

NAME	: Mr. PRASHANTH J N	REG #	: 25072545 / 52753
AGE/SEX	: 41 Yrs / Male	DATE OF REPORT	: 28-07-2025
REFERRED BY	:	REFERRED CENTER	: KANGROW HEALTH

TEST PARAMETER	RESULT	REFERENCE RANGE
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### BIOCHEMISTRY

#### RANDOM BLOOD SUGAR (RBS)

RANDOM BLOOD SUGAR <small>GOD-POD</small>	105 mg/dl	70 - 140 mg/dl
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#### NOTE:

##### Criteria for the diagnosis of diabetes (ADA)

FBS  $\geq 126$  mg/dL. Fasting is defined as no caloric intake for at least 8 h **OR**  
2-h PPBS  $\geq 200$  mg/dL during an OGTT performed using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water **OR**  
HBA1C  $\geq 6.5\%$  **OR**  
RBS  $\geq 200$  mg/dl In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis.

##### Categories of increased risk for diabetes (prediabetes) (ADA)

FBS 100 mg/dL -125 mg/dL **OR**  
2-h PPBS 140 mg/dL -199 mg/dL **OR**  
HBA1C 5.7–6.4%

#### SERUM CREATININE

SERUM CREATININE <small>Enzymatic</small>	1.0 mg/dL	0.6 - 1.4 mg/dL
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#### SERUM CALCIUM

SERUM CALCIUM	10.2 mg/dL	8.6 - 10.3 mg/dL
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#### LIVER FUNCTION TEST(LFT)

TOTAL BILIRUBIN <small>DIAZO</small>	1.2 mg/dl	0.1 - 1.2 mg/dl
DIRECT BILIRUBIN <small>DIAZO</small>	0.3 mg/dl	0 - 0.4 mg/dl
INDIRECT BILIRUBIN <small>Calculated</small>	0.90 mg/dl	0.2 - 1.2 mg/dl
S G O T <small>IFCC</small>	31.8 U/L	up to 40 U/L
S G P T <small>IFCC</small>	39.2 U/L	up to 40 U/L
ALKALINE PHOSPHATASE <small>AMP</small>	108 U/L	53 - 128 U/L
TOTAL PROTEIN <small>BIURET</small>	6.9 g/dl	6 - 8 g/dl
S.ALBUMIN <small>BCG</small>	4.0 g/dl	3 - 4.5 g/dl
S.GLOBULIN <small>Calculated</small>	2.9 g/dl	1.5 - 3 g/dl
A/G RATIO <small>Calculated</small>	1.4	1.3 - 1.4

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CLINICAL PATHOLOGY

URINE ROUTINE

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPY

PUS CELLS	6 - 8 /hpf
EPITHELIAL CELLS	3 - 4 /hpf
R.B.C	NIL
CAST	ABSENT
CRYST	ABSENT
MISC	ABSENT

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<b>HAEMATOLOGY</b>		
<b>COMPLETE BLOOD COUNT (CBC)</b> <small>ELECTRIC IMPEDANCE METHOD</small>		
HAEMOGLOBIN	16.0 gm/dl	14 - 18 gm/dl
P.C.V (PACKED CELL VOLUME) / HAEMATOCRIT	45.0 %	42 - 54 %
R.B.C COUNT	5.30 mill/cumm	4.5 - 5.5 mill/cumm
M.C.V (Mean Corpuscular Volume)	81.3 fl	80 - 98 fl
M.C.H (Mean Corpuscular Haemoglobin)	27.5 pg	26 - 33 pg
M.C.H.C (Mean Corpuscular Haemoglobin concentration)	38.0 %	32 - 38 %
TOTAL W.B.C	7100 cells/cumm	4000 - 11000 cells/cumm
NEUTROPHILS	60 %	40 - 70 %
LYMPHOCYTES	35 %	20 - 45 %
EOSINOPHILS	02 %	0 - 6 %
MONOCYTES	03 %	0 - 10 %
BASOPHIL	00 %	0 - 1 %
PLATELET COUNT	1.85 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm

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**IMMUNO ASSAY**

**THYROID PROFILE TEST**

TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.09 ng/mL	0.69 - 2.15 ng/mL
TOTAL THYROXINE (T4) <small>CLIA</small>	11.4 µg/dL	5.2 - 12.7 µg/dL
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	1.11 µIU/ml	0.4 - 4.5 µIU/ml

**Age specific reference ranges**

T3		T4		TSH	
Age	Reference Intervals (ng/mL)	Age	Reference Intervals (µg/dL)	Age	Reference Intervals (µIU/mL)
1 - 3 Days	1.00 – 7.40	1- 3 Days	11.8 - 22.6	0 - 4 Days	1.0 - 39.0
1 - 11 Months	1.05 – 2.45	1- 2 Weeks	9.9 - 16.6	2 wks -5 m	1.7 – 9.1
1 - 5 Years	1.05 – 2.69	1 - 4 Months	7.2 - 14.4	6 m – 20 Yrs	0.7 – 6.4
6 – 10 Year	0.94 – 2.41	4 m - 1 Yr	7.8 - 16.5	> 55 years	0.5 – 8.9
11 - 15 Years	0.82 – 2.13	1 - 5 Yrs	7.3 - 15.0		
15 – 20 years	0.80 – 2.10	5 -10 Yrs	6.4 - 13.3		
<b>PREGNANCY</b>				<b>PREGNANCY</b>	
1st Trimester	0.81 -1.90			1st Trimester	0.1 – 2.5
2nd& 3rd Trimester	1.00 – 2.60			2nd Trimester	0.2 – 3.0
				3rd Trimester	0.3 – 3.0

**LIMITATIONS** : T3 and T4 circulates in reversibly bound form with Thyroid binding globulins (TBG), and to a lesser extent albumin and Thyroid binding Pre Albumin, so conditions in which TBG and protein levels alter such as pregnancy, excess estrogens, androgens, steroids may falsely affect the T3 and T4 levels. Normal levels of T4 can also be seen in Hyperthyroid patients with T3 Thyrotoxicosis, hypoproteinemia or ingestion of certain drugs. Serum T4 levels in neonates and infants are higher than values in the normal adult, due to the increased concentration of TBG in neonate serum. TSH may be normal in central hypothyroidism, recent rapid correction of hyperthyroidism or hypothyroidism, pregnancy, phenytoin therapy. Autoimmune disorders may produce spurious results. Various drugs can interfere with the test result. TSH has a diurnal rhythm so values may vary if sample collection is done at different times of the day.

Dispatched by: Laboratory

\*\*\*\* End of Report \*\*\*\*

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\* For any clarifications or escalations - Please Contact: +91 9108322333



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