

Processing Location :

Rd #68, Jubilee Hills, Hyderabad- 500033
Email: centrallab@luciddiagnostics.com

Client : BetaCura Health Solution Pvt Ltd

Patient Name : Mr.M NAVANEETH 1117

Age / Gender : 24 Y(s) / Male

Phone :

Ref.Dr. : SELF

Req.No : ALK062500198 - 2500524934

Report Status : Final

Sample Type : Serum

Registered On : 30-06-2025 11:45

Collected On : 30-06-2025 17:45

Received On : 01-07-2025 09:23

Reported On : 01-07-2025 12:41

Scan to Validate



DEPARTMENT OF CLINICAL BIOCHEMISTRY

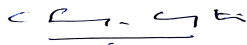
Cholesterol, Total

| TEST NAME | RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|-------------------|---------|-------|---|
| Total Cholesterol | : 205.2 | mg/dL | Desirable: < 200 Borderline: 200 – 239 High: >= 240 |
| Method : CHOD-POD | | | |

Reference: The National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) Guidelines.

Note :- Suggested Clinical Correlation *

End Of Report

Dr.Vijay Babu B, MBBS.MD
Consultant BiochemistryDr.Sowmya Gayatri .C
M.B.B.S MD
Consultant BiochemistryDr.S.A.Nabi Ph.D
Sr.Biochemist

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Creatinine, Serum

| TEST NAME | RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|------------------|--------|-------|-------------------------------|
| Creatinine,Serum | : 0.98 | mg/dL | 0.67-1.17 |

Method : Modified Jaffe Kinetic

Reference :Tietz fundamentals of clinical chemistry, 7 th edition.

Interpretation:

Increased In

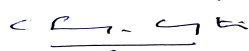
- * Diet: ingestion of creatinine (roast meat)
- * Muscle disease: gigantism, acromegaly
- * Prerenal azotemia
- * Impaired kidney function
- * An increase in serum creatinine creatinine occurs in 10.20% of patients taking aminoglycosides and $\leq 20\%$ of patients taking penicillins (especially methicillin)

Decreased In

- * Creatinine secretion is inhibited by certain drugs (e.g., cimetidine, trimethoprim).
- * Proxy for reduced skeletal muscle mass.

Note :- Suggested Clinical Correlation *

****End Of Report****



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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Thyroid Profile (T3,T4,TSH)

| TEST NAME | RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|---|--------|--------|---|
| Total T3 <i>Method : CLIA</i> | : 1.23 | ng/mL | 0.87-1.78 |
| Total T4 <i>Method : CLIA</i> | : 7.41 | µg/dL | 4.82-15.65 |
| TSH <i>Method : CLIA</i> | : 2.80 | µIU/mL | Children: Birth-4d:1.0-39.0 2-20wk:1.7-9.1 21wk-20y:0.7-6.4 Adults: 21-54y:0.4-4.2 55-87y:0.5-8.9 |

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.

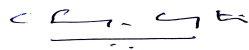
3. Drugs that decrease TSH values include L-DOPA, Glucocorticoids, Heparin. Drugs that increase TSH include- Iodine, Lithium, Amiodarone.

4. TSH exhibits diurnal rhythm, peaks at 2.00- 4.00AM and has lowest level at 5.00-6.00PM

Reference: Beckman caliper study of pediatric Reference values. Beckman kit insert, Teitz Fundamentals of clinical chemistry.

Note :- Suggested Clinical Correlation *

****End Of Report****



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Report Status : Final

Sample Type : WHOLE BLOOD EDTA Scan to Validate

Registered On : 30-06-2025 11:45

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Received On : 01-07-2025 09:28

Reported On : 01-07-2025 15:40



DEPARTMENT OF CLINICAL BIOCHEMISTRY

Glycosylated Hb (HbA1C)

| TEST NAME | RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|-----------|--------|-------|-------------------------------|
|-----------|--------|-------|-------------------------------|

Glycosylated Hb (HbA1C)

: 6.4

%

Normal:<5.7

Prediabetes:5.7-6.4

Diabetes:>6.5

Method : High-performance liquid chromatography
Boronate affinity

Estimated Average Glucose

: 136.98

mg/dL

Note

: Test repeated on the received sample. Kindly correlate clinically.

Use:

HbA1C reflects the mean blood glucose concentration over the previous 3-4 months.

Interpretation:

Criteria for diagnosis of Diabetes:

HbA1C \geq 6.5% using method that is NGSP certified & standardised to DCCT Assay.

Note:

Low HbA1C values(<4%) in a individual are often associated with systemic inflammatory diseases,chronic anemia,chronic renal failure and liver diseases.

Reference:American Diabetes Association guidelines 2022.

Note :- Suggested Clinical Correlation *

****End Of Report****

[Signature]

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DEPARTMENT OF HAEMATOLOGY

Complete Blood Picture (CBP)

| TEST NAME | RESULT | UNITS | BIOLOGICAL REFERENCE INTERVAL |
|---|---------|---------------|-------------------------------|
| Hemoglobin | : 15.5 | g/dL | 13.0-17.0 |
| <i>Method : Non-Cyanide Photometric Measurement</i> | | | |
| HCT/Haematocrit | : 46.8 | % | 40.0-50.0 |
| <i>Method : Calculated</i> | | | |
| RBC Count | : 6.01 | millions/cumm | 4.5-5.5 |
| <i>Method : Electrical Impedance</i> | | | |
| MCV | : 78.0 | fL | 83.0-101.0 |
| <i>Method : Calculated</i> | | | |
| MCH | : 25.7 | pg | 27.0- 32.0 |
| <i>Method : Calculated</i> | | | |
| MCHC | : 33.0 | g/dL | 31.5-34.5 |
| <i>Method : Calculated</i> | | | |
| RDW-CV | : 14.4 | % | 11.6-14.0 |
| <i>Method : Calculated</i> | | | |
| RDW-SD | : 40.3 | fL | 39-46 |
| <i>Method : Calculated</i> | | | |
| MPV | : 9.1 | fL | 7.40-10.40 |
| <i>Method : Calculated</i> | | | |
| Platelet Count | : 2.39 | lakhs/cmm | 1.50-4.10 |
| <i>Method : Electrical Impedance</i> | | | |
| Total WBC Count | : 10400 | Cells/cmm | 4000-11000 |
| <i>Method : Electrical Impedance</i> | | | |

Differential Count

(Method:VCS/Leishman Stain/Microscopy)

| | | | |
|--------------------|------|---|-------|
| Neutrophils | : 72 | % | 40-80 |
| Lymphocytes | : 19 | % | 20-40 |
| Monocytes | : 08 | % | 2-10 |
| Eosinophils | : 01 | % | 1-6 |
| Basophils | : 00 | % | 0-1 |

PERIPHERAL BLOOD PICTURE

| | |
|------------------|---|
| RBC | : Normocytic Normochromic |
| WBC | : Normal in morphology and distribution |
| Platelets | : Adequate |

Print Date : 01-07-2025 16:12

Regd. Office:

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Ph: +91 40 4419 4444, Toll Free No. : 1800 123 4577



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Reference : Dacie and Lewis Practical Hematology, 12th Edition

Note : These results are generated by a fully automated hematology analyzer and the differential count is done on a peripheral smear.

Method:

Fully automated haematology analyzer (Beckman Coulter DXH900) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy)

Note :- Suggested Clinical Correlation *

****End Of Report****

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