

Patient Name	: SATISH BALANTARAPU	Collected	: 10/Aug/2022 08:08AM
Age/Gender	: 39 Y 1 M 11 D /M	Received	: 10/Aug/2022 11:22AM
UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 02:33PM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF HAEMATOLOGY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD-EDTA

HAEMOGLOBIN	14	g/dL	13-17	Spectrophotometer
PCV	43.90	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.55	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	96.6	fL	83-101	Calculated
MCH	30.8	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	14.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	4,340	cells/cu.mm	4000-10000	Electrical Impedance

DIFFERENTIAL LEUCOCYTIC COUNT (DLC)

NEUTROPHILS	41	%	40-80	Electrical Impedance
LYMPHOCYTES	44	%	20-40	Electrical Impedance
EOSINOPHILS	05	%	1-6	Electrical Impedance
MONOCYTES	10	%	2-10	Electrical Impedance
BASOPHILS	00	%	<1-2	Electrical Impedance
CORRECTED TLC	4,340	Cells/cu.mm		Calculated

ABSOLUTE LEUCOCYTE COUNT

NEUTROPHILS	1779.4	Cells/cu.mm	2000-7000	Electrical Impedance
LYMPHOCYTES	1909.6	Cells/cu.mm	1000-3000	Electrical Impedance
EOSINOPHILS	217	Cells/cu.mm	20-500	Electrical Impedance
MONOCYTES	434	Cells/cu.mm	200-1000	Electrical Impedance
PLATELET COUNT	218000	cells/cu.mm	150000-410000	Electrical impedance



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UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 04:07PM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF HAEMATOLOGY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
ERYTHROCYTE SEDIMENTATION RATE (ESR) , WHOLE BLOOD-EDTA	13	mm at the end of 1 hour	0-15	Modified Westergren



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UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 11:51AM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

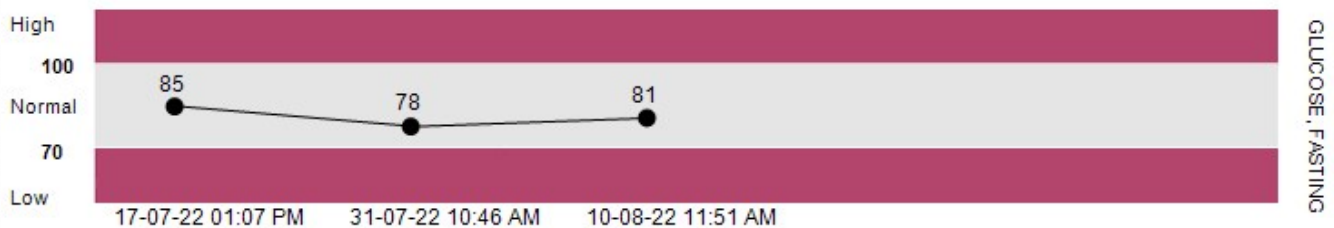
Test Name	Result	Unit	Bio. Ref. Range	Method
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GLUCOSE, FASTING , NAF PLASMA	81	mg/dL	<100	GOD - POD
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Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes



Patient Name	: SATISH BALANTARAPU	Collected	: 10/Aug/2022 08:08AM
Age/Gender	: 39 Y 1 M 11 D /M	Received	: 10/Aug/2022 11:31AM
UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 12:28PM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	4.7	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	88	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 – 6.4
DIAGNOSING DIABETES	≥ 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 – 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

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DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

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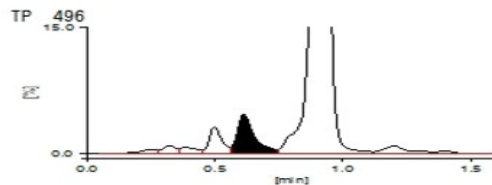
Chromatogram Report

I V5.28 1 2022-08-10 12:07:55
ID B110550820
Sample No. 08100045 SL 0004 - 07
Patient ID
Name
Comment

CALIB			
Y = 1.1523X + 0.6950			
Name	%	Time	Area
A1A	0.4	0.25	6.76
A1B	0.5	0.32	9.58
F	0.5	0.38	9.07
LA1C+	1.7	0.50	30.02
SA1C	4.7	0.61	61.04
A0	93.9	0.91	1648.77
H-V0			
H-V1			
H-V2			

Total Area 1765.24

HbA1c 4.7 % IFCC 28 mmol/mol
HbA1 5.6 % HbF 0.5 %



10-08-2022 12:11:47 apollo

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APOLLO DIAGNOSTICS
BALANAGAR, HYDERABAD - 500037



SIN No:BI10550820

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad

Apollo Health and Lifestyle Limited

(CIN - U85110TN2000PLC046089)

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India Email ID: info@apollohl.com

For more information contact us at : customer.care@apollo diagnostics.in

Patient Name	: SATISH BALANTARAPU	Collected	: 10/Aug/2022 08:08AM
Age/Gender	: 39 Y 1 M 11 D /M	Received	: 10/Aug/2022 11:38AM
UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 12:16PM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID PROFILE , SERUM

TOTAL CHOLESTEROL	225	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	176	mg/dL	<150	Enzymatic
HDL CHOLESTEROL	100	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	125	mg/dL	<130	Calculated
LDL CHOLESTEROL	89.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	35.2	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.25		0-4.97	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Measurements in the same patient can show physiological and analytical variations.

NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.



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DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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LIVER FUNCTION TEST (LFT) , SERUM

BILIRUBIN, TOTAL	0.40	mg/dL	0.20-1.20	Colorimetric
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.0-0.3	Calculated
BILIRUBIN (INDIRECT)	0.20	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	43	U/L	21-72	UV with P-5-P
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	38.0	U/L	17-59	UV with P-5-P
ALKALINE PHOSPHATASE	76.00	U/L	38-126	p-nitrophenyl phosphate
PROTEIN, TOTAL	7.50	g/dL	6.3-8.2	BIURET METHOD
ALBUMIN	4.90	g/dL	3.5 - 5	Bromocresol Green
GLOBULIN	2.60	g/dL	2.0-3.5	Calculated
A/G RATIO	1.88		0.8-1.2	Calculated



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DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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RENAL PROFILE/RENAL FUNCTION TEST (RFT/KFT) , SERUM

CREATININE	1.10	mg/dL	0.66-1.25	Creatinine amidohydrolase
UREA	28.00	mg/dL	19-43	Urease
BLOOD UREA NITROGEN	13.1	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.80	mg/dL	3.5-8.5	Uricase
CALCIUM	10.40	mg/dL	8.4 - 10.2	Arsenazo-III
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.5-4.5	PMA Phenol
SODIUM	145	mmol/L	135-145	Direct ISE
POTASSIUM	4.2	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	105	mmol/L	98 - 107	Direct ISE



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DEPARTMENT OF BIOCHEMISTRY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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IRON STUDIES (IRON + TIBC) , SERUM

IRON	108.0	µg/dL	49-181	Ferene
TOTAL IRON BINDING CAPACITY (TIBC)	331	µg/dL	261-462	Dye Binding
TRANSFERRIN	231.47	mg/dL	200-360	Calculated
% OF SATURATION	32.63	%	14-50	Calculated

Comment:

Transferrin is the primary plasma iron transport protein, which binds iron strongly at physiological pH. Transferrin is generally only 25% to 30% saturated with iron. The additional amount of iron that can be bound is the unsaturated iron-binding capacity (UIBC). Diurnal variation is seen in serum iron levels—normal values in midmorning, low values in midafternoon, very low values (approximately 10 µg/dL) near midnight.

TIBC measures the blood's capacity to bind iron with transferrin (TRF). Estrogens and oral contraceptives increase TIBC levels. Asparaginase, chloramphenicol, corticotropin, cortisone, and testosterone decrease the TIBC levels.

% saturation represents the amount of iron-binding sites that are occupied. Iron saturation is a better index of iron stores than serum iron alone. % saturation is decreased in iron deficiency anemia (usually <10% in established deficiency).



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UHID/MR No	: APJ1.0016313407	Reported	: 10/Aug/2022 01:04PM
Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF IMMUNOLOGY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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THYROID PROFILE (TOTAL T3, TOTAL T4, TSH) , SERUM

TRI-iodothyronine (T3, TOTAL)	1.02	ng/mL	0.7-2.04	
Thyroxine (T4, TOTAL)	10.22	µg/dL	6.09-12.23	CLIA
Thyroid Stimulating Hormone (TSH)	1.140	µIU/mL	0.34-5.60	CLIA

Comment:

Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night and the nadir occurring between 10 a.m. and 4 p.m. In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroid-ism, respectively. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

Note:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0



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DEPARTMENT OF IMMUNOLOGY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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VITAMIN D (25 - OH VITAMIN D) , SERUM	26.82	ng/mL		CLIA
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Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The assay measures both D2 (Ergocalciferol) and D3 (Cholecalciferol) metabolites of vitamin D. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1,25 Dihydroxy vitamin D (5-8 hrs)

The reference ranges discussed in the preceding are related to total 25-OHD; as long as the combined total is 30 ng/mL or more, the patient has sufficient vitamin D.

Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels (20–30 ng/mL). In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL.



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Visit ID	: DKYAOPV9766	Status	: Final Report
Ref Doctor	: SEERAPANI	Client Name	: PCC KALYAN NAGAR HYD
IP/OP NO	:	Patient location	: Moti Nagar,Hyderabad

DEPARTMENT OF CLINICAL PATHOLOGY

APOLLO AYUSH WOMEN CHECK

Test Name	Result	Unit	Bio. Ref. Range	Method
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COMPLETE URINE EXAMINATION , URINE

PHYSICAL EXAMINATION

COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Bromothymol Blue

BIOCHEMICAL EXAMINATION


URINE PROTEIN	NEGATIVE		NEGATIVE	Indication
GLUCOSE	NEGATIVE		NEGATIVE	GOD - POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Azo Coupling
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Nitroprusside
UROBILINOGEN	NORMAL		NORMAL	Ehrlich
BLOOD	NEGATIVE		NEGATIVE	Peroxidase
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Pyrrole Hydrolysis

CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY

PUS CELLS	2-3	/hpf	0-5	
EPITHELIAL CELLS	1-2	/hpf	<10	
RBC	NIL	/hpf	≤2	
CASTS	NIL		≤2 Hyaline Cast	
CRYSTALS	ABSENT		ABSENT	

*** End Of Report ***


Result/s to Follow:
TACROLIMUS



DR. K. RAMA KRISHNA REDDY
M.B.B.S, M.D
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Dr. R. SHALINI
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MSc, PhD (Biochemistry)
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