L	[136.00-144.00]
POTASSIUM, SERUM	4.27	mmol/L	[3.60-5.10]
SERUM CHLORIDE	101.8	mmol/L	[101.0-111.0]
<i>Method: ISE Indirect</i>			
eGFR (calculated)	118.0	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.			

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Registration No : MH011288815
Patient Episode : H18000001047
Referred By : HEALTH CHECK MGD
Receiving Date : 08 Sep 2023 09:51

Age : 34 Yr(s) Sex :Female
Lab No : 202309001652
Collection Date : 08 Sep 2023 09:51
Reporting Date : 08 Sep 2023 11:19

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
LIVER FUNCTION TEST			
BILIRUBIN - TOTAL <i>Method: D P D</i>	0.98	mg/dl	[0.30-1.20]
BILIRUBIN - DIRECT <i>Method: DPD</i>	0.17	mg/dl	[0.00-0.30]
INDIRECT BILIRUBIN(SERUM) <i>Method: Calculation</i>	0.81	mg/dl	[0.10-0.90]
TOTAL PROTEINS(SERUM) <i>Method: BIURET</i>	7.50	gm/dl	[6.60-8.70]
ALBUMIN (SERUM) <i>Method: BCG</i>	4.35	g/dl	[3.50-5.20]
GLOBULINS (SERUM) <i>Method: Calculation</i>	3.20	gm/dl	[1.80-3.40]
PROTEIN SERUM (A-G) RATIO <i>Method: Calculation</i>	1.38		[1.00-2.50]
AST(SGOT) (SERUM) <i>Method: IFCC W/O P5P</i>	26.00	U/L	[0.00-40.00]
ALT(SGPT) (SERUM) <i>Method: IFCC W/O P5P</i>	26.30	U/L	[14.00-54.00]
Serum Alkaline Phosphatase <i>Method: AMP BUFFER IFCC)</i>	66.0	IU/L	[32.0-91.0]
GGT	27.0	U/L	[7.0-50.0]

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BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
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Liver function test aids in diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemia's, viral and alcoholic hepatitis and cholestasis of obstructive causes.

The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage. LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

CYTOLOGY No- PP/212/2023

GROSS- Received 2 fixed smears

MICROSCOPIC - BETHESDA SYSTEM TERMINOLOGY -2014

1.SPECIMEN TYPE - CONVENTIONAL SMEAR (PAP SMEAR)

- (A) ADEQUACY -SMEARS ARE HEMORRHAGIC
- (B) MICROSCOPIC - SMEARS SHOW SUPERFICIAL AND INTERMEDIATE SQUAMOUS EPITHELIAL CELLS.ACUTE INFLAMMATORY CELLS SEEN.
- (C) ENDOCERVICAL CELLS -ABSENT
- (D) NON-NEOPLASTIC CELLULAR CHANGES-.ABSENT
- (E) REACTIVE CELLULAR CHANGES -ABSENT
- (F) ORGANISMS - COCCOBACILLI SEEN
- (G) DYSPLASIA/MALIGNANCY- ABSENT.

GENERAL CATEGORY : BENIGN CELLULAR CHANGES

Name : MRS POONAM Age : 34 Yr(s) Sex :Female
Registration No : MH011288815 Lab No : 202309001652
Patient Episode : H18000001047 Collection Date : 23 Sep 2023 13:15
Referred By : HEALTH CHECK MGD Reporting Date : 26 Sep 2023 12:42
Receiving Date : 23 Sep 2023 13:15

CYTOPATHOLOGY

IMPRESSION -INFLAMMTORY SMEARS

SMEARS ARE NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY .

SUGGEST : REPEAT AFTER INFLAMMATION SUBSIDES

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

Blood Group & Rh typing AB Rh(D) Positive

Technical note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique.

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NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist

Name : MRS POONAM **Age** : 34 Yr(s) Sex :Female
Registration No : MH011288815 **Lab No** : 202309001653
Patient Episode : H18000001047 **Collection Date** : 08 Sep 2023 09:48
Referred By : HEALTH CHECK MGD **Reporting Date** : 08 Sep 2023 11:18
Receiving Date : 08 Sep 2023 09:48

BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
GLUCOSE-Fasting Specimen: Plasma GLUCOSE, FASTING (F) Method: Hexokinase	89.0	mg/dl	[70.0-110.0]

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in Diabetes mellitus, Cushing's syndrome (10-15%), chronic pancreatitis (30%).
 Drugs corticosteroids, phenytoin, estrogen, thiazides

Decreased in Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy(adrenocortical, stomach, fibro sarcoma), infant of a diabetic mother enzyme deficiency diseases(e.g.galactosemia),
 Drugs-
 insulin, ethanol, propranolol, sulfonylureas, tobutamide, and other oral hypoglycemic agents.

NOTE:

- Abnormal Values

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



Dr. Alka Dixit Vats
Consultant Pathologist

Name : MRS POONAM **Age** : 34 Yr(s) Sex :Female
Registration No : MH011288815 **Lab No** : 202309001654
Patient Episode : H18000001047 **Collection Date** : 08 Sep 2023 13:57
Referred By : HEALTH CHECK MGD **Reporting Date** : 09 Sep 2023 08:28
Receiving Date : 08 Sep 2023 13:57


BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Specimen:Plasma			
GLUCOSE, POST PRANDIAL (PP), 2 HOURS	72.0 #	mg/dl	[80.0-140.0]
<i>Method: Hexokinase</i>			

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

NOTE:
 # - Abnormal Values

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


Dr. Charu Agarwal
Consultant Pathologist

Name	: MRS POONAM	Age	: 34 Yr(s) Sex :Female
Registration No	: MH011288815	Lab No	: 202309001821
Patient Episode	: H18000001047	Collection Date	: 17 Sep 2023 11:05
Referred By	: HEALTH CHECK MGD	Reporting Date	: 18 Sep 2023 09:09
Receiving Date	: 17 Sep 2023 11:05		

CLINICAL PATHOLOGY

ROUTINE URINE ANALYSIS (Semi Automated) Specimen-Urine

MACROSCOPIC DESCRIPTION

Colour	Light-Yellow	(Pale Yellow - Yellow)
Appearance	CLEAR	
Reaction[pH]	7.0	(4.6-8.0)
Specific Gravity	1.010	(1.003-1.035)

CHEMICAL EXAMINATION

Protein/Albumin	+	(NEGATIVE)
Glucose	NIL	(NIL)
Ketone Bodies	Negative	(NEGATIVE)
Urobilinogen	Normal	(NORMAL)

MICROSCOPIC EXAMINATION(Automated/Manual)

Pus Cells	2-3/hpf	(0-5/hpf)
RBC	NIL	(0-2/hpf)
Epithelial Cells	1-2 /hpf	
CASTS	NIL	
Crystals	NIL	
Bacteria	NIL	
OTHERS	NIL	

NOTE:

- Abnormal Values

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

Dr. Charu Agarwal
Consultant Pathologist