

Patient Name : MS. K ANUSHREE

Age / Gender : 21 years / Female

Patient ID :404904

Referral : Dr. SELF

Sample Type : Edta Wb

Source : Doctor C HYD

Collection Time : Jul 13, 2025, 10:32 a.m.

Receiving Time : Jul 13, 2025, 02:37 p.m.

Reporting Time : Jul 13, 2025, 09:02 p.m.

Sample ID :



3356496

HAEMATOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Blood Picture (CBP/CBC)				
Haemoglobin	9.3	12.0 - 15.0	gm/dL	Non-Cyanide Photometric Method
Total RBC Count	6.0	3.8 - 4.8	mil/cu.mm	Electrical Impedance
Total WBC Count	8810	4000-10000	cell/cu.mm	Electrical Impedance
Platelet Count	353	150 - 410	10 ³ /ul	Electrical Impedance
Red Cell Distribution Width	20.6	11.6 - 14.0	%	Calculated
Hematocrit	33.1	36 - 46	%	Calculated
Mean Cell Volume (MCV)	51.3	83 - 101	fL	Calculated
Mean Cell Haemoglobin (MCH)	14.4	27 - 32	pg	Calculated
Mean Corpuscular Hb Conc. (MCHC)	28.1	31.5 - 34.5	gm/dL	Calculated
Neutrophils	44	40 - 80	%	VCSn / Microscopy
Lymphocytes	46	20 - 40	%	VCSn / Microscopy
Monocytes	08	2 - 10	%	VCSn / Microscopy
Eosinophils	02	1 - 6	%	VCSn / Microscopy
Basophils	00	0-2	%	VCSn / Microscopy
Absolute Neutrophil Count	3.81	2.0 - 7.0	* 10 ⁹ /L	Calculated
Absolute Lymphocyte Count	4.03	1-3	* 10 ⁹ /L	Calculated
Absolute Monocyte Count	0.70	0.2-1.0	* 10 ⁹ /L	Calculated
Absolute Eosinophil Count	0.21	0.0-0.5	* 10 ⁹ /L	Calculated
Absolute Basophils Count	0.05	1-2	* 10 ⁹ /L	Calculated
RBC	Microcytic Hypochromic with Anisopoikilocytosis, Elliptocytes and Tear drop cells seen			
WBC	Lymphocytic Predominance			
Platelets	Adequate			

Reference

Fully automated haematology analyzer (Mindray BC-5380) (Colorimetry, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy). **Reference** : Dacie and Lewis Practical Hematology, 12th Edition

END OF REPORT

Dr. Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MS. K ANUSHREE**Age / Gender** : 21 years / Female**Patient ID** :404904**Referral** : Dr. SELF**Sample Type** : Fluoride - F**Source** : Doctor C HYD**Collection Time** : Jul 13, 2025, 10:32 a.m.**Receiving Time** : Jul 13, 2025, 05:57 p.m.**Reporting Time** : Jul 13, 2025, 11:21 p.m.**Sample ID** :

3356497

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>Glucose - Fasting</u>				
Glucose fasting	95	Normal: 70 - 100 Impaired Tolerance: 101-125 Diabetes mellitus: ≥ 126	mg/dL	Glucose Oxidase/Peroxidase

Interpretation

A fasting blood glucose test is clinically significant because it is the most common method to screen for prediabetes and diabetes, as it measures blood sugar levels after a period of fasting, providing a reliable indicator of how well your body regulates glucose when not actively consuming food; high fasting blood glucose levels can indicate an increased risk of developing diabetes or related complications, even if symptoms aren't present.

Reference:

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders, 1998.

Mindray BS Series Kit insert

****END OF REPORT****

Dr. Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MS. K ANUSHREE**Age / Gender** : 21 years / Female**Patient ID** :404904**Referral** : Dr. SELF**Sample Type** : Serum**Source** : Doctor C HYD**Collection Time** : Jul 13, 2025, 10:32 a.m.**Receiving Time** : Jul 13, 2025, 02:43 p.m.**Reporting Time** : Jul 13, 2025, 05:07 p.m.**Sample ID** :

3356495

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Renal Function Test				
Blood Urea Nitrogen	5.61	4 - 18 :New Born/Chid 6 - 20 : Adult 7 - 23 : > 60 years	mg/dL	Calculated
Urea - Serum	12	16.8 - 43.2	mg/dl	Urease-GLDH, UV Method
Creatinine -serum	0.87	Adults: 0.5 - 1.4 Children: 0.30 - 0.70	mg/dL	Picrate Method
Urea Creatinine Ratio	13.79	Elevated ratio : >100.1 Reduced ratio : <40.1	mg/mg	Calculated
Uric Acid	3.7	2.3 - 6.1	mg/dL	Uricase-Peroxidase

Interpretation

- Creatinine: Muscles produce creatinine, a waste product, from creatine phosphate, a substance that stores a lot of energy. Unlike urea, the amount of creatinine generated is constant and mostly depends on muscle mass. Age, gender, race, muscularity, exercise, pregnancy, and several other physiological characteristics can all have an impact on serum creatinine levels.
- Decreased serum Creatinine is associated with increasing Age and poor muscle mass, such as muscular atrophy. Both acute and chronic renal disease and blockage are associated with elevated blood creatinine levels.
- Creatinine is not an appropriate indicator for identifying kidney disease in its early stages since an increase in blood creatinine is only seen when there is significant nephron damage. High Urea, Uric Acid, and Blood Urea Nitrogen (BUN) could indicate poor renal function, in addition to other etiologies

Reference :

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****END OF REPORT****

Dr. Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MS. K ANUSHREE

Age / Gender : 21 years / Female

Patient ID :404904

Referral : Dr. SELF

Sample Type : Serum

Source : Doctor C HYD

Collection Time : Jul 13, 2025, 10:32 a.m.

Receiving Time : Jul 13, 2025, 02:43 p.m.

Reporting Time : Jul 13, 2025, 05:04 p.m.

Sample ID :



3356495

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>Lipid Profile</u>				
Cholesterol-Total	161	Desirable: ≤ 200 Borderline High: 201-239 High: > 239	mg/dL	CHOD-POD
Cholesterol-HDL Direct	43	High Risk: < 40 Optimal: 40 - 60 Low Risk: > 60	mg/dL	Direct
LDL Cholesterol	85.60	Optimal: < 100 Near / Above optimal: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very High: ≥ 190	mg/dL	Calculated
Triglycerides	162	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: ≥ 500	mg/dL	GPO-POD
Non - HDL Cholesterol	118	Desirable: < 130 Borderline High: 130 - 159 High: 160 - 189 Very High: ≥ 190	mg/dL	calculated
VLDL Cholesterol	32.40	10 - 30	mg/dL	calculated
CHOL/HDL RATIO	3.74	3.5 - 5.0	ratio	calculated
LDL/HDL RATIO	1.99	Desirable / low risk: 0.5 - 3.0 Low/ Moderate risk: 3.0 - 6.0 Elevated / High risk: > 6.0	ratio	calculated
HDL/LDL RATIO	0.50	Desirable / low risk: > 6.0 Low/ Moderate risk: 3.0 - 6.0 Elevated / High risk: 0.5 - 3.0	ratio	calculated

Interpretation

Interpretation:

Dr. Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MS. K ANUSHREE**Age / Gender** : 21 years / Female**Patient ID** : 404904**Referral** : Dr. SELF**Sample Type** : Serum**Source** : Doctor C HYD**Collection Time** : Jul 13, 2025, 10:32 a.m.**Receiving Time** : Jul 13, 2025, 02:43 p.m.**Reporting Time** : Jul 13, 2025, 05:04 p.m.**Sample ID** :

3356495

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
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- For non-fasting samples, the biological reference interval remains the same for all parameters, except for triglyceride as cholesterol (HDL, LDL, total), which changes only by a small amount in the non-fasting state; the recommended desired value for triglycerides is 200 mg/dl, are recommended to perform a follow-up fasting lipid panel in 2 to 4 weeks.
- As per the consensus of the Lipid Association of India, Non-HDL cholesterol and LDL cholesterol can be used as targets to monitor the effectiveness of lipid-lowering therapy.

Associated tests: Apolipoproteins A1, Apolipoproteins B, Apolipoprotein B/A1 Ratio, Lipoprotein(a)

Reference :

Tietz textbook of Clinical Chemistry, Third Edition. Carl A. Burtis and Edward R. Ashwood, eds. Philadelphia, PA: WB Saunders.

Mindray BS Series Kit insert

****END OF REPORT****

Dr. Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081

Patient Name : MS. K ANUSHREE**Age / Gender :** 21 years / Female**Patient ID :** 404904**Referral :** Dr. SELF**Sample Type :** Serum**Source :** Doctor C HYD**Collection Time :** Jul 13, 2025, 10:32 a.m.**Receiving Time :** Jul 13, 2025, 02:43 p.m.**Reporting Time :** Jul 13, 2025, 07:15 p.m.**Sample ID :**

3356495

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
<u>Thyroid Stimulating Hormone (TSH)</u>				
TSH(THYROID STIMULATING HORMONE)	3.015	Adult / Female 0.45 to 5.33 Pregnant Females 1st Trimester 0.05 to 3.70 2nd Trimester 0.31 to 4.35 3rd Trimester 0.41 to 5.18	µIU/mL	CLIA

Interpretation:

- 1.T3 &T4 values may be altered due to changes in serum proteins, pregnancy, drugs, nephrosis etc. In such cases Free T3 and Free T4 may give more appropriate thyroid status. T3 levels fluctuate rapidly to stress and non thyroid illness.
- 2.TSH values may be transiently altered in fever, severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery.
- 3.Drugs that decrease TSH values include L-DOPA, Glucocorticoids, Heparin. Drugs that increase TSH include Iodine, Lithium, Amiodarone.

Reference: Beckman Coulter DXI800 Kit Insert

END OF REPORT

Dr. Nalla Pavan
Consultant Biochemist
Regd No : APMC/FMR84382

Processing Location: Previa Health Pvt Ltd Central Lab Hyderabad-500081