509807

KANOPY DIAGNOSTICS
TRUSTED BRAND FOR [illegible]

CLINICAL REFERENCE LAB SERVICES

TEST REPORT

Reg. No	: 2625017808	**Reg.Date**	: 19-Mar-2025 /13:56
Name	: MRS.NAGA SREE	**Collection**	: 19-Mar-2025
Age\Sex	: 45 Years\Female	**Received**	: 19-Mar-2025 /14:04
Referred By	: VEDA CLINIC-KOMPALLY	**Report**	: 19-Mar-2025 / 17:00 PM
Referral Dr	: DR VENU	**Location**	: CENTRAL LABORATORY

Clinical Biochemistry

Investigation	Observed Value	Biological Ref Range	Method
Glucose Random (RBS)			
Glucose Random	102 mg/dL	50-150	God pod/Hexokine

Elevated blood glucose levels. These include pancreatitis, thyroid dysfunction, renal failure and liver disease. Hypoglycemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism or insulin induced hypoglycemia. Glucose measurement in urine is used as a diabetes screening procedure and to aid in the evaluation of glycosuria, to detect renal tubular defects, and in the management of diabetes mellitus. Glucose measurement in cerebrospinal fluid is used for evaluation of meningitis, neoplastic involvement of meninges and other neurological disorders.

-END OF THE REPORT

Dr.Sharan Reddy
MD
Pathologist

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Hematology

Investigation	Observed Value	Biological Ref Range	Method
Glycosylated Hemoglobin (HbA1C)			
Glycosylated Hemoglobin (HbA1c)	**6.1 %**	Non Diabetic level : <5.7 Prediabetes : 5.7-6.4 Diabetes : 6.5 and Above Treatment Target goal for Diabetes : <7.0	HPLC
Estimated Average Glucose (eAG)	128 mg/dL		

Values are frequently increased in persons with poorly controlled or newly diagnosed diabetes. With optimal control, the HbA1c moves toward normal levels. A diabetic patient who recently comes under good control may still show higher concentrations of glycosylated hemoglobin. This level declines gradually over several months as nearly normal glycosylated hemoglobin replaces older RBCs with higher concentrations.

Increases in glycosylated hemoglobin occur in the following nondiabetic conditions:
Iron deficiency anemia, Splenectomy, Alcohol toxicity, Lead toxicity

Decreases in HbA1c occur in the following non diabetic conditions:
Hemolytic anemia, Chronic blood loss, Pregnancy, Chronic renal failure

Interfering Factors (varies by method)
Presence of HbF and H causes falsely elevated values. Presence of HbS, C, E, D, G and Lepore (autosomal recessive mutation resulting in a hemoglobinopathy) causes falsely decreased values.

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Referred By	: VEDA CLINIC-KOMPALLY	**Report**	: 19-Mar-2025 / 17:40 PM
Referral Dr	: DR VENU	**Location**	: CENTRAL LABORATORY

Speciality Biochemistry

Investigation	Observed Value	Biological Ref Range	Method
Thyroid Stimulating Hormone (TSH), Serum			
Thyroid Stimulating Hormone (TSH)	3.42 µIU/mL	0.4-4.2	eCLIA / CLIA

Pregnancy: Normal Ranges.
1st Trimester: 0.24 - 2.99 uIU/mL
2nd Trimester: 0.46 - 2.95 uIU/mL
3rd Trimester: 0.43 - 2.78 uIU/mL
Interpretation :
Values are usually high in neonatal cord blood, Tsh values are decreased during the treatment with T4 and cortico steroids and other many drugs. Values are increased in treatment lithium, potassium iodide, amphetamine abuse and Iodine containing drugs. Metoclopromide domperidome, cholocromazine, halophiladone may increase TSH value.
TSH may not be useful to evaluate thyroid in very sick patients. Hetrophil Steroids may cause false normal values in primary hypo thyroidism.
Heterophile antibodies, thyroid auto antibodies, rheumatoid factor may increase or decrease thyroid values.
TSH has a diurinal rhythum with peaks at early morning and troughs at in the evening with variation throughout the day.
TSH levels vary diurnally by upto 50% and upto 40% variations on specimens performed serially during the same time of the day.
Serum levels typically fall down below 0.1 uIU/ml during first trimester of pregnancy.

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Referred By	: VEDA CLINIC-KOMPALLY	Report	: 19-Mar-2025 / 19:08 PM
Referral Dr	: DR VENU	Location	: CENTRAL LABORATORY

Clinical Biochemistry

Investigation	Observed Value	Biological Ref Range	Method
C-Reactive Protein (CRP), Serum			
C-Reactive Protein. (CRP)	**9.7 mg/L**	Negative: < 6.0 Positive: >/= 6.0	Turbidimetric Method

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Hematology

Investigation	Observed Value	Biological Ref Range	Method
Complete Blood Picture (CBP)			
Hemoglobin	14.3 g/dL	12-15	Spectrophotometry/Calorimetric
PCV (HCT)	42.2 vol%	37-47	Impedance/calculated
RBC Count	5.1 mill /cu.mm	3.8-5.8	Impedance
MCV	**82.7 fL**	83-101	Impedance/calculated
MCH	28.0 pg	27-32	Impedance/calculated
MCHC	33.8 g/dL	31.5-34.5	Impedance/calculated
RDW (CV)	**14.5 %**	11.6-14	Impedance/RBC
TOTAL WBC COUNT	9230 cells/cumm	4000-10000	Flowcytometry
Neutrophils	63.5 %	53-68	Impedance/Flowcytometry
Lymphocytes	25.9 %	25-40	Impedance/Flowcytometry
Monocytes	**7.9 %**	3-7	Impedance/Flowcytometry
Eosinophils	2.2 %	0-3	Impedance/Flowcytometry
Basophils	0.5 %	0-1	Impedance/Flowcytometry
Abnormal/Atypical Cells	0 %		Impedance/Flowcytometry
Absolute Neutrophil Count (ANC)	5861 cells/cumm	2000-7000	Flowcytometry/Mic.scopy
Absolute Lymphocyte Count (ALC)	2391 cells/cumm	1000-3000	Flowcytometry/Mic.scopy
Absolute Monocyte Count	729 cells/cumm	200-1000	Flowcytometry/Mic.scopy
Absolute Eosinophil Count (AEC)	203 cells/cumm	20-500	Flowcytometry/Mic.scopy
Absolute Basophil Count	46 cells/cumm	20-100	Flowcytometry/Mic.scopy
Platelets Count	337000 cells/cumm	150000-410000	Impedance
Blood Picture	Normocytic/Normochromic	NORMOCYTIC NORMOCHROMIC	
WBCs	WBC Count is Normal		
Platelet-Count	Platelets are Adequate		

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*All tests are performed at NABL Accredited Laboratory

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Liver Function Test (LFT), Serum			
Total Bilirubin	0.4 mg/dL	0.2-1.2	Diazo method
Direct Bilirubin	0.1 mg/dL	0.00-0.20	Diazo method
Indirect Bilirubin	0.3 mg/dL	0.00-0.80	Modified DMSO
Alkaline Phosphatase(ALP)	85 U/L	44-112	IFCC
Alanine Aminotransferase , (ALT/SGPT)	11 U/L	8-40	Kinetic
Aspartate Aminotransferase, (AST/SGOT)	18 U/L	0-32	IFCC without pyridoxal phosphate activation
Total Protein	7.2 g/dL	6.5-7.8	Biuret
Serum Albumin	4.4 g/dL	3.5-5.2	BCG
Globulin	2.8 g/dL	2.3-3.5	Calculated
A/G Ratio	1.6	0.9-1.8	

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