

PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378905 / 7541482	Sample Receive Date	: 01/Jul/2023 11:48AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 01/Jul/2023 02:19PM

### HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Complete Blood Count</b>				
Hemoglobin	<b>11.3</b>	g/dL	12.0 - 15.0	Cyanide-free SLS-Hemoglobin
RBC	3.86	mili/cu.mm	3.8-4.8	DC Impedence Method
HCT	<b>33.7</b>	%	36 - 46	Pulse height average
MCV	87.3	fL	83 - 101	Calculated
MCH	29.2	pg	27 - 32	Calculated
MCHC	33.4	g/dL	31.5 - 34.5	Calculated
RDW-CV	<b>14.1</b>	%	11.6-14.0	Calculated
Total Leucocyte Count	5.38	10 <sup>3</sup> /μl	4 - 10	Impedence / Microscopy
<b>Differential Leucocyte Count</b>				
Neutrophils	54.0	%	40-80	Flowcytometry DHSS/Microscopy
Lymphocytes	33.4	%	20-40	Flowcytometry DHSS/Microscopy
Monocytes	<b>10.8</b>	%	2-10	Flowcytometry DHSS/Microscopy
Eosinophils	1.2	%	1-6	Flowcytometry DHSS/Microscopy
Basophils	0.6	%	0-2	Flowcytometry DHSS/Microscopy
<b>Absolute Leucocyte Count</b>				
Absolute Neutrophil Count	2.91	10 <sup>3</sup> /μL	2-7	Calculated
Absolute Lymphocyte Count	1.8	10 <sup>3</sup> /μL	1-3	Calculated
Absolute Monocyte Count	0.58	10 <sup>3</sup> /μL	0.2-1	Calculated
Absolute Eosinophil Count	0.06	10 <sup>3</sup> /μL	0.02-0.5	Calculated
Absolute Basophil Count	0.03	10 <sup>3</sup> /μL	0.02-0.1	Calculated
Platelet Count	190	10 <sup>3</sup> /μl	150-410	Impedence Variation /Microscopy
MPV	11.8	fL	6.5 - 12	Calculated
PDW	<b>22</b>	fL	9-17	Calculated



Dr. Pritha Aggarwal  
 MBBS, MD (Pathologist)  
 Consultant Pathologist  
 Reg No: 20120000011



PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378905 / 7541482	Sample Receive Date	: 01/Jul/2023 11:48AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Whole Blood-EDTA	Report Date	: 01/Jul/2023 02:19PM

**HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval	Method
-----------	--------	------	--------------------	--------

**Comment:**

- As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.



Dr. Pritha Aggarwal  
MBBS, MD (Pathologist)  
Consultant Pathologist  
Reg No: 20120000011



PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378904 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma F	Report Date	: 01/Jul/2023 01:18PM

## BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose - Fasting				
Glucose - Fasting	87	mg/dL	70-99	Hexokinase/G-6-PDH

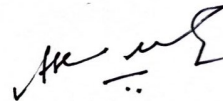
Fasting Plasma Glucose (mg/dL)	2 hr plasma Glucose (mg/dL)	Diagnosis
99 or below	139 or below	Normal
100 to 125	140 to 199	Pre-Diabetes (IGT)
126 or above	200 or above	Diabetes

Reference : American Diabetes Association

## Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

  
Dr Ashwin Kumar A.S  
MBBS M.D (Biochemistry)  
Consultant Biochemist  
Reg No:68123

PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 11:27AM
Barcode ID/Order ID	: D4378515 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Fluoride Plasma P	Report Date	: 01/Jul/2023 01:31PM

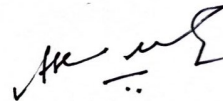
### BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Glucose - Postprandial</b>				
Glucose Postprandial	<b>197</b>	mg/dL	70-140	Hexokinase/G-6-PDH

#### Comment:

Impaired glucose tolerance (IGT) fasting, means a person has an increased risk of developing type 2 diabetes but does not have it yet. A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. IGT (2 hrs Post meal ), means a person has an increased risk of developing type 2 diabetes but does not have it yet. A 2-hour glucose level of 200 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.

Plasma Glucose Goals	For people with Diabetes
Before meal	70-130 mg/dL
2 Hours after meal	Less than 180 mg/dL
HbA1c	Less than 7%

  
 Dr Ashwin Kumar A.S  
 MBBS M.D (Biochemistry)  
 Consultant Biochemist  
 Reg No:68123



PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378906 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Jul/2023 04:43PM

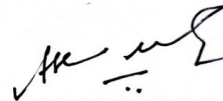
## BIOCHEMISTRY

### KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Liver Function Test</b>				
Bilirubin-Total	1.30	mg/dL	0.3-1.2	Diazonium Salt
Bilirubin-Direct	0.35	mg/dL	0-0.5	Diazo
Bilirubin-Indirect	0.95	mg/dL	0 - 1.8	Calculated
Protein, Total	6.70	g/dL	6.2-8.1	Biuret
Albumin	4.20	g/dL	3.2-4.6	Bromocresol Green
Globulin	2.5	g/dl	1.8 - 3.6	Calculated
A/G Ratio	1.68	Ratio	0.8 - 1.9	Calculated
Aspartate Transaminase (SGOT)	19	U/L	5-34	NADH w/o P-5'-P
Alanine Transaminase (SGPT)	14	U/L	0-55	NADH w/o P-5'-P
SGOT/SGPT	1.36	Ratio	<1	Calculated
Alkaline Phosphatase	94	U/L	40-150	Para-Nitrophenyl Phosphate
Gamma Glutamyltransferase (GGT)	22	U/L	9-38	L-gamma-glutamyl-3-Carboxy-4-Nitroanilide

### Comment:

- LFTS are based upon measurements of substances released from damaged hepatic cells into the blood that gives idea of the Existence, Extent and Type of Liver damage. - Acute Hepatocellular damage: ALT & AST levels are sensitive index of hepatocellular damage - Obstruction to the biliary tract,Cholestasis and blockage of bile flow: 1) Serum Total Bilirubin concentration 2) Serum Alkaline Phosphatase (ALP) activity 3) Gamma Glutamyl Transpeptidase (GGTP) 4) 5' - Nucleotidase - Chronic liver disease: Serum Albumin concentration
- Bilirubin results from the enzymatic breakdown of heme. Jaundice is a yellowish discoloration of the skin and mucous membranes caused by hyperbilirubinemia.
- Pre-hepatic or hemolytic jaundice - Abnormal red cells, antibodies,drugs and toxins,Hemoglobinopathies, Gilbert's syndrome, Crigler-Najjar syndrome
- Hepatic or Hepatocellular jaundice-Viral hepatitis,toxic hepatitis, intrahepatic cholestasis
- Post-hepatic jaundice -Extrahepatic cholestasis, gallstones, tumors of the bile duct, carcinoma of pancreas
- In viral hepatitis and other forms of liver disease associated with acute hepatic necrosis, serum AST and ALT concentrations are elevated even before the clinical signs and symptoms of disease appear.
- ALT is the more liver-specific enzyme and elevations of ALT activity persist longer than AST activity.

  
**Dr Ashwin Kumar A.S**  
**MBBS M.D (Biochemistry)**  
**Consultant Biochemist**  
**Reg No:68123**



PO No :PO2927017599-968

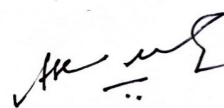


Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378906 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Jul/2023 04:43PM

## BIOCHEMISTRY

### KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
<ul style="list-style-type: none"> <li>Peak values of aminotransferase activity occur between the seventh and twelfth days. Activities then gradually decrease, reaching normal activities by the third to fifth week. Peak activities bear no relationship to prognosis and may fall with worsening of the patient's condition.</li> <li>Aminotransferase activities observed in cirrhosis vary with the status of the cirrhotic process and range from the upper reference limit to four to five times higher, with an AST/ALT ratio greater than 1. The ratio's elevation can reflect the grade of fibrosis in these patients. Slight or moderate elevations of both AST and ALT activities have been observed after administration of various medications and chronic hepatic injury such as (1) hemochromatosis, (2) Wilson disease, (3) autoimmune hepatitis, (4) primary biliary cirrhosis, (5) sclerosing cholangitis, and (6) a1-antitrypsin deficiency.</li> <li>AST activity also is increased in acute myocardial infarction, progressive muscular dystrophy and dermatomyositis, reaching concentrations up to eight times the upper reference limit. Slight to moderate AST elevations are noted in hemolytic disease.</li> <li>GGT is a sensitive indicator of the presence of hepatobiliary disease, being elevated in most subjects with liver disease regardless of cause. Increased concentrations of the enzyme are also found in serum of subjects receiving anticonvulsant drugs, such as phenytoin and phenobarbital.</li> </ul>				

  
 Dr Ashwin Kumar A.S  
 MBBS M.D (Biochemistry)  
 Consultant Biochemist  
 Reg No:68123





PO No :PO2927017599-968



Name	: Ms.P SURYA KUMARI	Client Name	: TATA 1MG BANGALORE
Age/Gender	: 71/Female	Registration Date	: 01-Jul-23 11:45 AM
Patient ID	: MGB472355	Collection Date	: 01/Jul/2023 06:33AM
Barcode ID/Order ID	: D4378906 / 7541482	Sample Receive Date	: 01/Jul/2023 11:47AM
Referred By	: Dr.	Report Status	: Final Report
Sample Type	: Serum	Report Date	: 01/Jul/2023 04:43PM

## BIOCHEMISTRY

### KIDNEY FUNCTION TEST & LIVER FUNCTION TEST

Test Name	Result	Unit	Bio. Ref. Interval	Method
<b>Kidney Function Test.</b>				
Blood Urea Nitrogen	8	mg/dL	9.8-20.1	Urease
Urea	17.12	mg/dL	20.9 - 43.0	Calculated
Creatinine	0.57	mg/dL	0.5-1.2	Kinetic Alkaline Picrate
Uric Acid	3.5	mg/dL	2.5-6.2	Uricase
Sodium	138	mmol/L	136-145	INDIRECT ISE
Potassium	4.50	mmol/L	3.5-5.1	INDIRECT ISE
Chloride	105.0	mmol/L	98-107	INDIRECT ISE
BUN/Creatinine Ratio	14.0	Ratio		Calculated

### Comment:

**BUN** is directly related to protein intake and nitrogen metabolism and inversely related to the rate of excretion of urea. Blood urea nitrogen (BUN) levels reflect the balance between the production and excretion of urea. Increased levels are seen in renal failure (acute or chronic), urinary tract obstruction, dehydration, shock, burns, CHF, GI bleeding, nephrotoxic drugs. Decreased levels are seen in hepatic failure, nephrotic syndrome, cachexia (low-protein and high-carbohydrate diets).

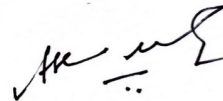
**Urea** is a non-proteinous nitrogen compound formed in the liver from ammonia as an end product of protein metabolism. Urea diffuses freely into extracellular and intracellular fluid and is ultimately excreted by the kidneys. Increased levels are found in acute renal failure, chronic glomerulonephritis, congestive heart failure, decreased renal perfusion, diabetes, excessive protein ingestion, gastrointestinal (GI) bleeding, hyperalimentation, hypovolemia, ketoacidosis, muscle wasting from starvation, neoplasms, pyelonephritis, shock, urinary tract obstruction, nephrotoxic drugs. Decreased levels are seen in inadequate dietary protein, low-protein/high-carbohydrate diet, malabsorption syndromes, pregnancy, severe liver disease, certain drugs.

**Creatinine** is catabolic product of creatinine phosphate, which is excreted by filtration through the glomerulus and by tubular secretion. Creatinine clearance is an acceptable clinical measure of glomerular filtration rate (GFR). Increased levels are seen in acute/chronic renal failure, urinary tract obstruction, hypothyroidism, nephrotoxic drugs, shock, dehydration, congestive heart failure, diabetes. Decreased levels are found in muscular dystrophy.

**BUN/Creatinine ratio** (normally 12:1-20:1) is decreased in acute tubular necrosis, advanced liver disease, low protein intake, and following hemodialysis. BUN/Creatinine ratio is increased in dehydration, GI bleeding, and increased catabolism.

**Uric acid** levels show diurnal variation. The level is usually higher in the morning and lower in the evening. Increased levels are seen in starvation, strenuous exercise, malnutrition, or lead poisoning, gout, renal disorders, increased breakdown of body cells in some cancers (including leukemia, lymphoma, and multiple myeloma) or cancer treatments, hemolytic anemia, sickle cell anemia, or heart failure, pre-eclampsia, liver disease (cirrhosis), obesity, psoriasis, hypothyroidism, low blood levels of parathyroid hormone (PTH), certain drugs, foods that are very high in purines - such as organ meats, red meats, some seafood and beer. Decreased levels are seen in liver disease, Wilson's disease, Syndrome of inappropriate antidiuretic hormone (SIADH), certain drugs.

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

  
 Dr Ashwin Kumar A.S  
 MBBS M.D (Biochemistry)  
 Consultant Biochemist  
 Reg No:68123





## THANK YOU

### for choosing us as your healthcare partner

Tata Img Labs, India's trusted diagnostics lab chain, is serving over a million customers each year across 50+ cities. We offer a broad range of tests through an extensive catalog and cutting-edge technology. Our commitment to providing high-quality healthcare is supported by 11 state-of-the-art laboratories, ensuring easy access to our services across the country.

- 📍 Delhi (National Reference Lab)
- 📍 Gurgaon
- 📍 Mumbai
- 📍 Pune
- 📍 Kolkata
- 📍 Lucknow
- 📍 Ahmedabad
- 📍 Bangalore
- 📍 Chennai
- 📍 Hyderabad
- 📍 Dehradun

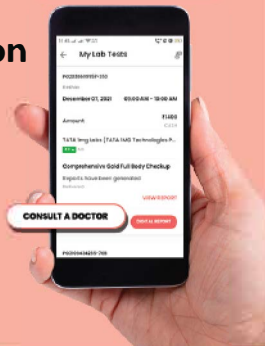
### Our Promise

- Hygienic sample collection
- In accordance with international norms & clinical safety standards
- Expert team of medical professionals
- Doctor-verified reports with 3-step review process

#### Get FREE doctor consultation on every lab test

Consult top doctors from the comfort of your home

[CLAIM NOW >](#)



#### Watch how we take care of your sample



Introducing **TATA **img****

### Cancer Care Platform

One stop for comprehensive cancer assistance

Information on specialty medicines, oncologists in your city, diagnostic tests, PSPs & more

[EXPLORE NOW >](#)



#### Need more help?

Call on  
**1800-102-1618**

#### Conditions of Laboratory Testing & Reporting:

Test results released pertain to the sample, as received. Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the interpreting clinician. Result delays may happen because of unforeseen or uncontrollable circumstances. Test report may vary depending on the assay method used. Test results may show inter-laboratory variations. Test results are not valid for medico-legal purposes. Please mail your queries related to test results to Customer Care mail ID [cs.labs@img.com](mailto:cs.labs@img.com)

**Disclaimer:** Results relate only to the sample received. Test results marked "BOLD" indicate abnormal results i.e., higher or lower than normal. All lab test results are subject to clinical interpretation by a qualified medical professional. This report cannot be used for any medico-legal purposes. Partial reproduction of the test results is not permitted. Also, TATA img Labs is not responsible for any misinterpretation or misuse of the information. The test reports alone may not be conclusive of the disease/condition, hence clinical correlation is necessary. Reports should be vetted by a qualified doctor only.