





: Mr.VEERESHAM SHAKKARI

Age/Gender

: 69 Y 9 M 22 D /M

UHID/MR No

: APJ1.0028163792

Visit ID Ref Doctor : DVRHOPV34074

: Dr.SELF

IP/OP NO

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: Final Report

Client Name

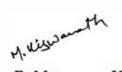
: PUP 24X7\_CREDIT

Center location

: Rainbow vistas rock garden, Hyderabad

# **DEPARTMENT OF HAEMATOLOGY APOLLO THYROID ASSESSMENT - BASIC**

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHO	DLE BLOOD EDTA			
HAEMOGLOBIN	11.8	g/dL	13-17	Spectrophotometer
PCV	35.00	%	40-50	Electronic pulse & Calculation
RBC COUNT	3.8	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	92.1	fL	83-101	Calculated
MCH	31.2	pg	27-32	Calculated
MCHC	33.9	g/dL	31.5-34.5	Calculated
R.D.W	13.8	4 %	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,800	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (I	DLC)			·
NEUTROPHILS	59	%	40-80	Flow cytometry
LYMPHOCYTES	29	%	20-40	Flow cytometry
EOSINOPHILS	< 2	%	1-6	Flow cytometry
MONOCYTES	10	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
CORRECTED TLC	5,800	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3422	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1682	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	116	Cells/cu.mm	20-500	Calculated
MONOCYTES	580	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	2.03		0.78- 3.53	Calculated
PLATELET COUNT	243000	cells/cu.mm	150000-410000	Electrical impedence



Dr.Muttavarapu Viswanath M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:HA07889002











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: Rainbow vistas rock garden, Hyderabad

# DEPARTMENT OF BIOCHEMISTRY

#### **GLUCOSE FASTING & PP**

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING, NAF PLASMA	86	mg/dL	70-100	Hexokinase

#### **Comment:**

# As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

# Note:

- 1. The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- 2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, SODIUM FLUORIDE PLASMA (2 HR)	129	mg/dL	70-140	HEXOKINASE

# **Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist





SIN No:BI22370308







: Mr.VEERESHAM SHAKKARI

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Center location

: Rainbow vistas rock garden,Hyderabad

# **DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Interval	Method
L <b>IPID PROFILE</b> , SERUM	<u> </u>			<u>'</u>
TOTAL CHOLESTEROL	96	mg/dL	<200	CHO-POD
TRIGLYCERIDES	80	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	37	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	59	mg/dL	<130	Calculated
LDL CHOLESTEROL	43	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16	mg/dL	<30	Calculated
CHOL / HDL RATIO	2.59		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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

Dr.RAJESH BATTINA PhD.(Biochemistry) Consultant Biochemist

Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist





SIN No:BI22370306







: Mr.VEERESHAM SHAKKARI

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Client Name Center location : PUP 24X7\_CREDIT : Rainbow vistas rock garden,Hyderabad

### **DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Interval	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE), SERUM	0.5	mg/L	<5	Latex Particle Immunoturbidimetric

#### **Comment:**

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).





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THYROXINE (T4, TOTAL), SERUM

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5.48-14.28

Center location

μg/dL

: Rainbow vistas rock garden, Hyderabad

CLIA

# DEPARTMENT OF IMMUNOLOGY

#### **APOLLO THYROID ASSESSMENT - BASIC**

Test Name	Result	Unit	Bio. Ref. Interval	Method
TRI-IODOTHYRONINE (T3, TOTAL) , SERUM	0.86	ng/mL	0.87-1.78	CLIA
Test Name	Result	Unit	Bio. Ref. Interval	Method

8.59





Dr.Matta Sujana Reddy M.B.B.S,M.D(Biochemistry) Consultant Biochemist





SIN No:IM08488394





: Mr.VEERESHAM SHAKKARI

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Visit ID

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Center location

: Rainbow vistas rock garden, Hyderabad

### **DEPARTMENT OF IMMUNOLOGY**

# **APOLLO THYROID ASSESSMENT - BASIC**

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID STIMULATING HORMONE (TSH), SERUM	4.435	μIU/mL	0.38-5.33	CLIA

# **Comment:**

TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH is a labile hormone & is secreted in a pulsatile manner throughout the day and is subject to several non-thyroidal pituitary influences. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, caloric intake, medication & circulating antibodies.

It is important to confirm any TSH abnormality in a fresh specimen drawn after ~ 3 weeks before assigning a diagnosis, as the cause of an isolated TSH abnormality.

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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Center location

: Rainbow vistas rock garden, Hyderabad

#### **DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (	CUE) , URINE			<u>'</u>
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	VERY TURBID		CLEAR	Scattering of light
рН	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.009		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL	1	NORMAL (0.1- 1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	POSITIVE+++		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET M	OUNT AND MICROSCOP	Y //		
PUS CELLS	PLENTY	/hpf	0-5	Microscopy
EPITHELIAL CELLS	3-5	/hpf	<10	Microscopy
RBC	2-3	/hpf	0-2	Microscopy
CASTS	NILYGOE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	ABSENT	/hpf	Occasional-Few	Automated Image based microscopy

# **Comment:**

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

\*\*\* End Of Report \*\*\*

M. Wigwarmth

Dr.Muttavarapu Viswanath M.B.B.S,M.D(Pathology) Consultant Pathologist

SIN No:C03228452







Patient Name : Mr.VEERESHAM SHAKKARI

Age/Gender : 69 Y 9 M 22 D /M UHID/MR No : APJ1.0028163792 Visit ID : DVRHOPV34074

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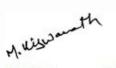
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#### TERMS AND CONDITIONS GOVERNING THIS REPORT

- 1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understandreporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
- 2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of parrticulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
- 3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
- 4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
- 5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
- 6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.



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