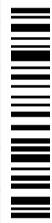


## LABORATORY REPORT

Name	Mr.Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male		
PID	MED12038		
Ref. By	DR.RG		
B2B Name			



### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Complete Blood Count With Esr</b>			
Haemoglobin	8.7	g/dL	13.5 - 18.0
PCV (Packed Cell Volume)/Hematocrit	25.6	%	42 - 52
RBC Count	3.3	mill/cu.mm	4.7 - 6.0
MCH (Mean Corpuscular Hemoglobin)	26.7	pg	27 - 32
Eosinophils	0.1	%	01 - 06
Absolute Eosinophil Count	0.01	10^3 / µL	0.04 - 0.44
Platelet Count	471	10^3 / µL	150 - 450
MPV	7.1	fL	7.9 - 13.7
PCT	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	30	mm/hr	0 - 15

### Gfr Study (glomerular Filtration Rate) - Blood

GFR Study	24.7	mL/min/1.73 sq.m	Normal: >= 90 Mild decrease in Renal function: 60 - 89 Mild to moderate decrease in Renal function: 45 - 59 Moderate to severe decrease in Renal function: 30 - 44 Severe decrease in Renal function: 15 - 29 Kidney failure: < 15
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### Glycosylated Haemoglobin (HbA1c)

HbA1C	6.4	%	4.5 - 5.6
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Collected at: Yogananda Diagnostic Center - 49

Processed at:

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## LABORATORY REPORT

Name	Mr.Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male		
PID	MED12038		
Ref. By	DR.RG		
B2B Name			



### Lipid Profile

HDL Cholesterol	<b>50.2</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
-----------------	-------------	-------	--------------------------------------------------------------------------------

### Urine Routine

Protein	<b>Positive(+)</b>	Negative	
Blood	<b>Positive(+)</b>	Negative	
Blood Urea Nitrogen (BUN)	<b>27.1</b>	mg/dL	7.0 - 21
Urea	<b>58.0</b>	mg/dL	17-43
Creatinine	<b>2.47</b>	mg/dL	0.8 - 1.3
Test Remark: kindly correlate clinically			
Microalbumin - Urine	<b>581</b>	mg/L	Normal: < 20 Microalbuminuria: 20 - 200 Macroalbuminuria: > 200

**Abnormal Result(s) Summary End**

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## LABORATORY REPORT

Name	Mr.Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED12038	Reported On	26-Jul-2025 16:26
Ref. By	DR.RG		
B2B Name			



Parameter	Result	Unit	Biological Ref. Interval
<b><u>Complete Blood Count With ESR</u></b>			
Haemoglobin <small>EDTA Whole Blood (Spectrophotometry)</small>	<b>8.7</b>	g/dL	13.5 - 18.0
PCV (Packed Cell Volume)/Hematocrit <small>EDTA Whole Blood (Derived from Impedance)</small>	<b>25.6</b>	%	42 - 52
RBC Count <small>EDTA Whole Blood (Impedance Variation &amp; Flow Cytometry)</small>	<b>3.3</b>	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) <small>EDTA Whole Blood (Derived from Impedance)</small>	78.4	fL	78 - 100
MCH (Mean Corpuscular Hemoglobin) <small>EDTA Whole Blood (Derived from Impedance)</small>	<b>26.7</b>	pg	27 - 32
MCHC (Mean Corpuscular Hemoglobin Concentration) <small>EDTA Whole Blood (Derived from Impedance)</small>	34.1	g/dL	32 - 36
RDW-CV <small>EDTA Whole Blood (Derived from Impedance)</small>	14.9	%	11.5 - 16.0
RDW-SD <small>EDTA Whole Blood (Derived from Impedance)</small>	41.9	fL	39 - 46
Total Leukocyte Count (TC) <small>EDTA Whole Blood (Electrical Impedance)</small>	6130	cells/cu.mm	4000 - 11000
Neutrophils <small>EDTA Whole Blood (Flow cytometry)</small>	67.8	%	40 - 75
Lymphocytes <small>EDTA Whole Blood (Flow cytometry)</small>	25.3	%	20 - 45
Eosinophils <small>EDTA Whole Blood (Flow cytometry)</small>	<b>0.1</b>	%	01 - 06
Monocytes <small>EDTA Whole Blood (Flow cytometry)</small>	6.4	%	01 - 10
Basophils <small>EDTA Whole Blood (Flow cytometry)</small>	0.4	%	00 - 02
Absolute Neutrophil Count <small>EDTA Whole Blood (Flow cytometry)</small>	4.16	10 <sup>3</sup> / µL	1.5 - 6.6
Absolute Lymphocyte Count <small>EDTA Whole Blood (Flow cytometry)</small>	1.55	10 <sup>3</sup> / µL	1.5 - 3.5
Absolute Eosinophil Count <small>EDTA Whole Blood (Flow cytometry)</small>	<b>0.01</b>	10 <sup>3</sup> / µL	0.04 - 0.44

**Dr Noopur Srivastava**

Senior Consultant Pathologist  
KMC 111248

**Dr Arjun C P**

Consultant Pathologist Cum Lab Head  
KMC 89655

Collected at : Yogananda Diagnostic Center - 49

Processed at : Old No 66 New No 1, 2nd Main Road, Bashyam Circle Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka 560003

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## LABORATORY REPORT

Name	Mr.Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED12038	Reported On	26-Jul-2025 16:26
Ref. By	DR.RG		
B2B Name			

**Absolute Monocyte Count**  
*EDTA Whole Blood (Flow cytometry)*      0.39       $10^3 / \mu\text{L}$       <1.0

**Absolute Basophil Count**  
*EDTA Whole Blood (Flow cytometry)*      0.02       $10^3 / \mu\text{L}$       <0.2

**Platelet Count**  
*EDTA Whole Blood (Electrical Impedance)*      471       $10^3 / \mu\text{L}$       150 - 450

**MPV**  
*EDTA Whole Blood (Calculated)*      7.1      fL      7.9 - 13.7

**PCT**  
*EDTA Whole Blood (Calculated)*      0.33      %      0.18 - 0.28

**INTERPRETATION:** Tests done on Automated Five part cell counter, All abnormal results are reviewed and confirmed microscopically.

**ESR (Erythrocyte Sedimentation Rate)**  
*EDTA Whole Blood (Westergren method)*      30      mm/hr      0 - 15

### **GLYCOSYLATED HAEMOGLOBIN (HbA1c)**

**HbA1C**  
*EDTA Whole Blood (HPLC)*      6.4      %      4.5 - 5.6

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Estimated Average Glucose**  
*EDTA Whole Blood (Calculated)*      136.98

### **INTERPRETATION:**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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Name	Mr.Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED12038	Reported On	26-Jul-2025 15:31
Ref. By	DR.RG		
B2B Name			

Parameter	Result	Unit	Biological Ref. Interval
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### PERIPHERAL SMEAR STUDY

RBC	Microcytic Hypochromic RBCs.
WBC	Normal in number, morphology, and distribution. No atypical/immature cells seen.
Platelets	Adequate in number with normal morphology.
Haemoparasite	Not seen.
Impression	Normocytic Normochromic Anemia.



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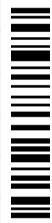


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## LABORATORY REPORT

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Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED12038	Reported On	27-Jul-2025 09:14
Ref. By	DR.RG		
B2B Name			



Parameter	Result	Unit	Biological Ref. Interval
Glucose Fasting (FBS) <small>Fluoride Plasma (Hexokinase)</small>	86.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
<b>INTERPRETATION:</b> Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.			
Blood Urea Nitrogen (BUN) <small>Serum (Urease UV / derived)</small>	<b>27.1</b>	mg/dL	7.0 - 21
Urea <small>Serum (Urease/GLDH)</small>	<b>58.0</b>	mg/dL	17-43
Creatinine <small>Serum (Modified Jaffe)</small>	<b>2.47</b>	mg/dL	0.8 - 1.3
<b>Remarks:</b> kindly correlate clinically			
Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.			
Uric Acid <small>Serum (Enzymatic)</small>	5.97	mg/dL	3.5 - 7.2
<b>Lipid Profile</b>			
Cholesterol Total <small>Serum (CHOD-PAP with ATCS)</small>	110.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

**Dr Samudrala Bharathi**  
MD Pathology (Lab Director)

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B2B Name			

**Triglycerides**  
*Serum (GPO-PAP with ATCS)*      86.5      mg/dL      Optimal: < 150  
Borderline: 150 - 199  
High: 200 - 499  
Very High: >= 500

### INTERPRETATION:

The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

**HDL Cholesterol**  
*Serum (Homogeneous Enzymatic)*      50.2      mg/dL      Optimal(Negative Risk Factor): >= 60  
Borderline: 40 - 59  
High Risk: < 40

**LDL Cholesterol**  
*Serum (Calculated)*      42.5      mg/dL      Optimal: < 100  
Above Optimal: 100 - 129  
Borderline: 130 - 159  
High: 160 - 189  
Very High: >= 190

**VLDL CHOLESTEROL**  
*Serum (Calculated)*      17.3      mg/dL      < 30

**Non-HDL Cholesterol**  
*Serum (Calculated)*      59.8      mg/dL      Optimal: < 130  
Above Optimal: 130 - 159  
Borderline High: 160 - 189  
High: 190 - 219  
Very High: >= 220

### INTERPRETATION:

Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.

2. It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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CHOL/HDL Cholesterol Ratio <small>Serum (Calculated)</small>	2.2	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
TGL/HDL Cholesterol Ratio <small>Serum (Calculated)</small>	1.7	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio <small>Serum (Calculated)</small>	0.8	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Liver Function Test

Bilirubin(Total) <small>Serum (Diazon Gen-2 (Doumas))</small>	0.21	mg/dL	0.1 - 1.2
Bilirubin (Direct) <small>Serum (Diazon Gen-2 (Doumas))</small>	0.09	mg/dL	<0.3
Bilirubin(Indirect)	0.12	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) <small>Serum (IFCC- Gen2)</small>	17.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) <small>Serum (IFCC- Gen2)</small>	12.5	U/L	5 - 41
Alkaline Phosphatase (SAP) <small>Serum (IFCC- Gen2)</small>	64.2	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) <small>Serum (IFCC / Kinetic)</small>	12.9	U/L	<55
Total Protein <small>Serum (Biuret)</small>	6.91	gm/dL	6.0 - 8.0
Albumin <small>Serum (Bromocresol green)</small>	3.98	gm/dL	3.5 - 5.2
Globulin <small>Serum (Derived)</small>	2.93	gm/dL	2.3 - 3.6
A : G RATIO <small>Serum (Derived)</small>	1.36		1.1 - 2.2

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**Calcium**  
*Serum (Arsenazo with ATCS)* 8.93 mg/dL 8.6 - 10.3

**Phosphorus**  
*Serum (Phosphomolybdate)* 4.42 mg/dL 2.6 - 4.5

**Magnesium**  
*Serum (Xylyl Blue with ATCS)* 2.25 mg/dL 1.8 - 2.6

**Iron Profile**

**Iron**  
*Serum (Ferrozine)* 80.0 microg/dL 70 - 180

**INTERPRETATION :** Low serum iron values are seen in chronic blood loss, insufficient intake or absorption of iron and increased demand on the body stores. Elevated serum iron values are seen in haemolytic anaemia, increased intake.

**Total Iron Binding Capacity (TIBC)**  
*Serum (Fe3+ / Magnesium Hydroxide Carbonate)* 266.0 µg/dL 250 - 425

**INTERPRETATION:** TIBC is increased in iron deficiency anaemia and in pregnancy. It is lower than normal in infections , malignant disease and renal disease.

**Transferin Saturation**  
*Serum (Calculated)* 30.08 % 20 - 55

**Serum Transferrin**  
*Serum* 186.20 mcg/dL 175 - 320

**Unbound Iron Binding Capacity (UIBC)**  
*Serum (Ferrozine)* 186.00 µg/dL 155-355

**Ferritin**  
*Serum (ECLIA)* 185.0 ng/mL 22 - 250

**CRP**  
*Serum (Turbidimetry)* 0.27 mg/L <= 5

**Microalbumin - Urine**  
*Urine (IFCC)* 581 mg/L  
Normal: < 20  
Microalbuminuria: 20 - 200  
Macroalbuminuria: > 200

**FREE T3, FREE T4 & TSH / FREE TFT**

**Free T3**  
*Serum (ECLIA)* 3.65 pg/mL 2.1 - 4.4

**Free T4**  
*Serum (ECLIA)* 1.26 ng/dL 0.58 - 1.64

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B2B Name			



THYROID STIMULATING HORMONE                    1.78                    μIU/mL                    0.35 - 5.50  
*Serum (ECLIA)*

**INTERPRETATION:**

Reference range for cord blood - upto 20  
 Healthy women: 0.27-4.20  
 Pregnant women (9-12): 0.18-2.99  
 1 st trimester: 0.33-4.59  
 2 nd trimester 0.35-4.10  
 3 rd trimester : 0.21-3.15  
 (Indian Thyroid Society Guidelines)

Comment :

1. TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
3. Values & 0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Insulin - Fasting                    4.18                    μIU/mL                    3.0 - 25.0  
*Serum (ECLIA)*

**INTERPRETATION :** Insulin estimation is used for classification of Diabetes mellitus , investigation of insulin resistance and assessment of Beta cell acitivity.

Vitamin D (25-Hydroxy Vit D)                    38.40                    ng/mL                    Deficient < 20.0  
*Serum (ECLIA)*

Insufficient 20-30  
 Sufficient 30-100  
 Upper Safety > 100

**INTERPRETATION:**

Comments:

Vitamin D refers to a group of fat-soluble secosteroids responsible for enhancing intestinal absorption of calcium, iron, magnesium, phosphate and zinc. Vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol). Vitamin D3 is formed in the skin in response to exposure to UVB from natural sunlight, or is ingested. Vitamin D2 mainly comes from plant sources. Vitamin D3 and D2 are hydroxylated in the liver to 25-hydroxyvitamin D (25-OHD)/Calcidiol.

This is the major circulating form of vitamin D and is the target for assays measuring vitamin D status.

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## LABORATORY REPORT

Name	Mr. Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED120386377	Reported On	27-Jul-2025 09:14
Ref. By	DR.RG		
B2B Name			



## Vitamin B12 Serum (ECLIA)

373

pg/mL

Normal: 187 - 883  
Deficiency: < 187.0

*Banathi*

**Dr Samudrala Bharathi**  
MD Pathology (Lab Director)

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Report Status : Interim

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## LABORATORY REPORT

Name	Mr. Rao	Reg No.	81060332
Age	74 Years	Registered On	26-Jul-2025 09:37
Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED12038	Reported On	27-Jul-2025 09:14
Ref. By	DR.RG		
B2B Name			

Parameter	Result	Unit	Biological Ref. Interval
GFR Study <small>Serum (Calculated)</small>	24.7	mL/min/1.73 sq.m	Normal: >= 90 Mild decrease in Renal function: 60 - 89 Mild to moderate decrease in Renal function: 45 - 59 Moderate to severe decrease in Renal function: 30 - 44 Severe decrease in Renal function: 15 - 29 Kidney failure: < 15



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Name	Mr. Rao	Reg No.	81060332
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Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED120386377	Reported On	27-Jul-2025 09:14
Ref. By	DR.RG		
B2B Name			



Parameter	Result	Unit	Biological Ref. Interval
<b>Urine Complete Analysis</b>			
<b>PHYSICAL EXAMINATION</b>			
Colour <i>Urine (Visual Examination)</i>	Yellow		Yellow to Amber
Volume (ml) <i>Urine</i>	20		
Appearance <i>Urine (Visual Examination)</i>	Light turbid		Clear
<b>CHEMICAL EXAMINATION</b>			
pH <i>Urine</i>	5.5		4.5 - 8.0
Specific Gravity <i>Urine (Polymethyl vinyl ether and maleic acid)</i>	1.007		1.005 - 1.035
Protein <i>Urine (Protein error of indicator)</i>	<b>Positive(+)</b>		Negative
Glucose <i>Urine (GOD - POD)</i>	Negative		Negative
Ketone <i>Urine (Acetoacetic acid and sodium nitro prusside)</i>	Negative		Negative
Nitrite <i>Urine (Diazonium complex)</i>	Negative		Negative
Bilirubin <i>Urine (Dichloroaniline diazonium )</i>	Negative		Negative
Blood <i>Urine (Peroxidase Reaction)</i>	<b>Positive(+)</b>		Negative
Urobilinogen <i>Urine (Azo)</i>	Normal		Normal
<b>MICROSCOPIC EXAMINATION</b>			
Pus Cells <i>Urine (Microscopy)</i>	20 - 22	/hpf	Nil
Leucocyte <i>Urine</i>	Nil		
Epithelial Cells <i>Urine (Microscopy)</i>	5 - 6	/hpf	Nil
RBCs <i>Urine (Microscopy)</i>	1 - 2	/hpf	Nil
Casts <i>Urine (Microscopy)</i>	Nil		NIL



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Gender	Male	Collected On	26-Jul-2025 09:38
PID	MED120386377	Reported On	27-Jul-2025 09:14
Ref. By	DR.RG		
B2B Name			

Crystals *Urine* Nil Nil

Others *Urine (Microscopy)* NIL

**INTERPRETATION:** Note: Done with Automated urine analyzer. All abnormal reports are reviewed and confirmed microscopically.

----- End Of Report -----



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