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PO No :PO10001395683-986

Customer Name	: Ms.AELA SAI CHANDANA	Collected Via	: TATA 1MG HYDERABAD
Age/Gender	: 27/Female	Referred By	: Dr.
Lab Visit ID	: HYD752844	Collection Date	: 20/Feb/2026 07:55AM
Barcode ID/Order ID	: D27930913 / 15924638	Report Date	: 20/Feb/2026 12:19PM
Sample Type	: Whole Blood-EDTA	Report Status	: Final Report

HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Complete Blood Count				
Hemoglobin	14.3	g/dL	12.0 - 15.0	Spectrophotometry (Cyanide-free)
RBC	**5.95**	10^6/cu.mm	3.8 - 4.8	Impedance
HCT	44.2	%	36 - 46	Calculated
MCV	**74.4**	fL	83 - 101	Calculated
MCH	**24.1**	pg	27 - 32	Calculated
MCHC	32.4	g/dL	31.5 - 34.5	Calculated
RDW-CV	**14.1**	%	11.5-14	Calculated
Total Leucocyte Count	5.11	10^3/µL	4 - 10	Impedance
Differential Leucocyte Count				
Neutrophils	43.6	%	40-80	DHSS/Microscopy
Lymphocytes	**41**	%	20-40	DHSS/Microscopy
Monocytes	**11.4**	%	2-10	DHSS/Microscopy
Eosinophils	3.5	%	1-6	DHSS/Microscopy
Basophils	0.5	%	0-2	Impedance/Microscopy
Absolute Leucocyte Count				
Absolute Neutrophil Count	2.23	10^3/µL	2 - 7	Calculated
Absolute Lymphocyte Count	2.1	10^3/µL	1-3	Calculated
Absolute Monocyte Count	0.58	10^3/µL	0.2 - 1	Calculated
Absolute Eosinophil Count	0.18	10^3/µL	0.02 - 0.5	Calculated
Absolute Basophil Count	0.03	10^3/µL	0.02-0.1	Calculated
Platelet Count	254	10^3/µL	150-410	Impedance /Microscopy
MPV	9	fL	6.5 - 12	Calculated
PDW	**17.1**	fL	9 - 17	Calculated

Comment:

As per the recommendation of International council for Standardization in Hematology, the differential leucocyte counts are additionally being reported as absolute numbers of each cell in per unit volume of blood.
DHSS : Double Hydrodynamic Sequential System Flowcytometry
Calculated parameters are either derived from Impedence measure, RBC pulse measurement, RBC/platelet histograms or formula derived.

NABL certificate and scope

This test has been performed at
TATA 1MG HYDERABAD
Address: SCB Door No. 3-14-011, 1st Floor, Patny Square, SP Road, Rasoolpura, Secunderabad, Telangana - 500003

Dr. K Madhuri
MBBS, MD (Pathology)
Consultant Pathologist
Reg. No: 80149

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PO No :PO10001395683-986

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Age/Gender	: 27/Female	Referred By	: Dr.
Lab Visit ID	: HYD752844	Collection Date	: 20/Feb/2026 07:55AM
Barcode ID/Order ID	: D27930914 / 15924638	Report Date	: 20/Feb/2026 01:09PM
Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST				
Liver Function Test				
Bilirubin-Total	0.52	mg/dL	0.3 – 1.2	Vanadate oxidation
Bilirubin-Direct	0.19	mg/dL	0.0-0.3	Vanadate oxidation
Bilirubin-Indirect	0.33	mg/dL	0.2-0.8	Calculated
Protein, Total	7.20	g/dL	5.7–8.2	Biuret
Albumin	4.54	g/dL	3.2-4.8	BCG Dye Binding
Globulin	2.7	g/dL	2.3 - 4.1	Calculated
A/G Ratio	1.71	Ratio	0.8 - 1.9	Calculated
SGOT (Aspartate Aminotransferase)	**83**	U/L	<34	Modified IFCC
SGPT (Alanine Transaminase)	**129**	U/L	10-49	Modified IFCC
SGOT/SGPT	0.64	Ratio		Calculated
Alkaline Phosphatase	66	U/L	46-116	IFCC Standardization
Gamma Glutamyltransferase (GGT)	27	U/L	<38	Modified IFCC

Comment:

- Raised ALT and AST indicate hepatocellular damage (e.g. viral or drugs etc). ALT is more liver-specific while AST is also found in heart, skeletal muscle, and kidney. Mild elevation (less than twice normal) often resolves on its own. Fatty liver disease (especially with metabolic syndrome) is a common cause in asymptomatic cases. Certain drugs (paracetamol, statins), herbal supplements, energy drinks, and antibiotics may also affect liver function.
- SGOT/SGPT Ratio: Typically <1 in healthy individuals (vary between 0.7-1.4; higher in women than men). High SGPT (ratio <1) seen in acute or chronic hepatitis, autoimmune disorders, medications, toxins while ratio >1 indicates alcoholic hepatitis, cirrhosis, metastasis or non-hepatic issues (hemolytic diseases, CVS disorders).
- Elevated Alkaline Phosphatase and GGT: Suggest cholestatic diseases (e.g. bile duct obstruction, primary biliary cirrhosis etc.) and can also be due to bone disease, pregnancy, chronic renal failure, malignancy, and congestive heart failure.
- High Bilirubin: Indicates jaundice due to increased RBC breakdown, liver damage (e.g., infections, toxins), or cholestasis (e.g., gallstones, tumors).
- High Protein Levels: Seen in dehydration (e.g., severe vomiting, diarrhea) or increased production (e.g., inflammation, hematopoietic neoplasms). Low protein and albumin: Result from impaired synthesis (liver disease), decreased intake, tissue damage, malabsorption, or increased renal excretion.

NABL certificate and scope

This test has been performed at
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Address: SCB Door No. 3-14-011, 1st Floor, Patny Square, SP Road, Rasoolpura, Secunderabad, Telangana - 500003

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PO No :PO10001395683-986

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Sample Type	: Serum	Report Status	: Final Report

BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method

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Lab Visit ID	: HYD752844	Collection Date	: 20/Feb/2026 07:55AM
Barcode ID/Order ID	: D27930914 / 15924638	Report Date	: 20/Feb/2026 11:56AM
Sample Type	: Serum	Report Status	: Final Report

SEROLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Typhidot, IgG & IgM				
Typhidot IgM	Negative		Negative	Immunocromatography
Typhidot - IgG	Negative		Negative	Immunocromatography

Comment:

Typhoid fever is an infection caused by a bacterium, Salmonella Typhi. Timely diagnosis of typhoid fever at an early stage is not only important for etiological diagnosis but also to identify and treat the potential carrier state in order to prevent acute typhoid fever outbreaks. TYPHIDOT is an immunochromatographic assay designed for the qualitative detection and differentiation of specific IgM and IgG antibodies against specific Salmonella Typhi antigen in human serum or plasma. This test is an aid in the early diagnosis of typhoid infection.

Note:-

- It is a rapid, qualitative, screening test for early detection of antibodies to Salmonella Typhi in human serum/plasma. All positive results should be confirmed by supplement tests.
- A negative result does not rule out recent infection, as positive result is influenced by the time elapsed after the onset of fever and immuno- competence of the patient.

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

Disclaimer:
1. The reported results based on laboratory investigation, are only for the purposes of diagnosis and should be clinically correlated and interpreted by the referring physician/ medical practitioner. For any queries relating to the reported results, you may write to our customer support team on care@1mg.com
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars 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).
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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.
7. Pregnant women should seek guidance from a qualified obstetrician as test parameters may vary during pregnancy

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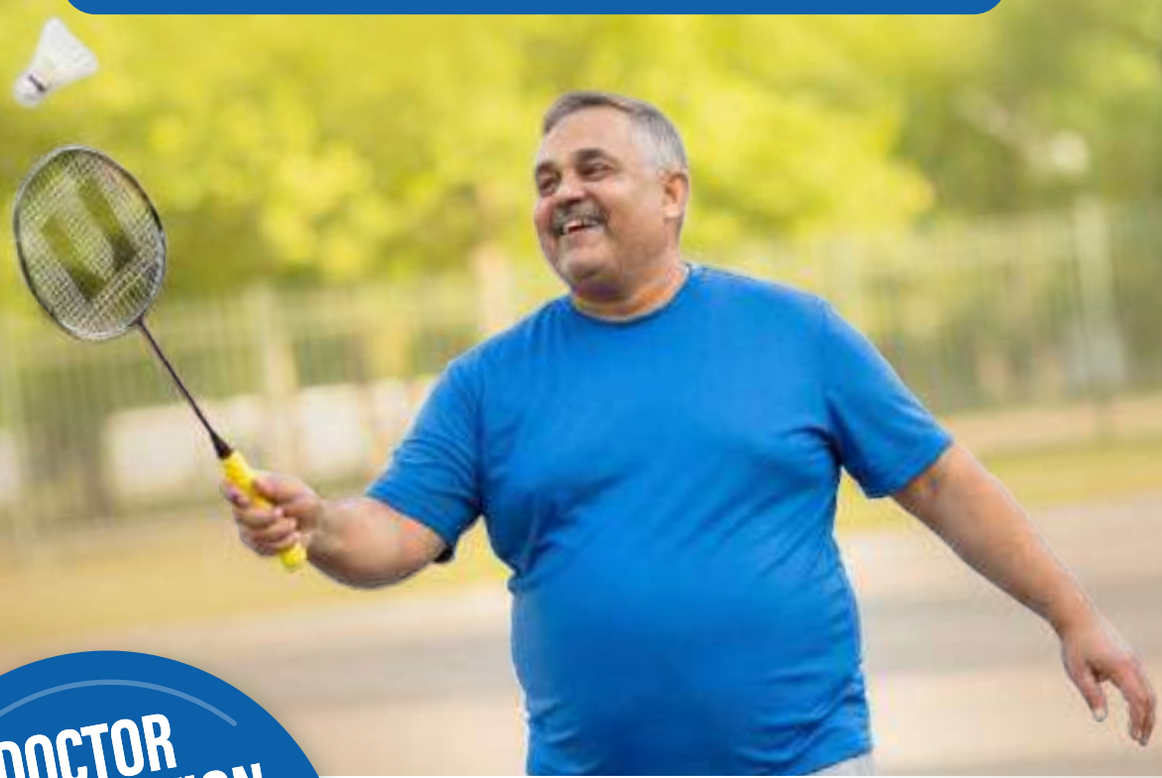

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