

NAME	: Miss. SRINIKA	REG #	: 25072547 / 52755
AGE/SEX	: 10 Yrs / Female	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>	78 mg/dl	70 - 140 mg/dl
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NOTE:

Criteria for the diagnosis of diabetes (ADA)

FBS ≥ 126 mg/dL. Fasting is defined as no caloric intake for at least 8 h **OR**
2-h PPBS ≥ 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 ≥ 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>	0.6 mg/dL	0.6 - 1.2 mg/dL
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SERUM CALCIUM

SERUM CALCIUM	9.0 mg/dL	8.6 - 10.3 mg/dL
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LIVER FUNCTION TEST(LFT)

TOTAL BILIRUBIN <small>DIAZO</small>	0.6 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>	0.30 mg/dl	0.2 - 1.2 mg/dl
S G O T <small>IFCC</small>	21.0 U/L	up to 40 U/L
S G P T <small>IFCC</small>	17.3 U/L	up to 40 U/L
ALKALINE PHOSPHATASE <small>AMP</small>	75.0 U/L	54 - 369 U/L
TOTAL PROTEIN <small>BIURET</small>	6.8 g/dl	6 - 8 g/dl
S.ALBUMIN <small>BCG</small>	3.9 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>	1.3	1.3 - 1.4

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CLINICAL PATHOLOGY		
URINE ROUTINE		
ALBUMIN	NIL	
SUGAR	NIL	
MICROSCOPY		
PUS CELLS	2 - 3 /hpf	
EPITHELIAL CELLS	4 - 5 /hpf	
R.B.C	NIL	
CAST	ABSENT	
CRYST	ABSENT	
MISC	ABSENT	

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HAEMATOLOGY

COMPLETE BLOOD COUNT (CBC)

ELECTRIC IMPEDANCE METHOD

HAEMOGLOBIN	13.9 gm/dl	11.5 - 14.5 gm/dl
P.C.V (PACKED CELL VOLUME) / HAEMATOCRIT	46.7 %	37 - 47 %
R.B.C COUNT	4.96 mill/cumm	4.5 - 5.5 mill/cumm
M.C.V (Mean Corpuscular Volume)	82.1 fl	76 - 90 fl
M.C.H (Mean Corpuscular Haemoglobin)	29.5 pg	26 - 33 pg
M.C.H.C (Mean Corpuscular Haemoglobin concentration)	38.0 %	32 - 38 %
TOTAL W.B.C	8700 cells/cumm	5000 - 15000 cells/cumm
NEUTROPHILS	67 %	40 - 70 %
LYMPHOCYTES	28 %	20 - 45 %
EOSINOPHILS	02 %	0 - 6 %
MONOCYTES	03 %	0 - 10 %
BASOPHIL	00 %	0 - 1 %
PLATELET COUNT	3.07 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm

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IMMUNO ASSAY

THYROID PROFILE TEST

TOTAL TRIIODOTHYRONINE (T3) CLIA	1.49 ng/mL	0.69 - 2.15 ng/mL
TOTAL THYROXINE (T4) CLIA	12.6 µg/dL	5.2 - 12.7 µg/dL
THYROID STIMULATING HORMONE (TSH) CLIA	3.11 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		
PREGNANCY				PREGNANCY	
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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