

Name	Mrs.Chandrabhabha Arya	ID	MED112068557
Age & Gender	50/FEMALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows few calculi measuring about 3-7mm in size within the lumen. Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.
No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.2
Left Kidney	11.0	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 2.8mm

Uterus measures as follows: LS: 5.4cms AP: 2.3cms TS: 3.2cms.

OVARIES are not visualised. However no adnexal mass noted.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **CHOLELITHIASIS. NO BILIARY DILATATION.**

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.

- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Mrs.Chandraprabha Arya	ID	MED112068557
Age & Gender	50/FEMALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		

➤ **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/vp

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Mrs.Chandrabhabha Arya	ID	MED112068557
Age & Gender	50/FEMALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/vp

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Mrs.Chandraprabha Arya	ID	MED112068557
Age & Gender	50/FEMALE	Visit Date	10/02/2024
Ref Doctor Name	MediWheel		

- 1 **Negative. Routine mammogram in 1 year recommended.**
- 2 Benign finding. Routine mammogram in 1 year recommended.
- 3 Probably benign finding. Short interval follow-up suggested.
- 4 Suspicious. Biopsy should be considered.
- 5 Highly suggestive of malignancy. Appropriate action should be taken.

REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	Mrs. Chandrabhabha Arya	ID	MED112068557
Age & Gender	50Y/F	Visit Date	Feb 10 2024 8:59AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression:

NO SIGNIFICANT ABNORMALITY DETECTED.



DR. APARNA

CONSULTANT RADIOLOGIST

Name : Mrs. Chandraprabha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.0	%	37 - 47
RBC Count (EDTA Blood)	4.77	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	81.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood)	39.4	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	65.8	%	40 - 75
Lymphocytes (EDTA Blood)	25.7	%	20 - 45
Eosinophils (EDTA Blood)	2.0	%	01 - 06
Monocytes (EDTA Blood)	5.9	%	01 - 10



MC-5606



APPROVED BY

Name : Mrs. Chandraprabha Arya
 PID No. : MED112068557
 SID No. : 424007741
 Age / Sex : 50 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
 Collection On : 10/02/2024 9:34 AM
 Report On : 11/02/2024 12:45 PM
 Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.7	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.4	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.3	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	207	10 ³ / µl	150 - 450
MPV (EDTA Blood)	12.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.254	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	20	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	101.05	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	118.26	mg/dL	70 - 140



Name : Mrs. Chandraprabha Arya
 PID No. : MED112068557
 SID No. : 424007741
 Age / Sex : 50 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
 Collection On : 10/02/2024 9:34 AM
 Report On : 11/02/2024 12:45 PM
 Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
---	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.3	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Modified Jaffe)	1.02	mg/dL	0.6 - 1.1
--------------------------------------	------	-------	-----------

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.16	mg/dL	2.6 - 6.0
--------------------------------	-------------	-------	-----------

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.76	mg/dL	0.1 - 1.2
---	------	-------	-----------

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.32	mg/dL	0.0 - 0.3
---	-------------	-------	-----------

Bilirubin(Indirect) (Serum/Derived)	0.44	mg/dL	0.1 - 1.0
--	------	-------	-----------

SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	30.60	U/L	5 - 40
--	-------	-----	--------

SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	40.42	U/L	5 - 41
--	-------	-----	--------

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.75	U/L	< 38
--	-------	-----	------

Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	103.8	U/L	42 - 98
---	--------------	-----	---------



APPROVED BY

Name : Mrs. Chandraprabha Arya
 PID No. : MED112068557
 SID No. : 424007741
 Age / Sex : 50 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
 Collection On : 10/02/2024 9:34 AM
 Report On : 11/02/2024 12:45 PM
 Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	7.58	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.57	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.01	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.52		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.69	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	156.08	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the `usual_ circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	50.84	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	118.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	31.2	mg/dL	< 30



APPROVED BY

Name : Mrs. Chandrababha Arya
 PID No. : MED112068557
 SID No. : 424007741
 Age / Sex : 50 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
 Collection On : 10/02/2024 9:34 AM
 Report On : 11/02/2024 12:45 PM
 Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	149.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
---	-----	--	--

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
---	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
-----------------------------	-----	---	---

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	125.5	mg/dL	
--	-------	-------	--



Name : Mrs. Chandrababha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

INTERPRETATION: 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 glycaemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.04	ng/ml	0.7 - 2.04
--	------	-------	------------

**INTERPRETATION:
Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	9.03	µg/dl	4.2 - 12.0
--	------	-------	------------

**INTERPRETATION:
Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.97	µIU/mL	0.35 - 5.50
--	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

PHYSICAL EXAMINATION (URINE COMPLETE)



APPROVED BY

Name : Mrs. Chandrabhabha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Yellow		Yellow to Amber

Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6		4.5 - 8.0
Specific Gravity (Urine)	1.012		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)



APPROVED BY

Name : Mrs. Chandrabhabha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



APPROVED BY

Name : Mrs. Chandrabha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	9.11		6.0 - 22.0



Name : Mrs. Chandrabhabha Arya
PID No. : MED112068557
SID No. : 424007741
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 10/02/2024 8:59 AM
Collection On : 10/02/2024 9:34 AM
Report On : 11/02/2024 12:45 PM
Printed On : 28/02/2024 10:08 AM



Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

Name : Mrs. Chandrabha Arya Register On : 10/02/2024 8:59 AM
PID No. : MED112068557 Collection On : 10/02/2024 9:34 AM
SID No. : 424007741 Report On : 11/02/2024 12:45 PM
Age / Sex : 50 Year(s) / Female Printed On : 28/02/2024 10:08 AM
Ref. Dr : MediWheel OP / IP : OP



***PAP Smear by LBC(Liquid based Cytology)**

PAP Smear by LBC(Liquid based Cytology)

Nature of Specimen: Cervical smear.

Lab NO : GC-296/24

Specimen type : Liquid based preparation.

Specimen adequacy : Satisfactory for evaluation.

Endocervical / Transformation zone cells : Present.

General categorization : Within normal limits.

DESCRIPTION : Smear shows parabasal cells along with clusters of metaplastic cells in a background of sheets of neutrophils.

INTERPRETATION : Negative for intraepithelial lesion or malignancy.

Non neoplastic cellular changes : Atrophy.

