



Processing Location :

Rd #68, Jubilee Hills, Hyderabad- 500034  
Email: centrallab@luciddiagnostics.com ^

Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Urine
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 14:39
Ref.Dr.	: Doctor C	Reported On	: 02-06-2024 16:20
Req.No	: LAB062402164 - 40000808889		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL PATHOLOGY

#### Complete Urine Examination (17)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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#### PHYSICAL EXAMINATION:

Colour	: Pale yellow	STRAW TO YELLOW
Appearance	: Clear	
Reaction (pH)	: Alkaline 8.5	5.0-8.0
<i>Method : Methyl Red &amp; Bromothymol Blue</i>		
Specific Gravity	: 1.015	1.000-1.030
<i>Method : pKA Change</i>		
Protein / Albumin	: Negative	NEGATIVE
<i>Method : Tetrabromophenol blue</i>		
Glucose / Sugar	: Negative	NEGATIVE
<i>Method : Glucose oxidase/Peroxidase</i>		
Blood	: Negative	NEGATIVE
<i>Method : Peroxidase</i>		
Ketones	: Negative	NEGATIVE
<i>Method : Sodium Nitroprusside</i>		
Bilirubin	: Negative	NEGATIVE
<i>Method : Dichloroanilinediazonium</i>		
Leucocytes	: Negative	NEGATIVE
<i>Method : 3 hydroxy5 phenylpyrrole + diazonium</i>		
Nitrites	: Negative	NEGATIVE
<i>Method : Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol</i>		
Urobilinogen	: 0.2	mg/dL
<i>Method : Dim ethyl aminobenzaldehyde</i>		0.2-1.0

#### MICROSCOPIC EXAMINATION:

Pus Cells	: 2-3	/HPF	0-5
Epithelial Cells	: 2-3	/HPF	0-5
RBC	: Absent	/HPF	Absent
Casts	: Absent		Absent
Crystals / Amorphous deposit	: Absent		Absent
Others	: Nil		Nil

**Method:** Reflectance Photometry, Automated Urine Analyzer/Microscopy.

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Ref.Dr.	: Doctor C	Reported On	: 02-06-2024 16:20
Req.No	: LAB062402164		
<b>Report Status</b>	<b>: Preliminary</b>		



**Reference:**

Siemens Multistix 10 SG Kit insert. Textbook of Medical Laboratory Technology B. Godkar,3rd Edition.

**Note :- Suggested Clinical Correlation \***

\*\*End Of Report\*\*

*Gaurav Rastogi*

**Dr.A.Ramya Priyadarshini**  
Consultant Pathologist

**Dr.Gaurav Rastogi**  
MD,Pathology  
Senior Consultant

**Dr.Puja Deshmukh**  
Consultant Pathologist

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Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 11:28
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Potassium, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Potassium, Serum	: 5.05	mMol/L	3.5-5.1

Method : ISE Indirect

**Reference:**Beckman kit literature

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
Consultant Biochemistry

*S.A.Nabi*  
**Dr.S.A.Nabi Ph.D**  
Sr.Biochemist

Print Date : 03-06-2024 11:33

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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Sodium, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Sodium, Serum	: 139.7	mMol/L	136-146

Method : ISE Indirect

**Reference:**Beckman kit literature

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
Consultant Biochemistry

*as per need*  
**Dr.S.A.Nabi Ph.D**  
Sr.Biochemist

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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Chlorides, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Chlorides, Serum	: 102.6	mMol/L	101-109

Method : ISE Indirect

#### Reference:

Beckman kit literature

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Triiodothyronine, Total (T3)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total T3	: 1.40	ng/mL	0.87-1.78

Method : 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.
- 4.TSH exhibits diurnal rythm,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\*\*

Dr.Vijay Babu B,MBBS,MD  
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Sr.Biochemist

Print Date : 03-06-2024 11:34

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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Thyroxine, Total (T4)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total T4	: 9.80	µg/dL	4.82-15.65

Method : 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
- 4.TSH exhibits diurnal rythm,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\*\*

Dr.Vijay Babu B,MBBS,MD  
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Dr.S.A.Nabi Ph.D  
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Print Date : 03-06-2024 11:34

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Req.No	: LAB062402164 - 40000809138		
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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Vitamin B12 (Cyanocobalamin),Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Vitamin B12,Serum	: 116	pg/mL	120-914

Method : CLIA

#### Interpretation:

- 1.Vitamin B12 deficiency occurs in megaloblastic anaemia,malabsorption,dietary deficiency(vegetarians),congenital disorders,pregnancy etc.
- 2.An associated increase in homocysteine is an independent marker for cardiovascular disease and deep vein thrombosis.
- 3.Holotranscobalamin is a more sensitive marker of Vitamin B12 deficiency.
- 4.Elevated Vitamin B12 is associated with use of oral contraceptives,multivitamins ,Chronic renal failure,liver disease,increased levels of transcobalamin,acute and chronic myelogenous leukemia etc.

**Note:** disagreement of vitamin b12 values can be noticed between laboratories using assays of different manufacturers.

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

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

Dr.Vijay Babu B,MBBS,MD  
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Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21
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Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### 25 Hydroxy Vitamin D

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
25 Hydroxy (OH) Vitamin D	: 9.72	ng/mL	Deficiency : < 10 Insufficiency: 10 - 30 Sufficiency : 30 - 100 Toxicity : > 100

#### Interpretation :

Vitamin D<sub>3</sub> is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D<sub>3</sub>) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D<sub>2</sub>) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment.

#### Increased levels:

Vitamin D intoxication

Excessive exposure to sunlight

#### Decreased levels:

Rickets,malabsorption,steatorrhea,anticonvulsant usage,biliary and portal cirrhosis.

Reference:DiaSorin kit literature

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
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Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 02-06-2024 20:41
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Blood Urea Nitrogen (BUN)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Blood Urea</b>	: 18.18	mg/dL	17-43
<i>Method : GLDH Kinetic</i>			
<b>Blood Urea Nitrogen</b>	: 8.50	mg/dL	7.0-18.0
<i>Method : Calculated</i>			

#### Reference

In blood, Urea is usually reported as BUN and expressed in mg/dl. BUN mass units can be converted to urea mass units by multiplying by 2.14. Beckman kit literature.

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

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Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Calcium, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Calcium, Serum	: 8.9	mg/dL	8.8-10.6

Method : Arsenazo III

Reference:

Beckman kit Insert.

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

Dr.Vijay Babu B,MBBS,MD  
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*S.A.Nabi*  
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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Liver Function Test (LFT)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Total Bilirubin</b>	: 0.87	mg/dL	0.3-1.2
<i>Method : DPD</i>			
<b>Direct Bilirubin</b>	: 0.17	mg/dL	<0.2
<i>Method : DPD</i>			
<b>Indirect Bilirubin</b>	: 0.70	mg/dL	0.0-0.9
<i>Method : Calculated</i>			
<b>SGPT / ALT</b>	: 26.51	U/L	0-50
<i>Method : IFCC without Pyridoxal Phosphate</i>			
<b>AST/SGOT</b>	: 33.97	U/L	0-50
<i>Method : IFCC without Pyridoxal Phosphate</i>			
<b>Alkaline Phosphatase</b>	: 73.13	IU/L	30-120
<i>Method : IFCC AMP-Buffer</i>			
<b>Total Protein (TP)</b>	: 7.62	g/dL	6.6-8.3
<i>Method : Biuret</i>			
<b>Albumin</b>	: 4.95	g/dL	3.5-5.2
<i>Method : Bromocresol Green(BCG)</i>			
<b>Globulin</b>	: 2.7	g/dL	1.8-3.8
<i>Method : Calculation</i>			
<b>A/G Ratio</b>	: 1.8		0.9-1.8
<i>Method : Calculation</i>			

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
Consultant Biochemistry

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Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: WHOLE BLOOD EDTA
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
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Req.No	: LAB062402164 - 40000808965		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Glycosylated Hb (HbA1C)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hb (HbA1C)	: 5.5	%	Normal:<5.7 Prediabetes:5.7-6.4 Diabetes: $\geq$ 6.5
Method : High-performance liquid chromatography (HPLC)			
Estimated Average Glucose	: 111.15	mg/dL	

#### Use:

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

#### Interpretation:

#### Criteria for diagnosis of Diabetes:

HbA1C  $>/=$  6.5% using method that is NGSP certified & standardised to DCCT Assay.

#### Note:

Low HbA1C values(<4%) in an 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\*\*

**Dr.Vijay Babu B,MBBS,MD**  
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MC-6021

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#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Creatinine, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Creatinine,Serum	: 1.09	mg/dL	0.67-1.17

Method : Modified Jaffe Kinetic

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

Note :- Suggested Clinical Correlation \*

\*\*End Of Report\*\*

Dr.Vijay Babu B,MBBS,MD  
Consultant Biochemistry

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Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 11:07
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Urea, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Blood Urea	: 18.18	mg/dL	17-43

Method : GLDH Kinetic

Reference :Beckman kit Insert.

Note :- Suggested Clinical Correlation \*

\*\*End Of Report\*\*

Dr.Vijay Babu B,MBBS,MD  
Consultant Biochemistry

Dr.S.A.Nabi Ph.D  
Sr.Biochemist

Print Date : 03-06-2024 11:10

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Page 1 of 1



Processing Location :

Rd #68, Jubilee Hills, Hyderabad- 500034  
Email: centrallab@luciddiagnostics.com ^

Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Serum
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 11:28
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

##### Uric Acid, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	: 5.80	mg/dL	3.5-7.2

Method : Uricase PAP(Phenyl AminoPhenazone)

**Reference:**Beckman kit Insert.

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
Consultant Biochemistry

*S.A.Nabi*  
**Dr.S.A.Nabi Ph.D**  
Sr.Biochemist

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Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Serum
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 07:14
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Lipid Profile

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Total Cholesterol</b> <i>Method : CHOD-POD</i>	: 233.4	mg/dL	Desirable: < 200 Borderline: 200 – 239 High: >= 240
<b>HDL Cholesterol</b> <i>Method : Enzymatic Immuno inhibition</i>	: 64.3	mg/dL	Major risk factor for heart disease: <40 Negative risk factor for heart disease: >60
<b>LDL Cholesterol</b> <i>Method : Calculation</i>	: 149.64	mg/dL	Optimal : < 100 Near Optimal : 100–129 Borderline High : 130-159 High : 160–189 Very High : > 190
<b>VLDL</b> <i>Method : Calculated</i>	: 19.46	mg/dL	6-38
<b>Triglycerides</b> <i>Method : Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)</i>	: 97.32	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: >= 500
<b>CHOL / HDL Ratio</b> <i>Method : Calculation</i>	: 3.63		3.5-5.0
<b>Non - HDL Cholesterol</b> <i>Method : Calculated</i>	: 169.10	mg/dL	<130
<b>LDL/HDL Ratio</b> <i>Method : Calculated</i>	: 2.33	mg/dL	1.3-3.5

**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**  
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Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Serum
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 02-06-2024 19:57
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Thyroid Stimulating Hormone (TSH)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
TSH	: 2.52	μIU/mL	<u>Children:</u> Birth-4d:1.0-39.0 <u>Adults:</u> 21-54y:0.4-4.2 2-20wk:1.7-9.1                        55-87y:0.5-8.9 21wk-20y:0.7-6.4
Method : 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.
- 4.TSH exhibits diurnal rythm,peaks at 2.00- 4.00AM and has lowest level at 5.00-6.00PM

#### Reference:

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

#### Note :- Suggested Clinical Correlation \*

\*\*End Of Report\*\*

Dr.Vijay Babu B,MBBS,MD  
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Processing Location :

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Email: centrallab@luciddiagnostics.com ^

Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Plasma - F
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:09
Ref.Dr.	: Doctor C	Reported On	: 02-06-2024 20:35
Req.No	: LAB062402164 - 40000808921		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Glucose, Fasting (FBS)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose	: 73.2	mg/dL	Normal : 70 - 100 Prediabetes :100-125 Diabetic : >/=126

#### Interpretation:

##### Criteria for diagnosis of Diabetes mellitus.

FPG >=126 mg/dL, Fasting is defined as no caloric intake for atleast 8 hours.

#### Remarks:

Fasting hypoglycemia may be observed in persons taking certain diabetes medications, antibiotics and alcoholic beverages. Additionally intestinal disorders, endocrine disorders, insulin surge, nature of diet, reduced food intake than usual and stress are among several other factors. Please correlate clinically.

**Reference:**American Diabetes association guidelines 2021.

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
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*as and neel..*  
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Print Date : 02-06-2024 20:43

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Processing Location :

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Email: centrallab@luciddiagnostics.com ^

Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: WHOLE BLOOD EDTA
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 14:35
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 14:47
Req.No	: LAB062402164 - 40000808965		
Report Status	: Final		



### DEPARTMENT OF HAEMATOLOGY

#### Haemogram

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
<b>Hemoglobin</b>	: 12.5	g/dL	13.0-17.0
<i>Method : Non-Cyanide Photometric Measurement</i>			
<b>HCT/Haematocrit</b>	: 40.1	%	40.0-50.0
<i>Method : Calculated</i>			
<b>RBC Count</b>	: 5.61	millions/cumm	4.5-5.5
<i>Method : Electrical Impedance</i>			
<b>MCV</b>	: 71.5	fL	83.0-101.0
<i>Method : Calculated</i>			
<b>MCH</b>	: 22.3	pg	27.0- 32.0
<i>Method : Calculated</i>			
<b>MCHC</b>	: 31.2	g/dL	31.5-34.5
<i>Method : Calculated</i>			
<b>RDW-CV</b>	: 17.0	%	11.6-14.0
<i>Method : Calculated</i>			
<b>RDW-SD</b>	: 43.8	fL	39-46
<i>Method : Calculated</i>			
<b>Platelet Count</b>	: 3.13	lakhs/cmm	1.50-4.10
<i>Method : Electrical Impedance</i>			
<b>MPV</b>	: 8.6	fL	7.40-10.40
<i>Method : Calculated</i>			
<b>Total WBC Count</b>	: 8000	Cells/cmm	4000-11000
<i>Method : Electrical Impedance</i>			

#### Differential count

#### (Method:VCS/Leishman Stain/Microscopy)

<b>Neutrophils</b>	: 56	%	40-80
<b>Lymphocytes</b>	: 31	%	20-40
<b>Monocytes</b>	: 06	%	2-10
<b>Eosinophils</b>	: 07	%	1-6
<b>Basophils</b>	: 00	%	0-1

#### Absolute Leucocyte Count

<b>Absolute Neutrophil Count</b>	: 4480.00	Cells/cumm	2000-7000
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*Method : Calculated*

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Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: WHOLE BLOOD EDTA
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 14:35
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Report Status	: Final		



<b>Absolute Lymphocyte Count</b>	: 2480.00	Cells/cumm	1000-3000
<i>Method : Calculated</i>			
<b>Absolute Eosinophil Count</b>	: 560.00	Cells/cumm	20-500
<i>Method : Calculated</i>			
<b>Absolute Monocyte Count</b>	: 480.00	Cells/cumm	200-1000
<i>Method : Calculated</i>			
<b>Absolute Basophils</b>	: 0.0		
<i>Method : Calculated</i>			

### PERIPHERAL BLOOD SMEAR

**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 DxH 900) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy)

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

*Gaurav Rastogi*

**Dr.A.Ramya Priyadarshini**  
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**Dr.Gaurav Rastogi**  
MD,Pathology  
Senior Consultant

**Dr.Puja Deshmukh**  
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Processing Location :

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Email: centrallab@luciddiagnostics.com ^

Client	: Simplify Wellness India(Doctor C) - C	Sample Type	: Serum
Patient Name	: Mr.T V NARENDRA REDDY	Registered On	: 02-06-2024 10:21 Scan to Validate
Age / Gender	: 28 Y(s) / Male	Collected On	: 02-06-2024 10:21
Phone	:	Received On	: 02-06-2024 15:06
Ref.Dr.	: Doctor C	Reported On	: 03-06-2024 11:28
Req.No	: LAB062402164 - 40000809138		
Report Status	: Preliminary		



#### DEPARTMENT OF CLINICAL BIOCHEMISTRY

#### Bun Creatinine Ratio

TEST	RESULT	UNIT	BIOLOGICAL REFERENCE RANGES
<b>Blood Urea Nitrogen</b>	: 8.50	mg/dL	7.0-18.0
<i>Method : Calculated</i>			
<b>Creatinine,Serum</b>	: 1.09	mg/dL	0.67-1.17
<i>Method : Modified Jaffe Kinetic</i>			
<b>BUN Creatinine Ratio</b>	: 7.80		
<i>Method : Calculated</i>			

**Note :-** Suggested Clinical Correlation \*

\*\*End Of Report\*\*

**Dr.Vijay Babu B,MBBS,MD**  
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*as per need*  
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