Patient Name	: Mrs.USHA RANI REKAPALLI	Collected	: 05/Jul/2025 08:49AM
Age/Gender	: 66 Y 7 M 23 D/F	Received	: 05/Jul/2025 03:22PM
UHID/MR No	: APJ1.0014670286	Reported	: 05/Jul/2025 04:50PM
Visit ID	: CMHVOPV2926	Status	: Final Report
Ref Doctor	: Self	Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	12.3	g/dL	12-15	Spectrophotometer
PCV	36.50	%	36-46	Electronic pulse & Calculation
RBC COUNT	4.3	Million/cu.mm	3.8-4.8	Electrical Impedence
MCV	84.9	fL	83-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.7	g/dL	31.5-34.5	Calculated
R.D.W	12.6	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,400	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57	%	40-80	Flow cytometry
LYMPHOCYTES	29	%	20-40	Flow cytometry
EOSINOPHILS	**7**	%	1-6	Flow cytometry
MONOCYTES	7	%	2-10	Flow cytometry
BASOPHILS	0	%	0-2	Flow cytometry
CORRECTED TLC	8,400	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4788	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2436	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	**588**	Cells/cu.mm	20-500	Calculated
MONOCYTES	588	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.97		0.78- 3.53	Calculated
PLATELET COUNT	335000	cells/cu.mm	150000-410000	Electrical impedence
MPV	8.8	Fl	8.1-13.9	Calculated

Kindly correlate clinically.

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SIN No:MHV250700028

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.

Patient Name	: Mrs.USHA RANI REKAPALLI		Collected	: 05/Jul/2025 08:49AM
Age/Gender	: 66 Y 7 M 23 D/F		Received	: 05/Jul/2025 03:18PM
UHID/MR No	: APJ1.0014670286		Reported	: 05/Jul/2025 05:21PM
Visit ID	: CMHVOPV2926		Status	: Final Report
Ref Doctor	: Self		Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , *NAF PLASMA*	**119**	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.

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SIN No:MHV250700023

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.

Patient Name	: Mrs.USHA RANI REKAPALLI	Collected	: 05/Jul/2025 08:49AM
Age/Gender	: 66 Y 7 M 23 D/F	Received	: 05/Jul/2025 02:59PM
UHID/MR No	: APJ1.0014670286	Reported	: 05/Jul/2025 07:18PM
Visit ID	: CMHVOPV2926	Status	: Final Report
Ref Doctor	: Self	Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				
HBA1C, GLYCATED HEMOGLOBIN	**10.1**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	243	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
5. In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
   A: HbF >25%
   B: Homozygous Hemoglobinopathy.
   (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)

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DEPARTMENT OF BIOCHEMISTRY

Chromatogram Report

1 V5.28 1 2025-07-05 17:27:11

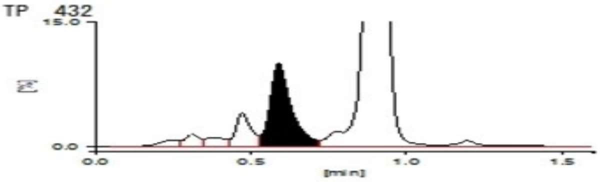
ID MHV250700026
Sample No. 07050218 SL 0015 – 03
Patient ID
Name
Comment

CALIB Y =1.1451X + 0.6525

Name	%	Time	Area
A1A	0.6	0.24	11.00
A1B	0.8	0.31	15.63
F	0.9	0.39	16.27
LA1C+	2.4	0.47	43.75
SA1C	10.1	0.59	153.31
A0	87.9	0.90	1622.87
H-V0			
H-V1			
H-V2			
		Total Area	1862.83

HbA1c 10.1 % IFCC 86 mmol/mol
HbA1 11.5 % HbF 0.9 %

TP 432



05-07-2025 17:27:11 APOLLO 1 / 1

APOLLO DIAGNOSTICS GLOBAL
BALNAGAR

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SIN No:MHV250700026

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.

Patient Name	: Mrs.USHA RANI REKAPALLI
Age/Gender	: 66 Y 7 M 23 D/F
UHID/MR No	: APJ1.0014670286
Visit ID	: CMHVOPV2926
Ref Doctor	: Self

Collected	: 05/Jul/2025 08:49AM
Received	: 05/Jul/2025 03:11PM
Reported	: 05/Jul/2025 09:05PM
Status	: Final Report
Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	162	mg/dL	< 200	CHOD-PAD
TRIGLYCERIDES	84	mg/dL	< 150	GPO-PAP
HDL CHOLESTEROL	50	mg/dL	>=40 Desirable	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	112	mg/dL	<130	Calculated
LDL CHOLESTEROL	94.94	mg/dL	<100	Calculated
VLDL CHOLESTEROL	16.76	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.22		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	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 40	Low < 35; Borderline Low 35-40		
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

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SIN No:MHV250700024

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Patient Name	: Mrs.USHA RANI REKAPALLI		Collected	: 05/Jul/2025 08:49AM
Age/Gender	: 66 Y 7 M 23 D/F		Received	: 05/Jul/2025 03:11PM
UHID/MR No	: APJ1.0014670286		Reported	: 05/Jul/2025 09:05PM
Visit ID	: CMHVOPV2926		Status	: Final Report
Ref Doctor	: Self		Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	0.29	mg/dL	0-1.2	Diazo
BILIRUBIN CONJUGATED (DIRECT)	0.14	mg/dL	0-0.2	Diazo
BILIRUBIN (INDIRECT)	0.15	mg/dL	0.0-1.1	Calculated
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16.8	U/L	10-35	IFCC with Pyridoxal Phosphate
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.4	U/L	10-50	IFCC with Pyridoxal Phosphate
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	**1.2**		<1.15	Calculated
ALKALINE PHOSPHATASE	71.10	U/L	35-104	IFCC
PROTEIN, TOTAL	7.24	g/dL	6.2-8.1	Biuret
ALBUMIN	4.43	g/dL	3.97-4.94	Bromo Cresol Green
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury: *AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons's diseases, Cirrhosis, but the increase is usually not >2.Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
2. Cholestatic Pattern:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

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SIN No:MHV250700024

This test has been performed at Apollo Health and Lifestyle Ltd- Hyderabad.

Patient Name	: Mrs.USHA RANI REKAPALLI
Age/Gender	: 66 Y 7 M 23 D/F
UHID/MR No	: APJ1.0014670286
Visit ID	: CMHVOPV2926
Ref Doctor	: Self

Collected	: 05/Jul/2025 08:49AM
Received	: 05/Jul/2025 03:11PM
Reported	: 05/Jul/2025 09:05PM
Status	: Final Report
Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.78	mg/dL	0.5-1	Jaffe
.eGFR - ESTIMATED GLOMERULAR FILTRATION RATE	78.72	mL/min/1.73m²	>60	CKD-EPI FORMULA
UREA	26.80	mg/dL	17-49	Urease
BLOOD UREA NITROGEN	12.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	**2.55**	mg/dL	3.5-7.2	Uricase
CALCIUM	9.41	mg/dL	8.8-10.2	NM-Bapta
PHOSPHORUS, INORGANIC	3.37	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	**130.1**	mmol/L	136-145	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	**95.4**	mmol/L	98-107	ISE (Indirect)
PROTEIN, TOTAL	7.24	g/dL	6.2-8.1	Biuret
ALBUMIN	4.43	g/dL	3.97-4.94	Bromo Cresol Green
GLOBULIN	2.81	g/dL	2.0-3.5	Calculated
A/G RATIO	1.58		0.9-2.0	Calculated

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Age/Gender	: 66 Y 7 M 23 D/F	Received	: 05/Jul/2025 03:11PM
UHID/MR No	: APJ1.0014670286	Reported	: 05/Jul/2025 06:20PM
Visit ID	: CMHVOPV2926	Status	: Final Report
Ref Doctor	: Self	Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	124.92	ng/dL	87-178	CLIA
THYROXINE (T4, TOTAL)	10.77	µg/dL	5.48-14.28	CLIA
TSH (Ultrasensitive/4thGen)	3.630	µlU/mL	0.38-5.33	CLIA

Comment:

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

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.

2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.

3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.

4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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Patient Name	: Mrs.USHA RANI REKAPALLI		Collected	: 05/Jul/2025 08:49AM	
Age/Gender	: 66 Y 7 M 23 D/F		Received	: 05/Jul/2025 03:11PM	
UHID/MR No	: APJ1.0014670286		Reported	: 05/Jul/2025 08:55PM	
Visit ID	: CMHVOPV2926		Status	: Final Report	
Ref Doctor	: Self		Centre Name	: MY HOME VIHANGA - SOCIETY CLIN	

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
VITAMIN D (25 - OH VITAMIN D) , *SERUM*	60.8	ng/mL	30-100	ECLIA

Comment:

BIOLOGICAL REFERENCE RANGES

VITAMIN D STATUS	VITAMIN D 25 HYDROXY (ng/mL)
DEFICIENCY	<10
INSUFFICIENCY	10 – 30
SUFFICIENCY	30 – 100
TOXICITY	>100

The biological function of Vitamin D is to maintain normal levels of calcium and phosphorus absorption. 25-Hydroxy vitamin D is the storage form of vitamin D. Vitamin D assists in maintaining bone health by facilitating calcium absorption. Vitamin D deficiency can also cause osteomalacia, which frequently affects elderly patients.

Vitamin D Total levels are composed of two components namely 25-Hydroxy Vitamin D2 and 25-Hydroxy Vitamin D3 both of which are converted into active forms. Vitamin D2 level corresponds with the exogenous dietary intake of Vitamin D rich foods as well as supplements. Vitamin D3 level corresponds with endogenous production as well as exogenous diet and supplements.

Vitamin D from sunshine on the skin or from dietary intake is converted predominantly by the liver into 25-hydroxy vitamin D, which has a long half-life and is stored in the adipose tissue. The metabolically active form of vitamin D, 1,25-di-hydroxy vitamin D, which has a short life, is then synthesized in the kidney as needed from circulating 25-hydroxy vitamin D. The reference interval of greater than 30 ng/mL is a target value established by the Endocrine Society.

Decreased Levels:- Inadequate exposure to sunlight, Dietary deficiency, Vitamin D malabsorption, Severe Hepatocellular disease., Drugs like Anticonvulsants, Nephrotic syndrome.

Increased levels:- Vitamin D intoxication.

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

Result/s to Follow:
COMPLETE URINE EXAMINATION (CUE)

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Patient Name	: Mrs.USHA RANI REKAPALLI	Collected	: 05/Jul/2025 08:49AM
Age/Gender	: 66 Y 7 M 23 D/F	Received	: 05/Jul/2025 03:11PM
UHID/MR No	: APJ1.0014670286	Reported	: 05/Jul/2025 08:55PM
Visit ID	: CMHVOPV2926	Status	: Final Report
Ref Doctor	: Self	Centre Name	: MY HOME VIHANGA - SOCIETY CLIN

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6. 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
7. 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).
8. 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
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
10. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only

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