

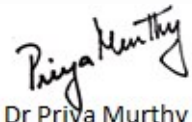
Patient Name : Mr.RAMAKRISHNA  
Age/Gender : 46 Y 3 M 9 D /M  
UHID/MR No : DSDU.0000003750  
Visit ID : DSDUOPV5653  
Ref Doctor : ANJANADRI DIAGNOSTICS KARATAGI  
IP/OP NO :

Collected : 15/Oct/2024 06:36PM  
Received : 16/Oct/2024 10:26AM  
Reported : 16/Oct/2024 11:41AM  
Status : Final Report  
Client Name : PCC SINDHANUR  
Center location : Sindhanur,Sindhanur

### DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	16.5	g/dL	13-17	Spectrophotometer
<b>PCV</b>	<b>51.00</b>	%	40-50	Electronic pulse & Calculation
<b>RBC COUNT</b>	<b>6.58</b>	Million/cu.mm	4.5-5.5	Electrical Impedance
<b>MCV</b>	<b>78</b>	fL	83-101	Calculated
<b>MCH</b>	<b>25.1</b>	pg	27-32	Calculated
<b>MCHC</b>	32.3	g/dL	31.5-34.5	Calculated
<b>R.D.W</b>	<b>16.8</b>	%	11.6-14	Calculated
<b>TOTAL LEUCOCYTE COUNT (TLC)</b>	9,200	cells/cu.mm	4000-10000	Electrical Impedance
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
<b>NEUTROPHILS</b>	67.4	%	40-80	Electrical Impedance
<b>LYMPHOCYTES</b>	25.6	%	20-40	Electrical Impedance
<b>EOSINOPHILS</b>	2.3	%	1-6	Electrical Impedance
<b>MONOCYTES</b>	4.5	%	2-10	Electrical Impedance
<b>BASOPHILS</b>	0.2	%	<1-2	Electrical Impedance
<b>CORRECTED TLC</b>	9,200	Cells/cu.mm		Calculated
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
<b>NEUTROPHILS</b>	6200.8	Cells/cu.mm	2000-7000	Calculated
<b>LYMPHOCYTES</b>	2355.2	Cells/cu.mm	1000-3000	Calculated
<b>EOSINOPHILS</b>	211.6	Cells/cu.mm	20-500	Calculated
<b>MONOCYTES</b>	414	Cells/cu.mm	200-1000	Calculated
<b>BASOPHILS</b>	18.4	Cells/cu.mm	0-100	Calculated
<b>Neutrophil lymphocyte ratio (NLR)</b>	2.63		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	<b>438000</b>	cells/cu.mm	150000-410000	Electrical impedance

Page 1 of 7



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SIN No:HA07844290

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**Apollo Health and Lifestyle Limited**

(CIN - U85110TG2000PLC115819)

Corporate Office: 7-1-617/A, 7<sup>th</sup> Floor, Imperial Towers, Ameerpet, Hyderabad-500016, Telangana

Ph No: 040-4904 7777 | www.apollohl.com | Email ID:enquiry@apollohl.com

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### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	<b>7.1</b>	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	157	mg/dL		Calculated

#### Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

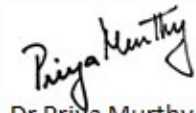
REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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SIN No:BI22240735

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### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>225</b>	mg/dL	<200	CHO-POD
TRIGLYCERIDES	<b>282</b>	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	51	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	<b>174</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>117.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	<b>56.4</b>	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.40		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	<b>0.38</b>		<0.11	Calculated

#### Comment:

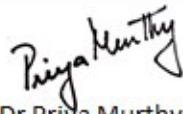
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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### DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.43	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.34	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	24.0	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.0		<1.15	Calculated
ALKALINE PHOSPHATASE	70.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated

#### Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

#### 1. Hepatocellular Injury:


\*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries. \*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

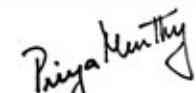
2. Cholestatic Pattern: \*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex. \*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment: \*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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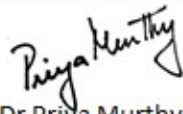
DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	0.82	mg/dL	0.84 - 1.25	Modified Jaffe, Kinetic
UREA	19.10	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	8.9	mg/dL	8.0 - 23.0	Calculated
URIC ACID	7.45	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.10	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.36	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	138	mmol/L	136-146	ISE (Indirect)
POTASSIUM	5.0	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	102	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.44	g/dL	6.6-8.3	Biuret
ALBUMIN	4.79	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.65	g/dL	2.0-3.5	Calculated
A/G RATIO	1.81		0.9-2.0	Calculated

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### DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-iodothyronine (T3, TOTAL)	0.98	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	7.07	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.545	µIU/mL	0.34-5.60	CLIA

#### Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

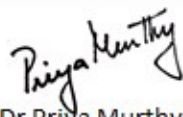
1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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DEPARTMENT OF IMMUNOLOGY

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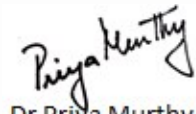
Result/s to Follow:  
GLUCOSE, FASTING



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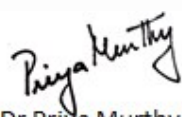
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2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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