Name	: Mrs.REKHA GOYAL	Centre Details	:MALVIN DIAGNOSTICS
Age	: 37 Yrs Sex: Female	Accession.ID	:SDL2411150041
Collection Date	: 15/Nov/2024 12:51PM	Referred By	:DR GYNAE UNIT
Received Date	: 16/Nov/2024 09:07AM	Report Date	:18/Nov/2024 01:30PM
Registration Date	: 15/Nov/2024	Ref.No/TRF.No	: /

DEPARTMENT OF CYTOLOGY

Conventional PAP Smear

Smear

SPECIMEN DETAILS : **LAB. NO. : C/6335/24**

Conventional PAP smear
One unstained smear.

CLINICAL DETAILS:

Cervix healthy.

REPORTING MODE :

By Bethesda System 2014

ADEQUACY:

Satisfactory for evaluation.
Endocervical/transformation zone component absent.

MICROSCOPY :

Smear shows many intermediate cells, superficial squamous cells and moderate number of neutrophils.

IMPRESSION :

Negative for any intraepithelial lesion or malignancy.

Comment :

Retrospective case-control studies have failed to show an association between false-negative interpretations of specimens and lack of Endocervical cells (1,2). A recent Canadian review concluded that women should not be scheduled for early repeat testing because of lack of transformation zone sampling unless an abnormality was suspected (3,4).

1. Mitchell H, Medley G. Differences between Papanicolaou smears with correct and incorrect diagnoses. Cytopathology. 1995;6:368-75.

2. O'Sullivan JP, A'Hern RP, Chapman PA, Jenkins L, Smith R, al-Nafussi A, et al. A case-control study of true-positive versus false-negative cervical smears in women with cervical intraepithelial neoplasia (CIN) III. Cytopathology.1998;9:155-61.

3. Elumir-Tanner L. Doraty M. Management of Papanicolaou test results that lack endocervical cells. Can Med Assoc J. 2011;183:563-8.

4. Massad LS, Einstein MH, Huh WK, Katki HA, Kinney WK, Schiffman M, et al. 2012 updated consensus guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. J. Low Genit Tract Dis. 2013;17:S1-27.

DISCLAIMER

Gynaecological cytology is a screening test that aids in the detection of cervical cancer and cancer precursors. Both false positive and false negative results can occur. The test should be used at regular intervals, and positive results should be confirmed before definitive therapy.

Dr. Archana Sharma
MBBS , MD, PDCC Liver Pathology
Consultant Surgical Pathology
DMC RG- No.64610

Name	: Mrs.REKHA GOYAL	Centre Details	:MALVIN DIAGNOSTICS
Age	: 37 Yrs Sex: Female	Accession.ID	:SDL2411150041
Collection Date	: 15/Nov/2024 12:51PM	Referred By	:DR GYNAE UNIT
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DEPARTMENT OF CYTOLOGY

***** End Of Report *****

Disclaimer: All Results released pertain to the specimen submitted to the lab
1. Test results are dependent on the quality of the sample received by the lab
2. Tests are performed as per schedule given in the test listing and in any unforeseen circumstances, report delivery may be delayed
3. Test results may show interlaboratory variations
4. All dispute and claims are subjected to local jurisdiction only. Clinical correlation advised.
5. Test results are not valid for medico legal purposes
6. For all queries, feedbacks, suggestions, and complaints, please contact customer care support +0124 665 0000

Dr. Archana Sharma
MBBS , MD, PDCC Liver Pathology
Consultant Surgical Pathology
DMC RG- No.64610

Verify this report by scanning the QR code on top. In case of any discrepancy please report to +0124 665 0000
This sample is processed at **Oncquest Laboratories Ltd.; A-17 Infocity, Sector-34, Gurugram**

JEEWAN MALA HOSPITAL

Tradition of Trust & Care Since 1930

Mark of Excellence

Name: Mrs. Rekha Nagpal Age: 37yr Sex: F

Ref by: .... Date: 14/11/24

M.R. No.: .... H/O Drug Allergy - Yes / No ....

Deptt. of Medicine

Dr. Vineet Sabharwal
M.B.B.S., M.D. (MED)
Senior Physician

Dr. Rakesh Sharma
M.B.B.S., M.D. (MED)
Senior Consultant Physician

Dr. Vishal Garg
Senior Consultant Physician

Dr. Pankaj Kumar
Consultant Physician

Dr. Glosey Sabharwal
Member

Dr. Laxmi Kant Tomar

Dr. Jatin Anand

Dr. Mudit Gupta
MBBS

Dr. Avinash Bansal

Dr. Sandeep Bhagat
MBBS

Dr. Sandeep Garg
MBBS

Dr. Nikhil Sharma

BP - 132/79
P - 92

Pain abdomen
- Hyperacidity
R/L Pedal oedema

Rx

RS B/L
RT 1320
Temp
Lungs
41.

- Cap [illegible]-D — 0 — खाली पेट
- Tab [illegible] — 0 —
- Tab [illegible]-LC — 0
- Tab Drotin-M SOS
- Syp [illegible] 10ml TDS after meal

Treatment Adv for .... days - Next Followup Visit on ....

67/C, New Rohtak Road, New Delhi-110 005 (India) Tel.: 47774141, 9971257895
E-mail.: info@jmh.in Website: www.jmh.in

JEEWAN MALA HOSPITAL

Tradition of Trust & Care Since 1920

Mark of Excellence

Name: Mrs. Rekha Goyal   Age: 37Y   Sex: F

Deptt: .... Ref by: .... Date: 19/11/24

M.R. No. .... H/O Drug Allergy-Y/N ....

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal
M.B.B.S., M.S., FICA
Hon. Surgeon to Fmr. President of India
Sir Ganga Ram Hospital
Sr. Member - Association of Surgeons of India
Indian Association of Gastro Endo Surgeons
Indian Hernia Society
Asso. Editor of Min. Access Surgeons of India
E-mail: drvinay@jmh.in
Website: www.drvinay@sabharwal.com
DMC No. 4887

Dr. Malvika Sabharwal
M.B.B.S., DGO, F.I.C.O.G., Dipl. Endo. Surgery (USA)
Awarded Padmashri by the President of India
Chief Dept. of Gynae. Laparoscopic, Endoscopy Surgery
President, Delhi Gynae Endoscopy Society (2018)
Founder Chairperson: Indian Ass. of Gynae. Endoscopists
International Society of Gynae. Laparoscopists
American Association Gynae. Laparoscopy
Federation of Obst. & Gynae. Societies of India
International College of Obst. & Gynae.
E-mail: drmalvika@jmh.in
Website: drmalvika@sabharwal.com
DMC No. 4898

Deptt. of E.N.T.

Dr. R.K. Trivedi
M.B.B.S., D.L.O., M.S. (E.N.T.)
Senior Consultant
D.M.C. No. 12547

Dr. Rajeev Nangia
M.B.B.S., M.S. (E.N.T.)
Senior Endoscopic Surgeon
DMC No. 8081

Deptt. of Ophthalmology

Dr. Ashwani Seth
M.B.B.S., M.S.
Senior Consultant Eye Surgeon
D.M.C. No. 11702

Dr. S.C. Pahwa
M.B.B.S., M.S. (Ophth.)
Eye Surgeon
D.M.C. No. 8424

Deptt. of Dentistry

Dr. Varun Aggarwal
B.D.S., M.D.S., CAIC, M.I.D.A.
Consultant Implantologist
& Unit Head

Dr. Neha Gupta
B.D.S., PGCHM, F.I.C.D., M.I.D.A.
Senior Consultant
Deptt. of Dentistry

O/E

CR + Sphy builty

L/E ~~[illegible]~~ lost in young age ↓ chicken Pox

R/E h/o Keratoplasty done 8 yrs back.

PL+   A-1

PR +X

℞

R/E Corneal Haze ~~[illegible]~~

Eco-Tears HA Eye drop

1 Drop x 1D

0 — 0 — 0

DR. S.C PAHWA
M.B.B.S. M.S.(Opthl)
EYE Specialist
DMC No. - 8424
Jeewan Mala Hospital
New Delhi-110005

Treatment Adv for .... days   Next follow up Visit on ....

JEEWAN MALA HOSPITAL
Tradition of Trust & Care Since 1920

GYNAE DEPARTMENT
JEEWAN MALA HOSPITAL, NEW ROHTAK ROAD, 9212150582, 9212150586
VASANT VIHAR CLINIC, E-87, PASCHIMI MARG, VASANT VIHAR
For Appointment call 9212526855

Mark of Excellence

GYNAE DEPTT.
9212150582
9212150586
For Appt. 9212526855
Time 8 AM to 8 PM

OPD ASSESSMENT FORM
(Gyn. & Obs.)

Name of Patient: Mrs. Rekha Age/Sex: 37/F Date/Time: 15/11/24

Name of Doctor: gynae visit

Presenting complaints: for Routine health c/u.

Pt is visually impaired

History of presenting complaints:

Menstrual History: LMP: → 3/11/24 M/H:- 3/25-26 d/s.

EDD:

Marital History: — MF x 7 yrs

Obstetric History: P_2L_2 – 1st child FTLSCS - 6 y back (fortis Hosp)
2nd child FTLSCS - 3 y back (a/w Jadi)

Past history / surgical procedures:

H/O of ? Uterine Cancer in Mother (Endometrial, ? cervical) survivor; taken Chemo + RT.

A. General Physical Examination: Pallor .... Icterus .... Cyanosis .... Clubbing ....

Pedal edema .... Lymph nodes .... Breast .... B.P. .... Pulse .... Weight ....

Location: 1. P/A soft – pt is very uncomfortable.

2. P/S

3. P/V

Cx – healthy os
ET-NS, A/V.

Pap smear taken

Endocervical smear taken

Investigation	Treatment
15/11/24 (JMH) liver (N) grade ? : fatty liver, Upper Ab (N) Uter A/v (N) ET :- 6.3mm both ovaries (N) ; B/L Adnexa - clear	Adv T. CCM - 1 tab OD T. Uprise D3 - 1 tab weekly x 12 wks f/u c Report [signature]

Diet Normal Soft Liquid Other

Signature & Name of the Doctor

Mrs Rekha | Age: 37 Y/ Sex: F
Date: November 15, 2024 | MR No:- 37239

ULTRASOUND WHOLE ABDOMEN

Liver is normal in size and shows diffuse increase in echogenicity s/o grade-I fatty infiltration.
Intrahepatic bile ducts and portal radicals are normal in caliber.
Portal vein is normal in caliber

Gall bladder does not show any evidence of cholecystitis or cholelithiasis.

- Calculus - Absent
- Sludge - Absent
- Wall edema;- Absent.
- Wall thickness.- Normal
- Pericholecystic adhesions:- Absent
- CBD- proximal visualized part. - is not dilated.
- CBD- Mid and distal segment is obscured due to technical limitation
- Central IHBR:- normal in caliber

Both kidneys are of normal size, shape and echopattern. No calculus, growth or hydronephrotic changes seen in either kidney. The parenchymal thickness is normal & cortico-medullary differentiation is well maintained.

Spleen is normal in size and echotexture.
Pancreas does not show any pathology.

Urinary bladder is distended and shows no mural or intraluminal pathology.
Uterus is anteverted and higher up in pelvis, normal in size, shape and echopattern.
Endometrium echo is 6.3 mm
Both the ovaries appear normal in size, shape, and echopattern.
Bilateral adnexae are clear. No adnexal mass
No free fluid or pelvic collection seen.

Please correlate clinically.

DR. GLOSSY B SABHARWAL, MD
CONSULTANT RADIOLOGIST
\This report is only a professional opinion and it is not valid for medico-legal purposes.

Atrial Rate

Ventricular Rate

Rhythm

Axis

P. Wave

P.R. Interval

QRS Duration

Q.T. Duration

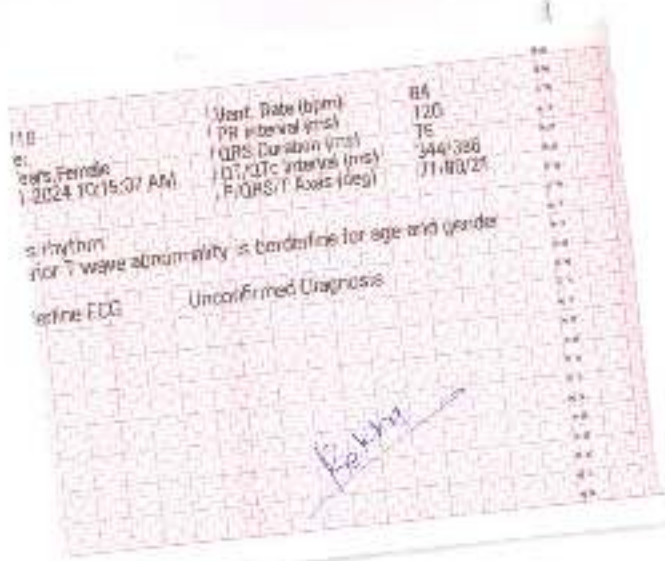
Q.T. Interval

Conclusion

ST Segment

T. Wave

-Others



Signature

Doctor IIC

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. REKHA GOYAL
Age / Gender : 37 years / Female
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Nov 15, 2024, 10:59 a.m.
Receiving Time : Nov 15, 2024, 10:59 a.m.
Reporting Time : Nov 15, 2024, 01:04 p.m.
241115068
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	12.4	g/dL	12.0 - 15.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	3.94	x 10^6/uL	3.8 - 4.8
HCT Method : Whole Blood, RBC pulse height detection	38.7	%	36 - 46
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	98.2	fL	83 - 101
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	31.5	pg	27 - 32
Mean Corpuscular Hb Concn. (MCHC) Method : Whole Blood, Calculated	32.0	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	**14.1**	%	11.6 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	6.3	x 10^3 /uL	4 - 10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	51.9	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	37.8	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	5.1	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	4.9	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.3	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	3.27	x 10^3/uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	2.38	x 10^3/uL	1 - 3

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. REKHA GOYAL
Age / Gender : 37 years / Female
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Patient Type / Bed No. : I /
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Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count Method : Whole Blood, Calculated	0.32	x 10^3u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.31	x 10^3/uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	**0.02**	x 10^3/uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	**120**	x 10^3/uL	150 - 410
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	**22**	mm/hr	<20

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

Patient Name : MRS. REKHA GOYAL
Age / Gender : 37 years / Female
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Nov 15, 2024, 10:59 a.m.
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Reporting Time : Nov 15, 2024, 12:47 p.m.
241115068
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

T3, T4, TSH (Thyroid Profile Total),Serum

(Triiodothyronine) T3-Total	0.8	ng/mL	0.80 - 2.00
Method : ECLIA			
(Thyroxine) T4-Total	5.81	ug/dL	5.10 - 14.10
Method : ECLIA			
TSH-Ultrasensitive	1.51	uIU/mL	0.27-4.20
Method : ECLIA			

Interpretation

The Biological reference interval provided is for Adults.

For age specific reference interval, please refer to the table given below.

TSH	T3/FT3	T4/FT4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Childern	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	051	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

END OF REPORT

Patient Name : MRS. REKHA GOYAL

Age / Gender : 37 years / Female

MR No. / IPD No. : /

Patient Type / Bed No. : I /

Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

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241115068

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MRS. REKHA GOYAL	**Registration Time :** Nov 15, 2024, 10:59 a.m.
Age / **Gender :** 37 years / Female	**Receiving Time :** Nov 15, 2024, 10:59 a.m.
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Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Blood Group (ABO)

Blood Group	"A"		
Method : Forward and Reverse by Slide method			
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MRS. REKHA GOYAL	**Registration Time :** Nov 15, 2024, 10:59 a.m.
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LFT (Liver Function Test,Serum)			
Total Protein	7.8	g/dL	6.4-8.3
Method : Biuret Method			
Albumin	4.5	g/dL	3.5 - 5.2
Method : Bromocresol Green			
Globulin	3.30	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.36	ratio	1.2 - 2.2
Method : Calculated			
SGOT	24	U/L	0 to 32
Method : IFCC without Pyridoxal Phosphate			
SGPT	21	U/L	0 to 33
Method : IFCC without Pyridoxal Phosphate			
Alkaline Phosphatase-ALP	88	U/L	35-104
Method : PNP AMP Kinetic			
GGT-Gamma Glutamyl Transferase	10	U/L	0 to 40
Method : IFCC			
Bilirubin Total	0.50	mg/dL	0.0-0.90
Method : Colorimetric Diazo Method			
Bilirubin - Direct	0.10	mg/dL	Adults and Children: < 0.30
Method : Colorimetric Diazo Method			
Bilirubin - Indirect	0.40	mg/dL	0.1 - 1.0
Method : Calculated			

Interpretation :

SGOT/ SGPT: Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

Alkaline Phosphatase: Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

GGT: Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

Protein: Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

Albumin: Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

Bilirubin: A substance produced during the normal breakdown of red blood cells.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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		Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

END OF REPORT

Dr.Arti Tripathi
MD Pathology
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MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

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	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
KFT (Renal Function Test,Serum)			
Urea	21.4	mg/dL	16.6-48.5
Method : kinetic (urease-GLDH)			
BUN	10.00	mg/dL	6-20
Method : Calculated			
Creatinine	0.70	mg/dL	0.30-1.10
Method : Kinetic Colorimetric (Jaffe Method)			
Uric Acid	4.6	mg/dL	2.4-5.7
Method : Enzymatic Colorimetric: Uricase-POD			

Interpretation :

Urea:- Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

Creatinine :- Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid:- Increased in Gout, Arthiritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

Sodium:-Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

Potassium:- Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride:- Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
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MC-5569

Patient Name : MRS. REKHA GOYAL	**Registration Time :** Nov 15, 2024, 10:59 a.m.
Age / Gender : 37 years / Female	**Receiving Time :** Nov 15, 2024, 10:59 a.m.
MR No. / IPD No. : /	**Reporting Time :** Nov 15, 2024, 12:47 p.m.
Patient Type / Bed No. : I /	241115068
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

BIOCHEMISTRY

Lipid Profile,Serum

Test Description	Value(s)	Unit(s)	Reference Range
Cholesterol-Total **Method : Enzymatic Colorimetric,CHOD-POD**	195	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.■■■■■■■
Triglycerides **Method : Enzymatic Colorimetric ,GOD-POD**	**184**	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct **Method : CHOD-POD (Homogenous Enzymatic)**	**47**	mg/dL	No Risk - >65 mg/dL Moderate risk - 45-65 mg/dL High risk - < 45 mg/dL
LDL Cholesterol **Method : Calculated**	**111.20**	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum **Method : Calculated**	148	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol **Method : Serum, Calculated**	**36.80**	mg/dL	0 - 30
CHOL/HDL RATIO **Method : Calculated**	4.15	Ratio	3.5 - 5.0
LDL/HDL RATIO **Method : Calculated**	2.37	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO **Method : Calculated**	**0.42**	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 10-12 hours fasting sample is required.

MALVIN DIAGNOSTICS
Legacy of Trust

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Test Description	Value(s)	Unit(s)	Reference Range

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
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MC-5569

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Patient Type / Bed No. : I /	241115068F
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose (Fasting)			
Glucose Fasting	**107**	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Method : Plasma,Enzymatic Hexokinase			

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

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Patient Name : MRS. REKHA GOYAL

Age / Gender : 37 years / Female

MR No. / IPD No. : /

Patient Type / Bed No. : I /

Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Nov 15, 2024, 10:59 a.m.

Receiving Time : Nov 15, 2024, 10:59 a.m.

Reporting Time : Nov 15, 2024, 03:46 p.m.

241115068

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range

BIOCHEMISTRY

Glycated Hb (HbA1c)

HbA1c (Glycated Hemoglobin)	5.3	%	Non-Diabetic : <5.7
Method : EDTA Whole blood, HPLC, NGSP certified			Pre Diabetes : 5.7 - 6.4
			Diabetes : ≥ 6.5

Estimated Average Glucose : 105.41 mg/dL

Interpretations

- HbA1c has been used as one of the key biomarkers in identifying patients with Diabetes . American Diabetes Association (ADA) and several clinical groups have endorsed utility of HbA1c testing using a cut off value of 6.5%. The average concentration of blood glucose(eBG) is reflected in this test over a period of the past three months.
- Therapectic goals for monitoring Diabetes.

  Goal of therapy < 7% HbA1c.

  Action suggested > 8 % HbA1c
- Patients with shortened red cell survival(hemolytic disease), recent significant blood loss have lower HbA1c values .
- High HbA1c is associated with Iron deficiency ,patients with polycythemia or post splenctomy.

Note : The presence of hemoglobin variants can interfere with measurment of HbA1c.

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Age / Gender : 37 years / Female
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241115068
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
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Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine (RE/ME)			
Physical Examination :			
Volume	40		mL
Method : Visual Observation			
Colour	Pale Yellow		Pale Yellow
Method : Visual Observation			
Transparency (Appearance)	Clear		Clear
Method : Visual Observation			
Deposit	Absent		Absent
Method : Visual Observation			
Reaction (pH)	6.0		4.5 - 8.0
Method : Double Indicator method			
Specific Gravity	1.015		1.010 - 1.030
Method : Ionic Concentration			
Chemical Examination (Dipstick Method) Urine			
Urine Protein	Absent		Absent
Method : Protein Ionisation/ Manual			
Urine Glucose (sugar)	Absent		Absent
Method : Oxidase Reaction/ Manual			
Blood (Urine)	Absent		Absent
Method : Peroxidase Reaction			
Microscopic Examination Urine			
Pus Cells (WBCs)	1 - 2	/hpf	0 - 5
Method : Microscopy			
Epithelial Cells	1 - 2	/hpf	0 - 4
Method : Microscopy			
Red blood Cells	Absent	/hpf	Absent
Method : Microscopy			
Crystals	Absent		Absent
Method : Microscopy			
Cast	Absent		Absent
Method : Microscopy			
Yeast Cells	Absent		Absent
Method : Microscopy			
Amorphous Material	Absent		Absent
Method : Microscopy			

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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vascodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

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