



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mrs. SUPRIYA KUMARI
MR No : 698393
Age/Sex : 38 Years / Female
Type : OPD
TPA/Corporate : MEDIWHEEL PVT LTD
Bill Date : 11/04/2024
Reporting Date : 11/04/2024
Sample ID : 271046
Bill/Req. No. : 25280354
Ref Doctor : Dr.RMO

Test	Result	Bio. Ref. Interval	Units	Method
LIPID PROFILE				
LIPID PROFILE				
TOTAL CHOLESTEROL	175.1	0 - 250	mg/dL	CHOD -Trinder
SERUM TRIGLYCERIDES	107.6	60 - 165	mg/dl	GPO-TRINDER
HDL-CHOLESTEROL	42.5	30 - 70	mg/dl	DIRECT
VLDL CHOLESTEROL	21.52	6 - 32	mg/dL	calculated
LDL	111.08	50 - 135	mg/dl	calculated
LDL CHOLESTEROL/HDL RATIO	2.61	1.0 - 3.0	mg/dL	calculated
TOTAL CHOLESTEROL/HDL RATIO	4.12	2.0 - 5.0	mg/dl	calculated

SAMPLE TYPE: SERUM

Note : ATP III Guidelines At-A-Glance Quick Desk Reference

Step 1 - Determine lipoprotein levels obtain complete lipoprotein profile after 9- to 12-hour fast.

ATP III Classification of LDL, Total, and HDL Cholesterol (mg/dL):-

LDL Cholesterol Primary Target of Therapy

<100	Optimal
130-159	Borderline high
>190	Very high.

Total Cholesterol

<200	Desirable
200-239	Borderline high
>240	High


HDL Cholesterol

<40	Low
>60	High

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



Sample no.


 Dr. JAY PRAKASH SINGH
 MBBS, MD (PATHOLOGY)

Dr. ISHA RASTOGI
 MD, MBBS MICROBIOLOGY
 CONSULTANT CLINICAL MICROBIOLOGIST



USER NM GAURAV

(This is only professional opinion and not the diagnosis, please correlate clinically)
 Q Block, South City -II, Sohna Road, Sector-47, Gurgaon, Haryana

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PARK GROUP OF HOSPITALS : West Delhi - Gurugram - Faridabad - Sonapat - Panipat - Karnal - Ambala - Patiala - Behror - Jaipur



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URINE ROUTINE AND MICROSCOPY				
PHYSICAL CHARACTERSTICS				
QUANTITY	40ml	5 - 100	ml	
COLOUR	Pale Yellow	Pale Yellow		Manual Method
TURBIDITY	Clear	clear		
SPECIFIC GRAVITY	1.015	1.000-1.030		urinometer
PH - URINE	6.0	5.0 - 9.0		PH PAPER
CHEMICAL EXAMINATION-1				
UROBILINOGEN	Negative	NIL		Ehrlich
URINE PROTEIN	Absent	NIL	mg/dl	Protein error indicator
BLOOD	NIL	NIL		
URINE BILIRUBIN	NIL	NIL		
GLUCOSE	NIL	NIL	mg/dL	GOD-POD/Benedicts
URINE KETONE	NIL	NIL		SOD.
MICRO.EXAMINATION				
PUS CELL	2-4	0-5	cells/hpf	Microscopic
RED BLOOD CELLS	NIL	0-2	cells/hpf	
EPITHELIAL CELLS	1-2	0-5	cells/hpf	
CASTS	NIL	NIL	/lpf	
CRYSTALS	NIL	NIL	/Lpf	
OTHER	NIL			
AMORPHOUS URINE	Absent			MicroScopy

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



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USER NM RAVINDRA



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Name : Ms . SUPRIYA KUMARI 25280354
Age/Gender : 38 Y(s) /Female
VID : 120424520
KPID : KP0492045
Referred By : PARK HOSPITAL
Sample Id : 220422009

Location : KPL A43
Registered On : 12-04-2024 17:32
Release Date : 13-Apr-2024 15:15
ClientId :
Histo Id : A24/14732



AW-CYTOLOGY

Test

ResultUnit

Pap Smear

CYTOPATHOLOGY NO.: C- 1017/24

SPECIMEN SUBMITTED: 2 Conventional cervical smears.

SPECIMEN ADEQUACY: Satisfactory for evaluation; Endocervical /transformation zone component present.

MICROSCOPIC EXAMINATION:

Squamous cell population:

Superficial – Present.

Intermediate – Present.

Blood – Present.

Inflammation – Mild.

Atypical cells – Not present.

Background bacterial flora – Maintained.

INTERPRETATION:

- Negative for squamous intraepithelial lesion or malignancy.
- Inflammation with associated reactive cellular changes.

COMMENT:

1. The smears are reported using the Bethesda system (2014) for reporting cervical cytology.
2. Cervical cytology is a screening test primarily for squamous cancer and its precursors and has associated false-negative and false-positive results. Technologies such as liquid-based preparations may decrease but will not eliminate all false negative results. Follow-up of unexplained clinical signs and symptoms is recommended to minimize false-negative results.
3. In patients with squamous or glandular intraepithelial abnormalities, further diagnostic follow-up procedures, such as HPV testing, colposcopy / biopsy with endocervical sampling are suggested, as clinically indicated.

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ON PANEL : C.G.H.S., D.G.E.H.S., ECHS, B.H.E.L, INDIAN RAILWAY, E.S.I., NDMC, DELHI JAL BOARD, ONGC, NTPC, SAIL, NIFT

1. All reports are for interpretation by the treating doctor only and have to be viewed and correlated with clinical examination and other investigations. 2. All investigations have their limitation which is imposed by the limits to sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. 3. If the result(s) of tests are alarming or unexpected the doctor is advised to contact the lab immediately for needful and necessary action.
This Report is not subject to use for any medico-legal purpose

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