Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:38 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 06:34 PM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Flouride Plasma		
Random Blood Glucose (Method: Hexokinase)	91 mg/dL	74 - 140 mg/dL

Interpretation : Glucose determination is useful in the diagnosis and treatment of Diabetes mellitus. Elevated levels are found in pancreatitis, pituitary and thyroid dysfunction, renal failure and liver diseases. Low glucose levels are found in insulinoma, hypopituitarism, neoplasms, insulin induced hypoglycemia

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 07:58 PM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
Vitamin - D3 (Method: CLIA)	**7.3 ng/ml**	Deficient < 10 Insufficient 10 - 29 Sufficient 30 - 100 Potential Toxicity > 100

Interpretation 1. Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and the regulation of calcium homeostasis. Vitamin D is essential for the formation and maintenance of strong, healthy bones. 2. Vitamin D deficiency can result from inadequate exposure to the sun, inadequate alimentary intake, decreased absorption, abnormal metabolism, or vitamin D resistance Recently, many chronic diseases such as cancer, high blood pressure. osteoporosis, and several autoimmune diseases have been linked to vitamin D deficiency.

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	15-08-2025 08:35 AM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
Vitamin B12 (Method: CLIA)	188 pg/mL	120 - 914 pg/mL

Interpretation Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source. Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anaemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anaemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels. For diagnostic purposes, the B12 results should be used in conjunction with other data : eg - symptoms results of other testing, clinical impressions etc. If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

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Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 06:51 PM

CLINICAL BIOCHEMISTRY
RENAL FUNCTION TEST

Investigation	Result	Biological Reference Interval
Specimen:Serum		
Blood Urea (Method: Urease)	27 mg/dL	17 - 43 mg/dL
S.Creatinine (Method: Enzymatic)	0.9 mg/dL	0.7 - 1.18 mg/dL
Interpretation		

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Telangana Diagnostics

Department of Health, Medical & Family Welfare
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OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	15-08-2025 06:38 AM

CLINICAL BIOCHEMISTRY
LIPID PROFILE

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S.Total Cholesterol (Method: CHOD-POD)	145 mg/dL	Desirable Level : <200 mg/dL Borderline : 200 - 239 mg/dL Undesirable : > 240 mg/dL
S.Triglycerides (Method: GPO-POD)	63 mg/dL	Desirable Level : <150 mg/dL Borderline : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : >500 mg/dL
S.HDL (Method: Enzyme Selective Inhibition)	**47 mg/dL**	Desirable Level : >60 mg/dL Borderline : 40 - 59 mg/dL Undesirable : <40 mg/dL
VLDL (Method: Calculated)	13 mg/dL	<30 mg/dL
S.LDL (Method: Calculated)	85 mg/dL	Optimal : <100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : >190 mg/dL
T.Chol/HDL (Method: Calculated)	3.1	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL/HDL (Method: Calculated)	1.8	Desirable Level: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation : The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cldakshyyani

Dakshayani

Consultant Biochemist

Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 06:41 PM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S. Calcium (Method: Arsenazo III)	**8.6 mg/dL**	8.8 - 10.6 mg/dL

Interpretation Used in diagnosis & monitoring of a wide range of disorders , including disorders of protein & vitamin D & diseases of bone, kidney, parathyroid gland or GI tract. Total protein & albumin should always be measured simultaneously for proper interpretation of serum calcium levels

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
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Age/Gender:	23 Years/Male	Reporting Date & time:	15-08-2025 06:26 AM

CLINICAL BIOCHEMISTRY
THYROID PROFILE

Investigation	Result	Biological Reference Interval
Specimen:Serum		
T3 - Total (Method: CLIA)	0.86 ng/mL	0.60-1.81 ng/mL
T4 -Total (Method: CLIA)	8.4 µg/dL	4.5-10.9 µg/dL
Thyroid stimulating hormone (TSH) (Method: CLIA)	3.506 µIU/mL	0.35 – 5.5 µIU/mL
Interpretation		

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 07:35 PM

CLINICAL BIOCHEMISTRY
LIVER FUNCTION TEST

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S. Bilirubin T (Method: DPD)	1.08 mg/dL	0.3 - 1.2 mg/dL
S. Bilirubin D (Method: DPD)	**0.24 mg/dL**	<0.2 mg/dL
S.Total Protein (Method: Biuret)	7.10 gm/dL	6.6 - 8.3 gm/dL
S.Albumin (Method: BCG)	4.48 gm/dL	3.5 - 5.2 gm/dL
Globulin (Method: Calculated)	2.62 gm/dL	2.6-3.9 gm/dL
A/G Ratio (Method: Calculated)	1.7	1.0 - 1.7
SGOT/AST (Method: UV without P5P)	24 U/L	< 50 U/L
SGPT /ALT (Method: UV without P5P)	22 U/L	< 50 U/L
S.Alkaline Phosphatase (Method: IFCC)	102 U/L	30 - 120 U/L

Interpretation : Liver function tests (LFTs or LFs) are groups of blood tests that give information about the state of a patient's liver. Liver transaminases (AST or SGOT and ALT or SGPT) are useful biomarkers of liver injury in a patient with some degree of intact liver function. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). GGT plays a role in the detection of alcoholism, alcoholic liver damage and in monitoring alcohol abstinence.

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Patient Name:	V V S KRISHNA ADITYA	Ref. Doctor:	Dr.Upendra
Patient Id:	0001739934	Lab Id:	
OP Id:	HY-ADG-0825-00106	Sample Collection Date & Time:	14-08-2025 12:39 PM
Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 08:07 PM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S.Uric Acid (Method: Uricase)	6.1 mg/dL	3.5 - 7.2 mg/dL

*** END OF REPORT ***

Please correlate clinically

Test Performed By : cljyothi

Consultant Biochemist

Telangana Diagnostics

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Age/Gender:	23 Years/Male	Reporting Date & time:	14-08-2025 05:37 PM

HAEMATOLOGY
COMPLETE BLOOD COUNT

Investigation	Result	Normal Reference Range
Specimen:Blood (K2EDTA)		
Total Leukocyte Count (Method: Flowcytometry)	5.97 X 10³/uL	4.0-10.0 X 10³/uL
Total Red Blood Cell Count (Method: Hydrodynamic Focussing Method)	5.21 X10¹²/L	4.5 - 5.5 X 10¹²/L
Hb (Method: SLS - HB)	16.3 g/dL	13.0 - 17.0 g/dL
HCT (Method: Calculated)	48.4 %	40 - 50 %
Mean Corpuscular Volume (MCV) (Method: RBC Histogram)	92.9 fl	83 - 101 fl
Mean Corpuscular Hemoglobin (MCH) (Method: Calculated)	31.3 pg	27 - 32 pg
MCHC (Method: Calculated)	33.7 g/dl	31.5 - 34.5 g/dl
Platelet Count (Method: Hydrodynamic Focussing Method)	184 X 10³/uL	150 - 410 X 10³/uL

DIFFERENTIAL LEUKOCYTE COUNT

Neutrophils	67.7 %	2.0-7.5 X 10³/uL (40 - 80%)
Lymphocytes	21.1 %	1.0-4.0 X 10³/uL (20 - 40%)
Monocytes	6.5 %	0.2-1.0 X 10³/uL(2 - 10%)
Eosinophils	4.5 %	0.02-0.5 X 10³/uL (1-6%)
Basophils	**0.2 %**	0.02 - 0.1 X 10³/uL (1-2%)
Method	Flowcytometry	
Notes	--	

*** END OF REPORT ***

Test Performed By : vijaya

Consultant Pathologist