

Patient Name : Mrs.K MAHALAKSHMI
Age/Gender : 73 Y 0 M 0 D /F
UHID/MR No : DSDU.0000003922
Visit ID : DSDUOPV5570
Ref Doctor : ANJANADRI DIAGNOSTICS KARATAGI
IP/OP NO :

Collected : 26/Sep/2024 09:05PM
Received : 27/Sep/2024 10:38AM
Reported : 27/Sep/2024 11:22AM
Status : Final Report
Client Name : PCC SINDHANUR
Center location : Sindhanur,Sindhanur

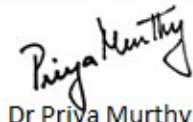
DEPARTMENT OF HAEMATOLOGY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------------|---------------|--------------------|--------------------------------|
| COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA | | | | |
| HAEMOGLOBIN | 11.9 | g/dL | 12-15 | Spectrophotometer |
| PCV | 35.70 | % | 36-46 | Electronic pulse & Calculation |
| RBC COUNT | 4.02 | Million/cu.mm | 3.8-4.8 | Electrical Impedance |
| MCV | 88.9 | fL | 83-101 | Calculated |
| MCH | 29.5 | pg | 27-32 | Calculated |
| MCHC | 33.2 | g/dL | 31.5-34.5 | Calculated |
| R.D.W | 13.8 | % | 11.6-14 | Calculated |
| TOTAL LEUCOCYTE COUNT (TLC) | 6,880 | cells/cu.mm | 4000-10000 | Electrical Impedance |
| DIFFERENTIAL LEUCOCYTIC COUNT (DLC) | | | | |
| NEUTROPHILS | 61.2 | % | 40-80 | Electrical Impedance |
| LYMPHOCYTES | 30.5 | % | 20-40 | Electrical Impedance |
| EOSINOPHILS | 1.3 | % | 1-6 | Electrical Impedance |
| MONOCYTES | 6.5 | % | 2-10 | Electrical Impedance |
| BASOPHILS | 0.5 | % | <1-2 | Electrical Impedance |
| CORRECTED TLC | 6,880 | Cells/cu.mm | | Calculated |
| ABSOLUTE LEUCOCYTE COUNT | | | | |
| NEUTROPHILS | 4210.56 | Cells/cu.mm | 2000-7000 | Calculated |
| LYMPHOCYTES | 2098.4 | Cells/cu.mm | 1000-3000 | Calculated |
| EOSINOPHILS | 89.44 | Cells/cu.mm | 20-500 | Calculated |
| MONOCYTES | 447.2 | Cells/cu.mm | 200-1000 | Calculated |
| BASOPHILS | 34.4 | Cells/cu.mm | 0-100 | Calculated |
| Neutrophil lymphocyte ratio (NLR) | 2.01 | | 0.78- 3.53 | Calculated |
| PLATELET COUNT | 268000 | cells/cu.mm | 150000-410000 | Electrical impedance |

Page 1 of 9



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SIN No:HA07738578

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

(CIN - U85110TG2000PLC115819)

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

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Status : Final Report
Client Name : PCC SINDHANUR
Center location : Sindhanur,Sindhanur

DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|-------------------------------|--------|-------|--------------------|------------|
| GLUCOSE, FASTING , NAF PLASMA | 144 | mg/dL | 70-100 | HEXOKINASE |

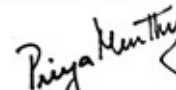
Comment:

As per American Diabetes Guidelines, 2023

| Fasting Glucose Values in mg/dL | Interpretation |
|---------------------------------|----------------|
| 70-100 mg/dL | Normal |
| 100-125 mg/dL | Prediabetes |
| ≥126 mg/dL | Diabetes |
| <70 mg/dL | Hypoglycemia |

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.


Dr Priya Murthy
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Consultant Pathologist



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Center location : Sindhanur,Sindhanur

DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|---|------------|-------|--------------------|------------|
| HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA | | | | |
| HBA1C, GLYCATED HEMOGLOBIN | 7.6 | % | | HPLC |
| ESTIMATED AVERAGE GLUCOSE (eAG) | 171 | 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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.

3. 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.

4. 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.

5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

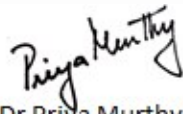
B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

Page 3 of 9



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SIN No:BI21949111

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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

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Center location : Sindhanur,Sindhanur

DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|------------------------------|--------|-------|--------------------|----------------------------|
| LIPID PROFILE , SERUM | | | | |
| TOTAL CHOLESTEROL | 165 | mg/dL | <200 | CHO-POD |
| TRIGLYCERIDES | 263 | mg/dL | <150 | GPO-POD |
| HDL CHOLESTEROL | 29 | mg/dL | 40-60 | Enzymatic Immunoinhibition |
| NON-HDL CHOLESTEROL | 136 | mg/dL | <130 | Calculated |
| LDL CHOLESTEROL | 83.7 | mg/dL | <100 | Calculated |
| VLDL CHOLESTEROL | 52.6 | mg/dL | <30 | Calculated |
| CHOL / HDL RATIO | 5.70 | | 0-4.97 | Calculated |
| ATHEROGENIC INDEX (AIP) | 0.60 | | <0.11 | Calculated |


Comment:

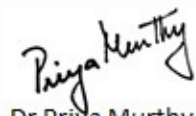
Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

| | 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 |

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.


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DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|-------|--------------------|--------------------|
| LIVER FUNCTION TEST (LFT) , SERUM | | | | |
| BILIRUBIN, TOTAL | 0.34 | mg/dL | 0.3–1.2 | DPD |
| BILIRUBIN CONJUGATED (DIRECT) | 0.05 | mg/dL | <0.2 | DPD |
| BILIRUBIN (INDIRECT) | 0.29 | mg/dL | 0.0-1.1 | Dual Wavelength |
| ALANINE AMINOTRANSFERASE (ALT/SGPT) | 12 | U/L | <35 | IFCC |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT) | 13.0 | U/L | <35 | IFCC |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.1 | | <1.15 | Calculated |
| ALKALINE PHOSPHATASE | 75.00 | U/L | 30-120 | IFCC |
| PROTEIN, TOTAL | 7.57 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.37 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.20 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.37 | | 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 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.

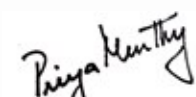
3. Synthetic function impairment:

*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.

Page 5 of 9


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SIN No:BI21949112

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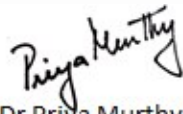
DEPARTMENT OF BIOCHEMISTRY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------------------------|
| RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM | | | | |
| CREATININE | 0.56 | mg/dL | 0.66 - 1.09 | Modified Jaffe, Kinetic |
| UREA | 19.50 | mg/dL | 17-43 | GLDH, Kinetic Assay |
| BLOOD UREA NITROGEN | 9.1 | mg/dL | 8.0 - 23.0 | Calculated |
| URIC ACID | 3.17 | mg/dL | 2.6-6.0 | Uricase PAP |
| CALCIUM | 9.80 | mg/dL | 8.8-10.6 | Arsenazo III |
| PHOSPHORUS, INORGANIC | 4.27 | mg/dL | 2.5-4.5 | Phosphomolybdate Complex |
| SODIUM | 142 | mmol/L | 136-146 | ISE (Indirect) |
| POTASSIUM | 5.3 | mmol/L | 3.5-5.1 | ISE (Indirect) |
| CHLORIDE | 108 | mmol/L | 101-109 | ISE (Indirect) |
| PROTEIN, TOTAL | 7.57 | g/dL | 6.6-8.3 | Biuret |
| ALBUMIN | 4.37 | g/dL | 3.5-5.2 | BROMO CRESOL GREEN |
| GLOBULIN | 3.20 | g/dL | 2.0-3.5 | Calculated |
| A/G RATIO | 1.37 | | 0.9-2.0 | Calculated |

Page 6 of 9



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DEPARTMENT OF IMMUNOLOGY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|--------|--------|--------------------|--------|
| THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM | | | | |
| TRI-iodothyronine (T3, TOTAL) | 0.8 | ng/mL | 0.7-2.04 | CLIA |
| THYROXINE (T4, TOTAL) | 10 | µg/dL | 5.48-14.28 | CLIA |
| THYROID STIMULATING HORMONE (TSH) | 2.364 | 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 |

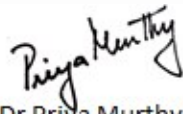
1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. 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 |

Page 7 of 9



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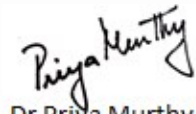
DEPARTMENT OF IMMUNOLOGY



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DEPARTMENT OF CLINICAL PATHOLOGY

| Test Name | Result | Unit | Bio. Ref. Interval | Method |
|--|----------|------|-----------------------|----------------------------------|
| COMPLETE URINE EXAMINATION (CUE) , URINE | | | | |
| PHYSICAL EXAMINATION | | | | |
| COLOUR | YELLOW | | PALE YELLOW | Scattering of light |
| TRANSPARENCY | Clear | | CLEAR | Scattering of light |
| pH | 5.0 | | 5-7.5 | Bromothymol Blue |
| SP. GRAVITY | 1.014 | | 1.002-1.030 | Bromothymol Blue |
| BIOCHEMICAL EXAMINATION | | | | |
| URINE PROTEIN | NEGATIVE | | NEGATIVE | PROTEIN ERROR OF INDICATOR |
| GLUCOSE | NORMAL | | NEGATIVE | GOD-POD |
| URINE BILIRUBIN | NEGATIVE | | NEGATIVE | Diazonium Salt |
| URINE KETONES (RANDOM) | NEGATIVE | | NEGATIVE | Sodium nitro prusside |
| UROBILINOGEN | NORMAL | | NORMAL (0.1-1.8mg/dl) | Diazonium salt |
| NITRITE | NEGATIVE | | NEGATIVE | Sulfanilic acid |
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Diazonium salt |
| CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY | | | | |
| PUS CELLS | 0 | /hpf | 0-5 | Automated Image based microscopy |
| EPITHELIAL CELLS | 1 | /hpf | < 10 | Microscopy |
| RBC | 0 | /hpf | 0-2 | Microscopy |
| CASTS | NEGATIVE | /lpf | 0-2 Hyaline Cast | Microscopy |
| CRYSTALS | NEGATIVE | /hpf | Occasional-Few | Microscopy |

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods.

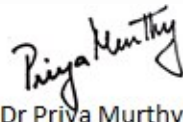
Microscopy findings are reported as an average of 10 high power fields.

*** End Of Report ***

Page 9 of 9



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SIN No:C03164473

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 UHID/MR No : DSDU.0000003922
 Visit ID : DSDUOPV5570
 Ref Doctor : ANJANADRI DIAGNOSTICS KARATAGI
 IP/OP NO :

Collected : 26/Sep/2024 09:05PM
 Received : 27/Sep/2024 01:07PM
 Reported : 27/Sep/2024 02:40PM
 Status : Final Report
 Client Name : PCC SINDHANUR
 Center location : Sindhanur,Sindhanur

TERMS AND CONDITIONS GOVERNING THIS REPORT

The reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitations of technologies.

Laboratories not be responsible for any interpretation whatsoever.

It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of the particulars have been cleared out by the patient or his / her representative at the point of generation of said specimen.

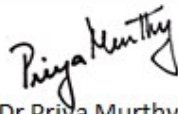
The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient.

Assays are performed in accordance with standard procedures, The reported results are dependent on individual assay methods / equipment used and quality of specimen received.

This report is not valid for medico legal purposes.



Dr.Vidya Aniket Gore
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



Dr Priya Murthy
 M.B.B.S,M.D(Pathology)
 Consultant Pathologist



SIN No:C03164473

This test has been performed at Apollo Health & Lifestyle PCC ANJANADRI DIAGNOSTICS Laboratory

Apollo Health and Lifestyle Limited

(CIN - U85110TG2000PLC115819)

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