Patient Name : MS. ANITA
Age / Gender : 50 years / Female
Patient ID :62504
Referral : Dr. SELF
Sample Type : Edta Wb

Source : DoctorC
Collection Time : Jan 17, 2026, 10:57 a.m.
Receiving Time : Jan 17, 2026, 12:36 p.m.
Reporting Time : Jan 17, 2026, 02:08 p.m.
Sample ID : 4098784

HAEMATOLOGY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Complete Blood Picture (CBP/CBC)				
Haemoglobin	12.7	12.0 - 15.0	gm/dL	Non-Cyanide Photometric Method
Total RBC Count	**5.12**	3.8 - 4.8	mil/cu.mm	Electrical Impedence
Total WBC Count	9580	4000-10000	cell/cu.mm	Electrical Impedence
Platelet Count	252	150 - 410	10^3/ul	Electrical Impedence
Red Cell Distribution Width	**14.5**	11.6 - 14.0	%	Calculated
Hematocrit	40.2	36.0. - 46.0	%	Calculated
Mean Cell Volume (MCV)	**78.4**	83 - 101	fL	Calculated
Mean Cell Haemoglobin (MCH)	**24.7**	27 - 32	pg	Calculated
Mean Corpuscular Hb Concn. (MCHC)	31.5	31.5 - 34.5	gm/dL	Calculated
Neutrophils	62.7	40 - 80	%	VCSn / Microscopy
Lymphocytes	21.8	20 - 40	%	VCSn / Microscopy
Monocytes	8.4	2 - 10	%	VCSn / Microscopy
Eosinophils	**6.6**	1 - 6	%	VCSn / Microscopy
Basophils	0.5	0-2	%	VCSn / Microscopy
DC Sum	100	100		
Absolute Neutrophil Count	6.01	2.0 - 7.0	* 10^9/L	Calculated
Absolute Lymphocyte Count	2.09	1-3	* 10^9/L	Calculated
Absolute Monocyte Count	0.80	0.1-1.0	* 10^9/L	Calculated
Absolute Eosinophil Count	**0.63**	0.0-0.5	* 10^9/L	Calculated
Absolute Basophils Count	0.05	0-2	* 10^9/L	Calculated
RBC	Normocytic Normochromic with Mild Anisocytosis			
WBC	Eosinophilic 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: DoctorC

Patient Name : MS. ANITA
Age / Gender : 50 years / Female
Patient ID :62504
Referral : Dr. SELF
Sample Type : Fluoride - F

Source : DoctorC
Collection Time : Jan 17, 2026, 10:57 a.m.
Receiving Time : Jan 17, 2026, 12:41 p.m.
Reporting Time : Jan 17, 2026, 03:08 p.m.
Sample ID : 4098770

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Glucose - Fasting				
Glucose fasting	**244**	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.Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : MS. ANITA
Age / Gender : 50 years / Female
Patient ID :62504
Referral : Dr. SELF
Sample Type : Serum

Source : DoctorC
Collection Time : Jan 17, 2026, 10:57 a.m.
Receiving Time : Jan 17, 2026, 12:27 p.m.
Reporting Time : Jan 17, 2026, 04:15 p.m.
Sample ID : 4098712

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Lipid Profile				
Cholesterol-Total	138	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL	CHOD-POD
Cholesterol-HDL Direct	**37**	High Risk: < 40 Optimal: 40 - 60 Low Risk: > 60	mg/dL	Direct
LDL Cholesterol	75.80	Optimal: < 100 Near / Above optimal: 100 - 129 Borderline high: 130 - 159 High: 160 - 189 Very High: >= 190	mg/dL	Calculated
Triglycerides	126	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: >= 500	mg/dL	GPO-POD
Non - HDL Cholesterol	101	Desirable: < 130 Borderline High: 130 - 159 High: 160 - 189 Very High: >= 190	mg/dL	calculated
VLDL Cholesterol	25.20	10 - 30	mg/dL	calculated
CHOL/HDL RATIO	3.73	0.0 - 5.0	ratio	calculated
LDL/HDL RATIO	2.05	0.0 - 3.5	ratio	calculated
HDL/LDL RATIO	0.49	0.0 - 3.5	ratio	calculated

Interpretation

Interpretation:

• 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.

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

Processing Location: DoctorC

Patient Name : MS. ANITA
Age / Gender : 50 years / Female
Patient ID :62504
Referral : Dr. SELF
Sample Type : Serum

Source : DoctorC
Collection Time : Jan 17, 2026, 10:57 a.m.
Receiving Time : Jan 17, 2026, 12:27 p.m.
Reporting Time : Jan 17, 2026, 04:15 p.m.
Sample ID : 4098712

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology

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.

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END OF REPORT

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

Processing Location: DoctorC

Patient Name : MS. ANITA
Age / Gender : 50 years / Female
Patient ID :62504
Referral : Dr. SELF
Sample Type : Serum

Source : DoctorC
Collection Time : Jan 17, 2026, 10:57 a.m.
Receiving Time : Jan 17, 2026, 12:27 p.m.
Reporting Time : Jan 17, 2026, 02:31 p.m.
Sample ID : 4098712

BIOCHEMISTRY

Test Description	Value(s)	Biological Reference Intervals	Unit(s)	Methodology
Thyroid Stimulating Hormone (TSH)				
TSH(THYROID STIMULATING HORMONE)	5.157	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.Vishnavi Danda
Consultant Pathologist
Regd No: APMC/FMR/78761

Processing Location: DoctorC

Patient Name : **MS. ANITA**
Age : 50 years (Female)
Referral : SELF
Reg. ID : - 62504
Report Date : Jan 17, 2026, 05:14 p.m.
Sample Date : Jan 17, 2026, 10:57 a.m.
Sample ID : 4098712
Print Date : Jan 17, 2026, 05:15 p.m.
Source : DoctorC
HPE No. : DCJ/462167/26

Renal Function Test

Test Description	Value(s)	Reference Range
Blood Urea Nitrogen	11.68 mg/dL	4 - 18 :New Born/Chid 6 - 20 : Adult 7 - 23 : > 60 years
Urea - Serum	25 mg/dl	16.8 - 43.2
Creatinine -serum	1.09 mg/dL	Adults: 0.5 - 1.4 Children: 0.30 - 0.70
Urea Creatinine Ratio	**22.94 mg/mg**	Elevated ratio : >100.1 Reduced ratio : <40.1
Uric Acid	**7.8 mg/dL**	2.3 - 6.1

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 :

Mindray BS Series Kit Insert

END OF REPORT

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