

DATE- 06.04.2024

NAME - Shailendra Dabral

PHONE - 9997023825

AGE/GENDER - 36 yrs / Male

ADDRESS - H. No. 268G, Sector 23 Gurgaon

EMAIL - shailendra.dabral@unionbankofindia

CORPORATE NAME - Union Bank of India

or dabralshail@gmail.com

1. Past medical history & medications:-

— Nil —

2. Any existing disease:-

— Nil —

3. Current medications :-

— Nil —

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 120/80
- PULSE RATE - 74
- TEMPERATURE - 97.4°F
- SPO2 - 96%
- BLOOD SUGAR (RANDOM) -
- HEIGHT -
- WEIGHT -
- BMI -

* Ophthalm

LE - 6/6

RE - 6/6

Colour vision :- Normal

Name: Shalendra dabral
Patient ID: ---

06.04.2024 09:28:35
Standard 12-Lead

Date of birth: ---
Gender: Male
Height: ---
Weight: ---
Ethnicity: Undefined
Pacemaker: Unknown

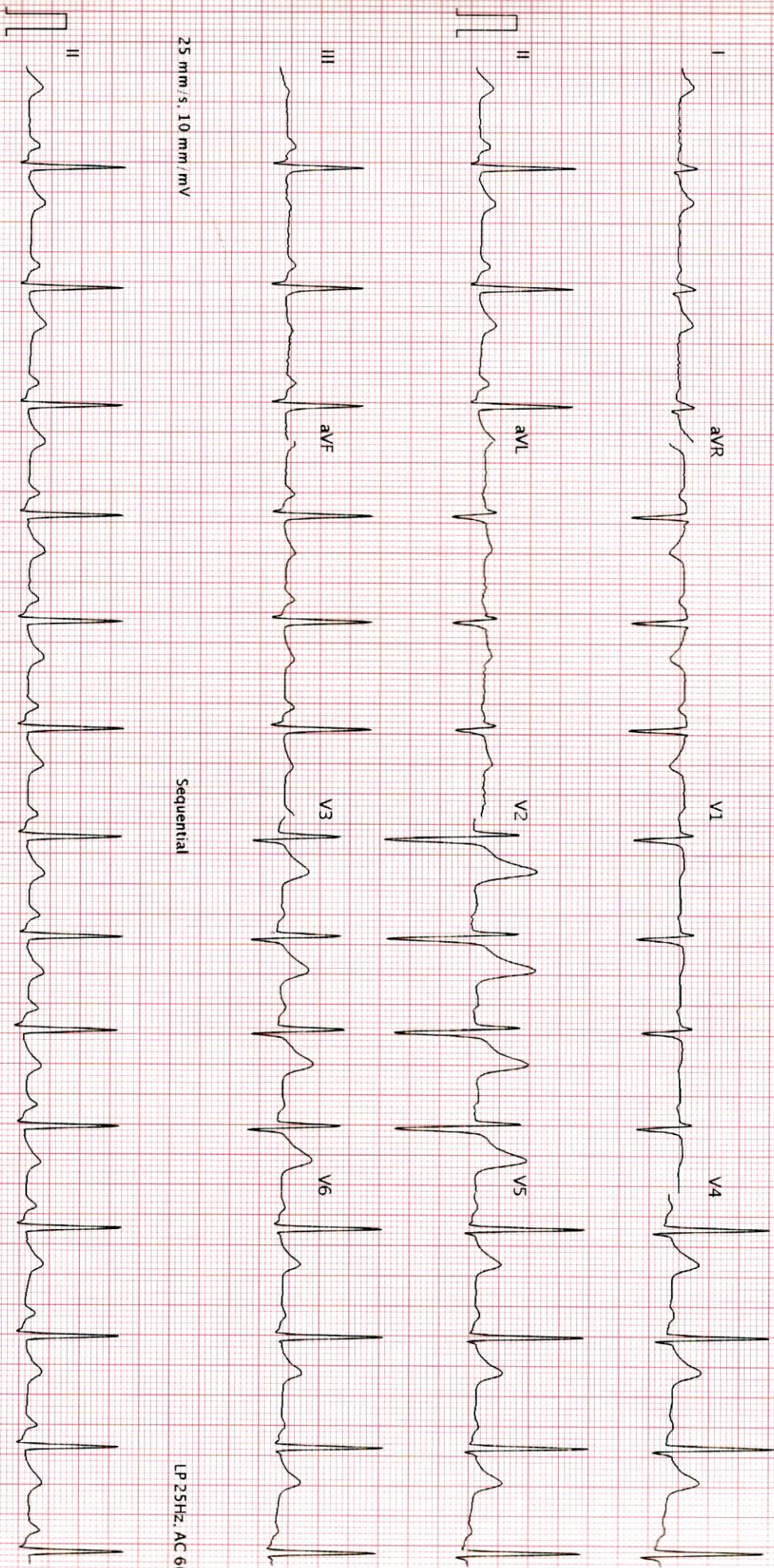
Visit ID: ---
Room: ---
Medication: ---
Order ID: ---
Ord. prev.: ---
Ord. prot.: ---

HR: 85 bpm
RR: 710 ms
P axis: 75°
QRS axis: 83°
T axis: 38°
P: 116 ms
PR: 156 ms
QRS: 84 ms
QT: 378 ms
QTcB: 449 ms

Sinus rhythm
Normal electrical axis
Nonspecific ST abnormality (elevation)
Otherwise normal ECG
Unconfirmed report

Indication:
Remark:

Otherwise normal



Sequential

25 mm/s, 10 mm/mV

LP 25Hz, AC 60

AT-102 G2 1.2.0 (1080.009830)

Printed on 06.04.2024 09:28:47

LP 25Hz, AC 60

SCHILLER

Part No.2.157048M

Page 01/3

Patient's Name:- MR. SHALIENDRA

Date :- 06/04/2024

Referred By :- HEALTH CHEAKUP

Age/Sex :-36Y/M

Radiograph of Chest (PA View)

Visualized lungs fields appear normal.

Both hila appear normal

Both CP Angle are clear.

Domes are normally placed.

Cardiac shadow appears normal.

Trachea and mediastinum are normal.

Thoracic bony cage is normal.

Please correlate clinically



Dr Arushi Gupta

MBBS, DNB (Radio - Diagnosis)

Radiologist

Patient Name : Mr. SHAI LENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 07:05PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	15.2	gm/dl	13.00-17.00	spectrophotometer
RBC COUNT (RED BLOOD CELL COUNT)	5.0	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	45.3	%	40-50	Electronic Pulse & calculation
MCV	89.9	fL	81 - 101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	33.6	g/dl	31.5 - 34.5	Calculated
RDW-CV	13.2	%	11.5-14.5	Calculated
RDW-SD	48.8	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,030	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	2.5	lac/mm ³	1.50 - 4.50	Optical Flowcytometry
MPV	8.9	fL	8.60-15.50	Calculated
PCT	0.2	%	0.15-0.62	Calculated
PDW-CV	15.10	%	10.0 - 17.9	Calculated
PDW-SD	11	fL	9.0 - 17.0	Calculated
DLC (by Flow cytometry/ Microscopy)				
NEUTROPHIL	57.2	%	40 - 80	Electrical impedance
LYMPHOCYTE	33.5	%	20 - 40	Electrical impedance
MONOCYTE	7.1	%	2 - 10	Electrical impedance
EOSINOPHIL	1.5	%	01 - 06	Electrical impedance
BASOPHIL	0.7	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	2.9	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	1.7	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.4	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.1	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant (HMC.9669)

9A-11A, Ground Floor, Vipul Trade Centre,
Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 07:08PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	12	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



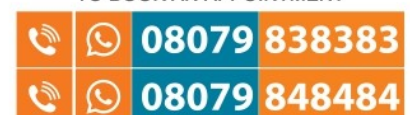
Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
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TO BOOK AN APPOINTMENT



Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 05:19PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

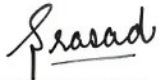
Sample Type : WHOLE BLOOD EDTA

ABO	B			Gel Columns agglutination
Rh Typing	POSITIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.

Dr Sarita Prasad
MBBS, DNB Pathology
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TO BOOK AN APPOINTMENT



Patient Name : Mr. SHAI LENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 05:19PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

HBA1c	5.3	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	105.41	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.



Prasad

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Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 08:33AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.60	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.30	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dl	0.1-1.0	Calculated
S.G.P.T	26.10	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	15.70	U/L	8.00-35.00	Enzymatic,IFFC
GGT	23.40	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	129.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.80	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.40	gm/dl	3.50-5.00	BCG
GLOBULIN	2.40	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.83		1.00-2.00	Calculated



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TO BOOK AN APPOINTMENT



Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y O M O D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 08:34AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	207	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	190.7	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	40.1	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	128.76	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	166.9	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	38.14	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.16			Calculated
LDL / HDL RATIO	3.21			Calculated



Prasad

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TO BOOK AN APPOINTMENT



Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 06:59PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	91.9	mg/dl	70 - 100	Glucose Oxidase/Peroxidase



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Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Mr.SHAILENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y 0 M 0 D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 08:33AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	26.1	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	7.4	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	1.00	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	89.86	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	8.3	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	137.2	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	3.65	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	104.2	mmol/L	98.0-109.0	ISE



Prasad

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TO BOOK AN APPOINTMENT



Patient Name : Mr. SHAI LENDRA DABRAL	Barcode NO : 10062099
Age/Gender : 36 Y O M O D /M	Registration Date : 06/Apr/2024 01:18PM
LabNo : ITS3104	Sample Collected Date : 06/Apr/2024 01:18PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 06:59PM

DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (T3, T4, TSH)				
Sample Type : SERUM				
T3	0.95	ng/ml	0.61-1.81	ELISA
T4	8.25	ug/dl	4.80-11.60	ELISA
TSH	3.22	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

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Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Customer Pending Tests
PAP SMEAR TEST

DATE- 06.04.2024

NAME - Neetu Dabral

PHONE - 9568961807

AGE/GENDER - 34 Yrs / Female

ADDRESS - Ft No. 2689, Sector 23
Gurgaon

EMAIL - dabralshail@gmail.com

CORPORATE NAME - Union Bank of India

1. Past medical history & medications:-

NIL

2. Any existing disease:-

NIL

3. Current medications :-

NIL

4. VITALS - (To be filled by medical personnel)

- BLOOD PRESSURE - 121/77
- PULSE RATE - 80
- TEMPERATURE - 97.5°F
- SPO2 - 95%
- BLOOD SUGAR (RANDOM) -
- HEIGHT - 1.53m
- WEIGHT - 61.1
- BMI -

* Ophthal :-

LE - 6/6

RE - 6/6

Colour Vision - Normal

Name: - -
Patient ID: Neetu dabral

Date of birth: - -
Gender: Female
Height: -
Weight: -
Ethnicity: Undefined
Pacemaker: Unknown

Visit ID: -
Room: -
Medication: -
Order ID: -
Ord. prov.: -
Ord. prot.: -

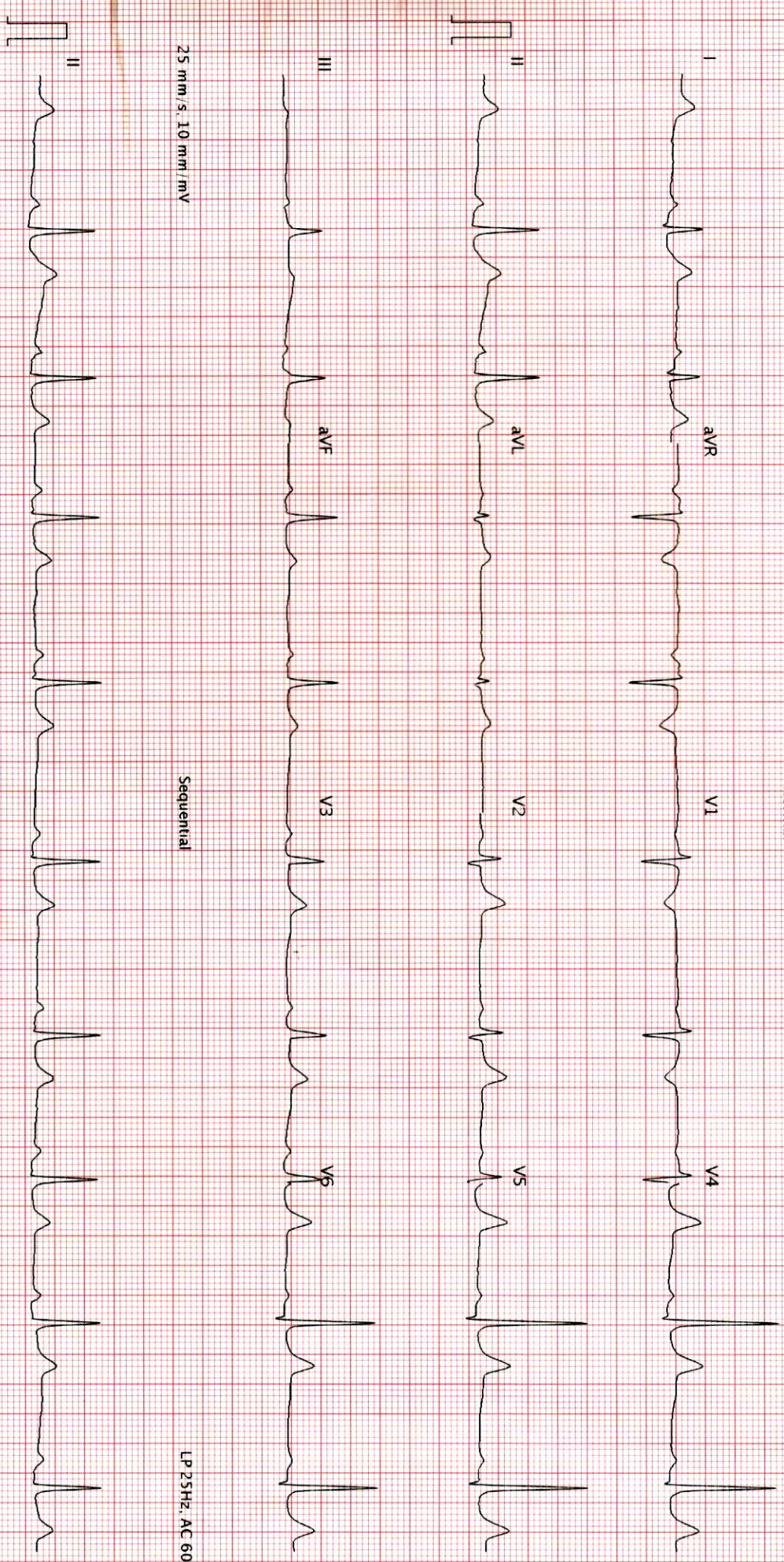
Indication:
Remark:

06.04.2024 09:57:46
Standard 12-Lead

HR 57 bpm
RR 1048 ms
P 102 ms
PR 188 ms
QRS 84 ms
QT 407 ms
QTc 398 ms
P axis 38°
QRS axis 63°
T axis 32°

Sinus rhythm
Normal electrical axis
Normal ECG
Unconfirmed report

Normal



25 mm/s, 10 mm/mV

Sequential

LP 25Hz, AC 60Hz

25 mm/s, 10 mm/mV

LP 25Hz, AC 60Hz

AT 102 G2 1.2.0 (1080.009830)

Printed on 06.04.2024 09:58:02

Page 1 of 1

SCHILLER

Part No 2 157048M

CE 0123

R BR

Patient's Name:- MS. NEETU

Date :- 06/04/2024

BABRAL

Referred By :- HEALTH CHEAKUP

Age/Sex :-34Y/F

Radiograph of Chest (PA View)

Prominent broncho vascular marking are seen in bilateral lung fields.

Both hila appear normal

Both CP Angle are clear.

Domes are normally placed.

Cardiac shadow appears normal.

Trachea and mediastinum are normal.

Thoracic bony cage is normal.

Please correlate clinically



Dr Arushi Gupta

MBBS, DNB (Radio - Diagnosis)

Radiologist

PATIENT NAME	MS NEETU DABRAL	REPORT DATE	06/04/2024
REF BY	P.H.M.C	AGE/SEX	34 YRS / F

ULTRASOUND – ABDOMEN & PELVIS

Clinical Profile-HEALTH CHECKUP.

Findings

The liver is normal in size, outline and parenchymal echotexture. No focal lesion is seen. The portal vein is normal in calibre and course.

The gall bladder shows normal contents. The intra hepatic biliary radicals and CBD are normal. The pancreas and spleen are normal.

Both the kidneys are normal in size, outline and parenchymal echopattern. *A simple cortical cyst measuring 16mm is seen in the upper pole on left side.* No calculus or hydronephrosis is seen on either side.

No free fluid is seen in the peritoneal cavity. No lymph node enlargement is seen in the para-aortic region.

The urinary bladder is normal in outline.

The uterus is normal in size with smooth outline. The myometrial echoes are homogenous and the endometrial lining is central, 7.4mm. Both the adnexal regions are clear without any mass or collection.

The Pouch of Douglas does not show any free fluid.

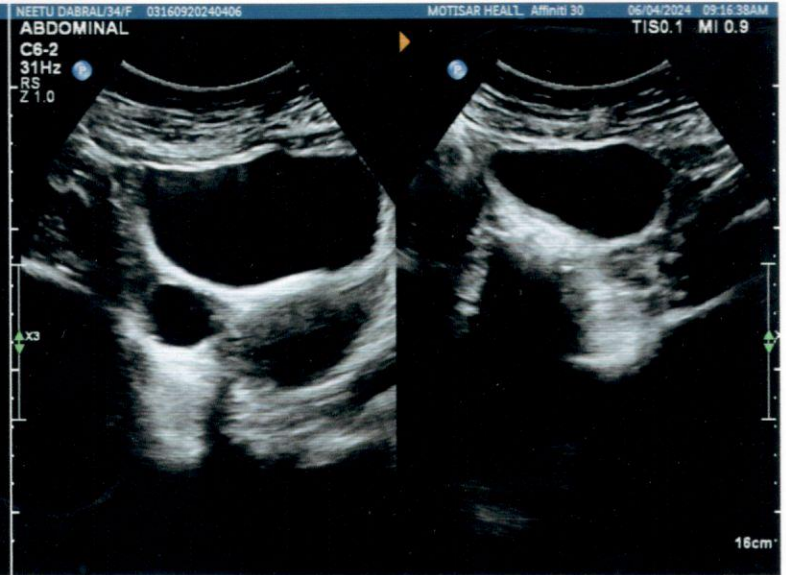
IMPRESSION-
NO SPECIFIC ABNORMALITY IS SEEN IN THIS STUDY.

Clinical correlation is necessary.


DR. RAJNISH JUNEJA,
D.N.B (RADIO – DIAGNOSIS)

Disclaimer

The science of radiology is based upon interpretation of shadows of normal and abnormal tissues and hence does not represent histopathology and ultimate diagnosis. Findings should always be interpreted in to the light of clinico-histo-pathological correlation. Not meant for medico legal purposes.



Name: *Shweta Dabral / Neelika Dabral*

Age / Sex: *36 / m* *34 / f*

Date: *6/4/24*

I do not want to be done the following Test at
Apollo Clinic Sohna Road. (Parameter included in
Health Check)

Pap-Smear Test


Thank You!

Signature: 

Patient Name : Ms.NEETU DABRAL	Barcode NO : 10062100
Age/Gender : 34 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 01:20PM
LabNo : ITS3105	Sample Collected Date : 06/Apr/2024 01:20PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 07:05PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	10.6	gm/dl	12.00-16.00	spectrophotometer
RBC COUNT(RED BLOOD CELL COUNT)	4.7	million/cmm	4.50 - 5.50	Electrical impedance
PCV/HAEMATOCRIT	33.4	%	40-50	Electronic Pulse & calculation
MCV	70.6	fL	81 - 101	Calculated
MCH	22.4	pg	27-32	Calculated
MCHC	31.7	g/dl	31.5 - 34.5	Calculated
RDW-CV	14.9	%	11.5-14.5	Calculated
RDW-SD	42.9	fL	39-46	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,620	cell/cmm	4000 - 10000	Electrical impedance
PLATELET COUNT	2.5	lac/mm ³	1.50 - 4.50	Optical Flowcytometry
MPV	10.3	fL	8.60-15.50	Calculated
PCT	0.3	%	0.15-0.62	Calculated
PDW-CV	17.90	%	10.0 - 17.9	Calculated
PDW-SD	17	fL	9.0 - 17.0	Calculated
DLC(by Flow cytometry/ Microscopy)				
NEUTROPHIL	66	%	40 - 80	Electrical impedance
LYMPHOCYTE	27.3	%	20 - 40	Electrical impedance
MONOCYTE	3.8	%	2 - 10	Electrical impedance
EOSINOPHIL	2.6	%	01 - 06	Electrical impedance
BASOPHIL	0.3	%	00 - 02	Electrical impedance
ABSOLUTE NEUTROPHIL COUNT	5.7	x10 ³ Cells/uL	1.5-7.8	Electrical impedance
ABSOLUTE LYMPHOCYTE COUNT	2.4	x10 ³ Cells/uL	2.0-3.9	Electrical impedance
ABSOLUTE MONOCYTE COUNT	0.3	x10 ³ Cells/uL	0.2-0.95	Electrical impedance
ABSOLUTE EOSINOPHIL COUNT	0.2	x10 ³ Cells/uL	0.2-0.5	Electrical impedance
ABSOLUTE BASOPHIL COUNT	0	x10 ³ Cells/uL	0.02-0.2	Electrical impedance

 Dr Sarita Prasad
 MBBS, DNB Pathology
 Sr. Consultant(HMC.9669)

 9A-11A, Ground Floor, Vipul Trade Centre,
 Sector-48, Sohna Road, Gurgaon-122018 (Haryana)

Email: sohna.road@apolloclinic.com | Online : www.apolloclinic.com

TO BOOK AN APPOINTMENT



Patient Name : Ms.NEETU DABRAL	Barcode NO : 10062100
Age/Gender : 34 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 01:20PM
LabNo : ITS3105	Sample Collected Date : 06/Apr/2024 01:20PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 07:08PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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ERYTHROCYTE SEDIMENTATION RATE

Sample Type : WHOLE BLOOD EDTA

ERYTHROCYTE SEDIMENTATION RATE	14	mm/1st hr	1-12	Westergren
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COMMENTS: ESR is an acute phase reactant that indicates the presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders, and renal diseases. Increased levels may indicate: Chronic renal failure (e.g., nephritis, nephrosis), malignant diseases (e.g., multiple myeloma, Hodgkin disease, advanced Carcinomas), bacterial infections (e.g., abdominal infections, acute pelvic inflammatory disease, syphilis, pneumonia), inflammatory diseases (e.g. temporal arteritis, polymyalgia rheumatic, rheumatoid arthritis, rheumatic fever, systemic lupus erythematosus [SLE]), necrotic diseases (e.g., acute myocardial infarction, necrotic tumor, gangrene of an extremity), diseases associated with increased proteins (e.g., hyperfibrinogenemia, macroglobulinemia), and severe anemias (e.g., iron deficiency or B12 deficiency). Falsely decreased levels may indicate Sick cell anemia, spherocytosis, hypofibrinogenemia, or polycythemia vera.



Prasad

Dr Sarita Prasad
MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

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Patient Name : Ms.NEETU DABRAL	Barcode NO : 10062100
Age/Gender : 34 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 01:20PM
LabNo : ITS3105	Sample Collected Date : 06/Apr/2024 01:20PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 05:19PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP ABO & RH

Sample Type : WHOLE BLOOD EDTA

ABO	O			Gel Columns agglutination
Rh Typing	NEGATIVE			Gel agglutination

COMMENTS:

The test will detect common blood grouping system A, B, O, AB and Rhesus (RhD). Unusual blood groups or rare subtypes will not be detected by this method. Further investigation by a blood transfusion laboratory, will be necessary to identify such groups.

Disclaimer: There is no trackable record of previous ABO & RH test for this patient in this lab. Please correlate with previous blood group findings.




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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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HBA1C

Sample Type : WHOLE BLOOD EDTA

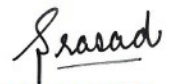
HBA1c	5.9	%	Normal Glucose tolerance (non-diabetic): <5.6%~Pre-diabetic: 5.7-6.4%~Diabetic Mellitus: >6.5%	HPLC
ESTIMATED AVG. GLUCOSE	122.63	mg/dl		

INCREASED IN

1. Chronic renal failure with or without hemodialysis.
2. Iron deficiency anemia. Increased serum triglycerides.
3. Alcohol.
4. Salicylate treatment.

DECREASED IN

1. Shortened RBC life span (hemolytic anemia, blood loss), Pregnancy.
2. Ingestion of large amounts (>1g/day) of vitamin C or E.
3. Hemoglobinopathies (e.g.: spherocytes) produce variable increase or decrease.
4. Results of %HbA1c are not reliable in patients with chronic blood loss and consequent variable erythrocyte life span.

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Age/Gender : 34 Y 0 M 0 D /F	Registration Date : 06/Apr/2024 01:20PM
LabNo : ITS3105	Sample Collected Date : 06/Apr/2024 01:20PM
Ref Doctor : SELF	Report Generated Date : 07/Apr/2024 08:33AM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
Sample Type : SERUM				
TOTAL BILIRUBIN	0.50	mg/dl	0.1-1.2	Diazotized, Sulfanilic
CONJUGATED (D. Bilirubin)	0.20	mg/dl	0.00-0.30	Jendrassik & Groff
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dl	0.1-1.0	Calculated
S.G.P.T	18.20	U/L	10.00-35.00	Enzymatic,IFFC
SGOT	16.90	U/L	8.00-35.00	Enzymatic,IFFC
GGT	21.60	U/L	8.00-55.00	Colorimetric Method
ALKALINE PHOSPHATASE	79.00	U/l	30.00-120.00	P-Nitrophenyl phosphate
TOTAL PROTEINS	6.80	gm/dl	6.40-8.30	Biuret
ALBUMIN	4.10	gm/dl	3.50-5.00	BCG
GLOBULIN	2.70	gm/dl	2.00-4.10	Calculated
A/G RATIO	1.52		1.00-2.00	Calculated



Prasad

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
Sample Type : SERUM				
TOTAL CHOLESTEROL	228	mg/dl	<200~Borderline: 200 – 239~High : >=240	Cholesterol oxidase/peroxidase
TRIGLYCERIDES	158.3	mg/dl	<150~BorderLine : 150-199~High : 200-499~Very High : >=500	Glycerol phosphate oxidase/peroxidase
H D L CHOLESTEROL	39.4	mg/dl	Normal: > 40~Major Heart Risk : < 40	Phosphotungstate/Mg-Cholesterol oxidase/ peroxidase
L D L CHOLESTEROL	156.94	mg/dl	70-106~Above Optimal : 100-129~Borderline High : 130-159~High : 160-189~Very High : >=190	Calculated
NON HDL CHOLESTEROL	188.6	mg/dl	Desirable: <130~BorderLine : 150-199~High : 200-499~Very High : >=500	Calculated
VLDL	31.66	mg/dl	15-30	Calculated
T. CHOLESTEROL/ HDL RATIO	5.79			Calculated
LDL / HDL RATIO	3.98			Calculated



Prasad

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LabNo : ITS3105	Sample Collected Date : 06/Apr/2024 01:20PM
Ref Doctor : SELF	Report Generated Date : 06/Apr/2024 06:59PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
PLASMA GLUCOSE - FASTING				
Sample Type : FLOURIDE PLASMA				
Plasma Glucose Fasting	96.9	mg/dl	70 - 100	Glucose Oxidase/Peroxidase



Prasad

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST				
Sample Type : SERUM				
SERUM UREA	23	mg/dL	15-39	Urease GLDH
SERUM URIC ACID	4.7	mg/dl	3.5-7.20	URICASE
SERUM CREATININE	0.7	mg/dl	0.60-1.30	Jafees
Estimated Glomerular Filtration Rate (eGFR)	101.81	mL/min/1.73m ²	REFER INTERPRETAION	
SERUM TOTAL CALCIUM	9.20	mg/dl	8.3-10.3	Arsenazo III
SERUM SODIUM	140.3	mmol/L	136.0-149.0	ISE
SERUM POTASSIUM	4.30	mmol/L	3.5-5.0	ISE
SERUM CHLORIDE	104.8	mmol/L	98.0-109.0	ISE



Prasad

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DEPARTMENT OF HORMONE ASSAYS

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (T3,T4,TSH)

Sample Type : SERUM

T3	0.92	ng/ml	0.61-1.81	ELISA
T4	7.52	ug/dl	4.80-11.60	ELISA
TSH	1.85	uIU/mL	0.40-4.20	ELISA

INTERPRETATION:

- Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, mainutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
- Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
- Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
- Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
- TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/ mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

Age	TSH in uIU/ mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs.	0.70 - 6.40
>55 Yrs.	0.50 - 8.90

(References range recommended by the American Thyroid Association)

Comments:

- During pregnancy, Free thyroid profile (FT3, FT4 & Ultra-TSH) is recommended.
- TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.



Prasad

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MBBS, DNB Pathology
Sr. Consultant(HMC.9669)

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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE ROUTINE EXAMINATION

Sample Type : URINE

Complete Urine Analysis (CUE)

COLOUR	PALE YELLOW		PALE YELLOW	VISUAL
TRANSPARENCY	CLEAR		Clear	VISUAL
Reaction (pH)	5.00		5 - 7.5	Bromothymol Blue
SPECIFIC GRAVITY	1.010		1.002 - 1.030	Dipstick

Chemical Examination (Automated Dipstick Method) Urine

Urine Glucose (sugar)*	Negative		NEGATIVE	GOD-POD
Urine Protein	Negative		NEGATIVE	PROTEIN ERROR OF INDICATOR
Urine Ketones	Negative		NEGATIVE	NITROPRUSSIDE
Blood*	Negative		NEGATIVE	Dipstick
Leukocyte esterase*	Negative		Negative	PYRROLE HYDROLYSIS
Nitrite*	Negative		NEGATIVE	Dipstick
Urobilinogen*	NORMAL		Normal	EHRlich

Microscopic Examination Urine

PUS CELLS	1-2	/hpf	0 - 5	Microscopy
Epithelial Cells*	3-4		<10	Microscopy
Red blood Cells*	NIL	/hpf	0 - 2	Microscopy
Cast*	NIL		Absent	Microscopy
Crystals*	NIL		Absent	Microscopy

*** End Of Report ***



Prasad

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