

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. NEELAM MALIK

MR No : 34966

Age/Sex : 48 Years / Female

Type : OPD

TPA/Corporate : MEDIWHEEL

IP No. :

Bill Date : 25/11/2023

Reporting Date : 25/11/2023

Sample ID : 181184

Bill/Req. No. : 23342583

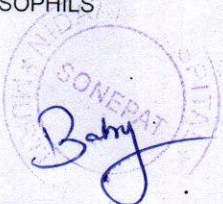
Ref Doctor : Dr. EMO

Test	Result	Bio. Ref. Interval	Units
BLOOD GLUCOSE FASTING AND PP			
PLASMA GLUCOSE(FASTING)	90	70 - 110	mg/dl

BLOOD GROUP			
BLOOD GROUP	" B " RH POSITIVE		

COMPLETE HAEMOGRAM			
CBC			
HAEMOGLOBIN	12.6	12.0 - 16.5	g/dL
TOTAL LEUCOCYTE COUNT	4700	4000 - 11000	/cumm
RED BLOOD CELL COUNT	4.04	4.0 - 6.0	millions/cumm
PCV (HAEMATOCRIT)	35.8	35.0 - 47.0	%
MEAN CORPUSCULAR VOLUME	88.6	78 - 98	fL
MEAN CORPUSCULAR HAEMOGLOBIN	31.2	26.5 - 32.5	Picogrames
MEAN CORPUSCULAR HB CONC	35.2	32 - 37	g/dL
PLATELET COUNT	2.60	1.50 - 4.50	Lakh/cumm
NEUTROPHILS	65	40 - 73.0	%
LYMPHOCYTES	30	20 - 40	%
EOSINOPHILS	02	0.0 - 6.0	%
MONOCYTES	03	2.0 - 10.0	%
BASOPHILS	00	0.0 - 1.0	%
ABSOLUTE NEUTROPHIL	3055	2000 - 7000	cells/cumm
ABSOLUTE LYMPHOCYTE	1410	1000 - 3000	cells/cumm
ABSOLUTE EOSINOPHIL	94	20 - 500	cells/cumm
ABSOLUTE MONOCYTES	141	200 - 1000	cells/cumm
ABSOLUTE BASOPHILS	0	20 - 100	cells/cumm
RDW-CV	12.5	11.5 - 14.5	%

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

(This is only professional opinion and not the diagnosis, Please correlate clinically)

DEPARTMENT OF HAEMATOLOGY

Patient Name :	Mrs. NEELAM MALIK	Bill Date :	25/11/2023
MR No :	34966	Reporting Date :	25/11/2023
Age/Sex :	48 Years / Female	Sample ID :	181184
Type :	OPD	Bill/Req. No. :	23342583
TPA/Corporate :	MEDIWHEEL	Ref Doctor :	Dr. EMO
IP No. :			

Test	Result	Bio. Ref. Interval	Units
E.S.R.	40 <i>H</i>	0 - 15	mm/hr
HBA1C			
HBA1C	5.2		%

Note : HBA1c result is suggestive of Diabetes/ higher than glycemc goal in a known Diabetic patient.
Please note, glycemc goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness, and individual patient considerations.
Please Correlate Clinically.

KFT(KIDNEY FUNCTION TEST)/RFT/Renal Profile

SERUM UREA	25	13.0 - 45.0	mg/dL
SERUM CREATININE	0.9	0.5 - 1.2	mg/dL
SERUM URIC ACID	5.6	2.5 - 6.8	mg/dL
SERUM SODIUM	137	130 - 149	mmol/L
SERUM POTASSIUM	4.5	3.5 - 5.5	mmol/L

LFT(LIVER FUNCTION TEST)

LFT			
TOTAL BILIRUBIN	1.8	<i>H</i>	0.1 - 1.2 mg/dL
DIRECT BILIRUBIN	0.4	<i>H</i>	0.00 - 0.30 mg/dL
INDIRECT BILIRUBIN	1.4		Adult: 0 - 0.8 mg/dL
SGOT (AST)	38		0.0 - 45 IU/L
SGPT (ALT)	64	<i>H</i>	00 - 45.00 IU/L
ALP	79		41 - 137 U/L
TOTAL PROTEINS	7.4		6.0 - 8.2 g/dL
ALBUMIN	4.4		3.20 - 5.00 g/dL

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(Consultant Pathologist)

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. NEELAM MALIK
MR No : 34966
Age/Sex : 48 Years / Female
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Bill Date : 25/11/2023
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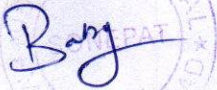
Test	Result	Bio. Ref. Interval	Units
GLOBULIN*	3	2.0 - 3.50	g/dL
A/G RATIO	1.47		

LIPID PROFILE

LIPID PROFILE			
SERUM CHOLESTROL	238	<i>H</i>	0 - 200 mg/dl
SERUM TRIGLYCERIDES	390	<i>H</i>	Up to 150 mg/dl
HDL CHOLESTEROL	48		30 - 60 mg/dl
VLDL CHOLESTEROL	78		*Less than 30 mg/dl
LDL CHOLESTEROL	112		Optimal <100, Above Opt. 100-129 -high 160-189 mg/dl
LDL CHOLESTEROL/HDL RATIO	2.33		Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0

***** END OF THE REPORT *****

Checked By :



Dr. Pradip Kumar
(Consultant Microbiologist)

Dr. Nisha Rana
(Consultant Pathologist)

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Prognosis Laboratories

8130192290 www.prlworld.com care@prlworld.com



Lab No. 012311250656	Age/Gender 48 YRS/FEMALE	Coll. On 25/Nov/2023 05:24PM
Name Mrs. NEELAM 34966		Reg. On 25/Nov/2023
Ref. Dr.		Approved On 25/Nov/2023 07:41PM
Rpt. Centre Self		Printed On 03/Dec/2023 04:20PM

Test Name	Value	Unit	Biological Reference Interval
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Thyroid profile, Total (T3,T4,TSH)

T3 (Triiodothyronine) , serum Method : ECLIA	1.10	ng/mL	0.80 - 2.0
T4 (Thyroxine) , serum Method : ECLIA	6.08	ug/dL	5.1 - 14.1
TSH (Thyroid Stimulating Hormone) , serum Method : ECLIA	2.84	uIU/ml	0.27 - 4.2

Interpretation:

- Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values alongwith depressed TSH levels
- Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
- High T3 levels coupled with normal T4 and suppressed TSH may be seen in T3 toxicosis.

Note: Total T3 and total T4 are highly bound to plasma proteins and are amenable to fluctuations with plasma protein content as well as due to binding defects in the thyroid hormone binding proteins.

The following ranges are recommended for pregnant females:

Gestation period	TSH (uIU/ml)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

*Disclaimer: This is an electronically validated report, if any discrepancy is found it should be confirmed by the user.

*** Partial Report ***



Dr. Smita Sadwani
MD(Biochemistry)
Technical Director

Dr. Mayank Gupta
MD, DNB Pthology
Consultant Pathologist

Dr. Deepak Sadwani
MD(Pathology)
Lab Director

Dr. Moushmi Mukherjee
MBBS,MD (Pathology)
Consultant Pathologist

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Lab No.	012311260084	Age/Gender	48 YRS/FEMALE	Coll. On	26/Nov/2023 08:31AM
Name	Ms. NEELAM MALIK 34966			Reg. On	26/Nov/2023
Ref. Dr.				Approved On	27/Nov/2023 01:49PM
Rpt. Centre	Self			Printed On	03/Dec/2023 04:20PM

PAP Smear (Liquid Based)

Cytology No. C-4484 /23

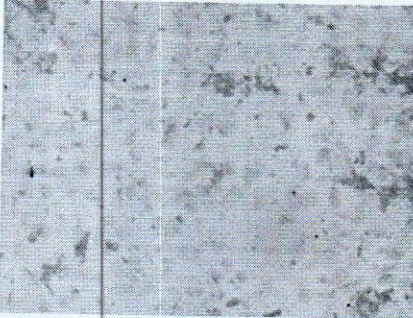
Specimen: Cervico vaginal smear

Method: Liquid Based Cytology and Light Microscopy (2014 Bethesda system)

Statement of adequacy: Smear is satisfactory for evaluation.

Microscopic examination: Superficial and intermediate squamous epithelial cells are present along with endocervical cells and few para basal cells over a background of acute inflammation composed of neutrophils. No evidence of an intraepithelial lesion or invasive malignancy is noted.

Impression: Inflammatory smears, negative for intraepithelial lesion or malignancy.



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*** Partial Report ***



Dr. Deepak Sadwani
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