




722, RBI Layout, 1st Floor, KLSR Sai Sree Enclave,
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Bangalore - 560 078. Mob : 9686433044
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☎ : 9686433044 / 080 26850706

MR Number : 210126061
Patient Name : Mrs. Vasanthi
Age : 74 Yrs
Gender : Female
Ref. By : DR. SANTHOSH H J

Bill no : 68514
Registered On : 21-Jan-2026 06:10 PM
Sample Collected On : 21-Jan-2026 06:25 PM
Sample Reported On : 21-Jan-2026 06:23 PM
Barcode 

HAEMATOLOGY

Test Name	Result	Unit	Bio.Ref.Range	Method
COMPLETE BLOOD COUNT (CBC)				
Hemoglobin	15.6	gm/dl	12-16	Photometric
Packed Cell Volume (HCT)	47.1	%	36-46	Calculated
R.B.C.Count	4.99	mill/cmm	3.8 - 4.8	Electrical Impedance
Mean Cell Volume(MCV)	94.4	fl	83-101	Calculated
Mean Cell Hemoglobin(MCH)	31.3	pg	27-33	Calculated
Mean Cell Hb Conc(MCHC)	33.1	%	32 -38	Calculated
Total WBC Count	8300	cells/cumm	4000-11000	Electrical Impedance
Differential % WBCs count				
Polymorphs	45	%	50-70	Coulter VCSn Tech
Lymphocytes	46	%	20 -40	Coulter VCSn Tech
Eosinophils	05	%	1-6	Coulter VCSn Tech
Monocytes	04	%	0 -10	Coulter VCSn Tech
Basophils	00	%		Coulter VCSn Tech
Absolute Differential Count :				
Absolute Neutrophils Count	3735	/ cumm	2000-7000	Calculated
Absolute Lymphocytes Count	3818	/ cumm	1000-3000	Calculated
Absolute Monocytes Count	332	/ cumm	200-1000	Calculated
Absolute Eosinophils Count, AEC	415	/ cumm	20-500	Calculated
Platelet Count	2.51	Lakh/cumm	1.5-4.5	Electrical Impedance

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Consultant Pathologist
KMC No: 80889

Senior Lab Technologist



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Msc MLT (Microbiology)

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BIOCHEMISTRY

Test Name	Result	Unit	Bio.Ref.Range	Method
Blood Sugar Fasting				
Blood Sugar Fasting	119	mg/dL	70 - 110	GOD-POD
Post Prandial blood sugar				
Post Prandial plasma glucose	167	mg/dL	70 - 140	GOD - POD
Serum Creatinine				
Serum Creatinine	1.19	mg/dL	Adolescent : 0.5 - 1.1 (mod.Jaffes) Children : 0.3 - 0.7 Infants : 0.2 - 0.5 Adult: Male : 0.7 - 1.3 Female : 0.6 - 1.2	Mod Jaffes

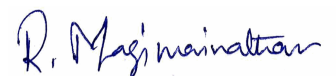


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Lipid Profile

Test Name	Result	Unit	Bio.Ref.Range	Method
Lipid Profile				
Total Cholesterol	174.0	mg/dL	Desirable : < 200, Borderline high : 200 - 239, Undesirable : > 240	CHOD/POD
Triglycerides	129.0	mg/dL	Desirable : < 150 Borderline high : 150 - 199 High : 200 - 499, Very High : > 500	GPO-Trinders
HDL Cholesterol	41.0	mg/dL	37-75	Direct/turbidometry
NON HDL Cholesterol	133	mg/dL	CHD and CHD risk equivalent (10-year risk for CHD >20%) : <130 Multiple (2+) risk factors and 10-year risk =20% : < 160 0-1 risk factor: < 190	Calculated
LDL Cholesterol	107.2	mg/dL	Optimal : <100, Near Optimal : 100 - 129, Borderline High : 130 - 159 High : 160 - 189, Very high : >= 190	Direct/turbidometry
VLDL Cholesterol	25.8	mg/dL	10-40	Calculated
Triglycerides / HDL Ratio	3.15			
Cholesterol/HDL Chol. Ratio	4.2	Ratio	Less than 6.0	Calculated
LDL Chol / HDL Chol Ratio	2.61	Ratio	< 2.0	Calculated
Note				

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BIOCHEMISTRY

Test Name	Result	Unit	Bio.Ref.Range	Method
Liver Function Test				
Bilirubin (Total)	0.88	mg/dL	0 -1 d: 1.4 -8.7 1 - 2 d: 3.4 - 11.5 3 - 5d: 1.5 - 12 Adult: 0.1 - 1.2	Diazo
Bilirubin (Direct)	0.22	mg/dL	0.1 - 0.3	Diazo
Bilirubin (Indirect)	0.66	mg/dL	0.00 - 0.75	Calculated
SGOT (AST)	17.8	U/L	5-40	IFCC
SGPT (ALT)	24.9	U/L	5-45	IFCC
Alkaline Phosphatase	104	U/L	Male : 53 - 128 Female : 42 - 98 Children: 60 - 270 New born: 4 times the adult value	p-NPP,kinetic
Total Protein	6.80	g/dl	6.0 - 8.3	Biuret
Albumin	4.20	g/dl	3.5 - 5.2	BCG dye
Globulin	2.60	g/dl	1.5 - 3.0	Calculated
Alb/Glo Ratio	1.62		1.1-1.8	Calculated

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HORMONES

Test Name	Result	Unit	Bio.Ref.Range	Method
Thyroid Stimulating Hormone				
TSH (Thyroid Stimulating Hormone)	6.290	mIU/ml	Normal:- 0.35-5.5	CLIA

Interpretation:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/mL

TSH levels in infants and children

Age	TSH (mIU/mL)
Cord blood	2.2 to 10.7
1 to 4 days	2.7 to 26.5
4 to 30 days	1.2 to 13.1
1 to 12 months	0.6 to 7.3
1 to 5 years	0.7 to 6.6
6 to 10 years	0.8 to 6.0

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Reference ranges from <https://www.uptodate.com/contents/image?imageKey=PEDS%2F60095>.

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BIOCHEMISTRY

Test Name	Result	Unit	Bio.Ref.Range	Method
HbA1c				
HbA1c Result	6.6	%	< 8 - Less Stringent Goal < 7 - General Goal < 6.5 - More Stringent Goal < 5.7 - Non-Diabetic Level (HPLC)	HPLC
Estimated Mean Blood Glucose	142.72	mg/dL		

HbA1c (Glycemic control) :

Overview

The A1C test is a common blood test used to diagnose type 1 and type 2 diabetes and to monitor how well you're managing your diabetes. The A1C test goes by many other names, including glycated hemoglobin, glycosylated hemoglobin, hemoglobin A1C and HbA1c. The A1C test result reflects your average blood sugar level for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin — a protein in red blood cells that carries oxygen — is coated with sugar (glycated). The higher your A1C level, the poorer your blood sugar control and the higher your risk of diabetes complications.

Limitations

HbF > 25% and in other hemoglobinopathies an alternate platform is recommended for testing of HbA1C. Trends in HbA1C are better indicator of diabetic control than a single test result.

END OF REPORT

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