

**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :


**Age/Gender** : 41 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:45PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>CBC - COMPLETE BLOOD COUNT</b>			
Haemoglobin(HB) Method: CELL COUNTER	12.2	gm/dl	12 - 16
Erythrocyte (RBC) Count Method: CELL COUNTER	4.22	mill/cu.mm.	4.20 - 6.00
PCV (Packed Cell Volume) Method: CELL COUNTER	<b>36.60</b>	%	39 - 52
MCV (Mean Corpuscular Volume) Method: CELL COUNTER	86.7	fL	76.00 - 100
MCH (Mean Corpuscular Haemoglobin) Method: CELL COUNTER	28.9	pg	26 - 34
MCHC (Mean Corpuscular Hb Concn.) Method: CELL COUNTER	33.3	g/dl	32 - 35
RDW (Red Cell Distribution Width) Method: CELL COUNTER	13.8	%	11- 16
Total Leucocytes (WBC) Count Method: CELL COUNTER	4.76	cells/cumm	3.50 - 11.00
Neutrophils Method: CELL COUNTER	50	%	40.0 - 73.0
Lymphocytes Method: CELL COUNTER	39	%	15.0 - 45.0
Monocytes	07	%	4.0 - 12.0
Eosinophils Method: CELL COUNTER	04	%	1-6%
Basophils Method: CELL COUNTER	00	%	0.0 - 2.0

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path



Page 6 of 8

**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY

Patient Name : MRS ANAMIKA TRIPATHI  
UHID/ MR No : 7106  
Visit Date : 07/10/2023  
Sample Collected On : 07/10/2023 04:52PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 41 Y Female  
OP Visit No : OPD-UNIT-II-1  
Reported On : 09/10/2023 08:45PM

### HAEMATOLOGY

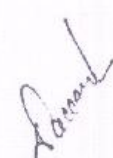
Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count	222	lacs/cu.mm	150-400
Method: CELL COUNTER			

- 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.
- Test conducted on EDTA whole blood.

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 7 of 8

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

Apollo Clinic

LICENSEE : SAMRIDDI AROGYAM PVT. LTD.

Apollo Clinic @ Tiara Complex A.T. Classic Near Ashoka Ratan, VIP Estate, Shankar Nagar, Raipur (C.G.)

Email : raipur1@apolloclinic.com | Website : www.apolloclinic.com

Online appointments: www.askapollo.com | Online reports: https://phr.apolloclinic.com

\*THIS PAPER IS USED FOR CLINICAL REPORTING PURPOSE ONLY

 +91 96918 26363

 0771 4033341/42

Patient Name : MRS ANAMIKA TRIPATHI  
UHID/ MR No : 7106  
Visit Date : 07/10/2023  
Sample Collected On : 07/10/2023 04:52PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 41 Y. Female  
OP Visit No : OPD-UNIT-II-2  
Reported On : 09/10/2023 08:45PM

### HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	20	mm /HR	0 - 20

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. Also increased in pregnancy, multiple myeloma, menstruation & hypothyroidism

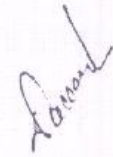
### Blood Group (ABO Typing)

Blood Group (ABO Typing) O  
RhD factor (Rh Typing) POSITIVE

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 5 of 8

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY



Patient Name : MRS ANAMIKA TRIPATHI  
UHID/ MR No : 7106  
Visit Date : 07/10/2023  
Sample Collected On : 07/10/2023 04:52PM  
Ref. Doctor : SELF  
Sponsor Name :

Age/Gender : 41 Y. Female  
OP Visit No : OPD-UNIT-II-2  
Reported On : 09/10/2023 08:45PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1c (Glycosalated Haemoglobin)	5.5	%	Non- diabetic:<=5.6, Pre-Diabetic 5.7-6.4, Diabetic:>=6.5

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflam

- 1.HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- 2.HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state dete

#### End of Report

Results are to be corelated clinically

Lab Technician / Technologist  
path



Page 4 of 8

DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 41 Y. Female  
**OP Visit No** : OPD-UNIT-II-1  
**Reported On** : 09/10/2023 08:45PM

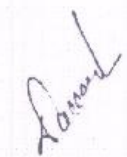
### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>GLUCOSE (FASTING)</b>			
Glucose- Fasting	82.0	mg/dl	70 - 120
SUGAR REAGENT GRADE WATER			
<b>KFT - RENAL PROFILE - SERUM</b>			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	09	mg/dl	7 - 20
<b>Creatinine</b> METHOD: Spectrophotometric	0.76	mg/dl	0.6-1.4
<b>Uric Acid</b> Method: Spectrophotometric	3.65	mg/dL	2.6 - 7.2

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
path

Page 1 of 8

  
DR DHANANJAY RAMCHANDRA PRASAD  
M.D. PATHOLOGY

**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

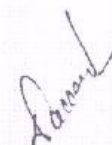
**Age/Gender** : 41 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:45PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIPID PROFILE TEST (PACKAGE)</b>			
Cholesterol - Total	135.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	94.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric			
HDL Cholesterol	43.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric			
LDL Cholesterol	73.20	mg/dl	Optimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very HiOptimal:< 100      Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189      Very High : >=1
Method: Spectrophotometric			
VLDL Cholesterol	18.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.14		3.5 - 5
Method: Spectrophotometric			

**End of Report**  
Results are to be correlated clinically

Lab Technician / Technologist  
path



**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 41 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:45PM

### BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST</b>			
<b>Bilirubin - Total</b> Method: Spectrophotometric	0.8	mg/dl	0.1-1.2
<b>Bilirubin - Direct</b> Method: Spectrophotometric	0.1	mg/dl	0.05-0.3
<b>Bilirubin (Indirect)</b> Method: Calculated	0.70	mg/dl	0 - 1
<b>SGOT (AST)</b> Method: Spectrophotometric	10	U/L	0 - 32
<b>SGPT (ALT)</b> Method: Spectrophotometric	15	U/L	0 - 33
<b>ALKALINE PHOSPHATASE</b>	98	U/L	25-147
<b>Total Proteins</b> Method: Spectrophotometric	6.3	g/dl	6 - 8
<b>Albumin</b> Method: Spectrophotometric	4.0	mg/dl	3.4 - 5.0
<b>Globulin</b> Method: Calculated	2.3	g/dl	1.8 - 3.6
<b>A/G Ratio</b> Method: Calculated	1.73	%	1.1 - 2.2

**End of Report**

*Results are to be correlated clinically*

Lab Technician / Technologist  
path



Page 3 of 8

**DR DHANANJAY RAMCHANDRA PRASAD**  
M.D. PATHOLOGY

**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 41 Y Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:45PM

### IMMUNO ASSAY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>T3, T4, TSH</b>			
<b>T3 (Total) by CLIA,serum</b>	0.99	ng/mL	0.87-1.78
Clinical Use - Diagnose and monitor treatment of Hyperthyroidism Increased Levels: Pregnancy, Graves disease, T3 thyrotoxicosis, TSH dependent Hyperthyroidism, Increased TBG Decreased Levels: Nonthyroidal illness, Hypothyroidism , Nutritional deficiency, Systemic illness, Decreased TBG			
<b>T4(Total) by CLIA,serum</b>	8.20	mcg/dl	6.09-12.23
Clinical Use - Diagnose Hypothyroidism and Hyperthyroidism when overt and / or due to pituitary or hypothalamic disease. Increased Levels: Hyperthyroidism, Increased TBG, Familial dysalbuminemic hyperthyroxinemia, Increased Transthyretin, Estrogen therapy, Pregnancy Decreased Levels: Primary hypothyroidism, Pituitary TSH deficiency, Hypothalamic TRH deficiency, Non thyroidal illness, Decreased TBG.			
<b>TSH (Ultrasensitive) CLIA Serum</b>	1.83	mIU/ml	0.34- 6.0
Initial test of thyroid function in patients with suspected thyroid dysfunction - Assess thyroid status in patients with abnormal total T4 concentrations - Distinguish Euthyroid hyperthyroxinemias from hypothyroidism. Increased Levels: Thyroid hormone resistance, Hyperthyroidism Decreased Levels: Primary hypothyroidism, Secondary hypothyroidism Clinical Use - Initial test of thyroid function in patients with suspected thyroid dysfunction			

Note: Total T3 & T4 levels measure the hormone which is in the bound form and is not available to most tissues. In addition severe systemic illness which affects the thyroid binding proteins can falsely alter Total T4 levels in the absence of a primary thyroid disease. Hence Free T3 & T4 levels are recommended for accurate assessment of thyroid dysfunction.

**End of Report**  
*Results are to be correlated clinically*

Lab Technician / Technologist  
 path

Page 8 of 8

*Dr. Anand*  
**DR DHANANJAY RAMCHANDRA PRASAD**  
 M.D. PATHOLOGY



**Patient Name** : MRS ANAMIKA TRIPATHI  
**UHID/ MR No** : 7106  
**Visit Date** : 07/10/2023  
**Sample Collected On** : 07/10/2023 04:52PM  
**Ref. Doctor** : SELF  
**Sponsor Name** :

**Age/Gender** : 41 Y. Female  
**OP Visit No** : OPD-UNIT-II-2  
**Reported On** : 09/10/2023 08:45PM

### CLINICAL PATHOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
<b>URINE ROUTINE EXAMINATION</b>			
<b>Physical Examination</b>			
Volum of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.015		1.001 - 1.030
Reaction (pH)	6.5		
<b>Chemical Examination</b>			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
<b>Microscopic Examination</b>			
RBC (Urine)	0-1	/hpf	0 - 2
Pus cells	0 - 2	/hpf	0 - 5
Epithelial Cell	0 - 2	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast	Not Seen	/hpf	Not Seen

**End of Report**

*Results are to be corelated clinically*

Lab Technician / Technologist  
path

