

## TEST REPORT

Reg. No. : 403100378	Reg. Date : 12-Mar-2024 10:09	Ref.No :	Approved On : 12-Mar-2024 12:38
Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<b>Complete Blood Count</b>			
<u>Specimen: EDTA blood</u>			
<b>Hemoglobin</b>			
Hemoglobin(SLS method)	L 11.6	g/dL	12.0 - 15.0
Hematocrit (calculated)	37.7	%	36 - 46
RBC Count(Ele.Impedence)	4.57	X 10 <sup>12</sup> /L	3.8 - 4.8
MCV (Calculated)	L 82.4	fL	83 - 101
MCH (Calculated)	L 25.3	pg	27 - 32
MCHC (Calculated)	L 30.7	g/dL	31.5 - 34.5
RDW (Calculated)	15.5	%	
<b>Differential WBC count (Impedance and flow)</b>			
Total WBC count	8640	/μL	4000 - 10000
Neutrophils	64	%	38 - 70
Lymphocytes	29	%	21 - 49
Monocytes	6	%	3 - 11
Eosinophils	1	%	0 - 7
Basophils	0		0 - 2
<b>Platelet</b>			
Platelet Count (Ele.Impedence)	H 425000	/cmm	150000 - 410000
MPV	H 14.60	fL	6.5 - 12.0

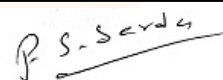
Sample Type: EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



  
**Approved by: DR. PARIMAL SARDA**

Haematopathologist  
 PDF, CMC vellore  
 Reg No.:- G-13598

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Approved On: 12-Mar-2024 12:38

**TEST REPORT**

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 13:28  
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14  
Age : 31 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
ESR	08	mm/hr	17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30

Method: Modified Westergren

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.



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M.B.B.S., D.C.P (Patho)  
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Approved On: 12-Mar-2024 13:28

## TEST REPORT

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 11:08  
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14  
Age : 31 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>BLOODGROUP &amp; RH</b>			
<u>Specimen: EDTA and Serum; Method: Gel card system</u>			
Blood Group "ABO" <i>Agglutination</i>	"B"		
Blood Group "Rh" <i>Agglutination</i>	Positive		
EDTA Whole Blood			

Test done from collected sample.

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**TEST REPORT**

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 16:46  
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14  
Age : 31 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>FASTING PLASMA GLUCOSE</b> <b>Specimen: Fluoride plasma</b>			
Fasting Plasma Glucose <i>Hexokinase</i>	95.06	mg/dL	Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126

## Flouride Plasma

Criteria for the diagnosis of diabetes:

1. HbA1c &gt;= 6.5 \*

Or

2. Fasting plasma glucose &gt;126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

Or

3. Two hour plasma glucose &gt;= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.

Or

4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose &gt;= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

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### TEST REPORT

Reg. No. : 403100378 Reg. Date : 12-Mar-2024 10:09 Ref.No : Approved On : 12-Mar-2024 16:46  
Name : Mrs. KRISHNAPRIYA Collected On : 12-Mar-2024 10:14  
Age : 31 Years Gender: Female Pass. No. : Dispatch At :  
Ref. By : APOLLO Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
<b>POST PRANDIAL PLASMA GLUCOSE</b> <u>Specimen: Fluoride plasma</u>			
Post Prandial Plasma Glucose <i>Hexokinase</i>	L 112.23	mg/dL	Normal: <=139 Prediabetes : 140-199 Diabetes: >=200
Flouride Plasma			

Test done from collected sample.

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## TEST REPORT

Reg. No. : 403100378   Reg. Date : 12-Mar-2024 10:09   Ref.No :   Approved On : 12-Mar-2024 11:18  
Name : Mrs. KRISHNAPRIYA   Collected On : 12-Mar-2024 10:14  
Age : 31 Years   Gender: Female   Pass. No. :   Dispatch At :  
Ref. By : APOLLO   Tele No. :  
Location :

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	0.76	mg/dL	0.51 - 1.5

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

Uric Acid (UA)	4.32	mg/dL	2.4 - 5.7
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*Uricase*

Serum

**Uses**

To monitor treatment of gout

To monitor hemotherapeutic treatment of neoplasms to avoid renal urate deposition.

**Increase in** - Renal failure , Gout , increased destruction of nucleoprotein like in leukemia ,hemolytic anemia, psoriasis, etc ,high protein diet,alcohol consumption, etc.

**Decrease in** - Intake of uricosuric drugs like allopurinol, severe hepatocellular disease , defective renal tubular damage.

Test done from collected sample.

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## TEST REPORT

<b>Reg. No.</b> : 403100378	<b>Reg. Date</b> : 12-Mar-2024 10:09	<b>Ref.No</b> :	<b>Approved On</b> : 12-Mar-2024 11:18
<b>Name</b> : Mrs. KRISHNAPRIYA			<b>Collected On</b> : 12-Mar-2024 10:14
<b>Age</b> : 31 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>BLOOD UREA NITROGEN</u></b>			
Urea <i>UREASE/GLDH</i>	28.6	mg/dL	<= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL
Blood Urea Nitrogen (BUN) <i>Calculated</i>	13.4	mg/dL	7 - 18.7
Serum			

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous waste product of protein metabolism. The process is synthesized in the liver. High levels of urea (BUN) may be due to a high protein diet, dehydration, or kidney disease. Types of chronic kidney disease include kidney stones, enlarged prostate, and kidney failure. This test is frequently requested to aid in the differential diagnosis of prerenal, renal and postrenal causes of kidney failure.

Test done from collected sample.

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**Approved On: 12-Mar-2024 11:18**

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<b>Reg. No.</b> : 403100378	<b>Reg. Date</b> : 12-Mar-2024 10:09	<b>Ref.No</b> :	<b>Approved On</b> : 12-Mar-2024 11:16
<b>Name</b> : Mrs. KRISHNAPRIYA			<b>Collected On</b> : 12-Mar-2024 10:14
<b>Age</b> : 31 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIPID PROFILE</u></b>			
<b>CHOLESTEROL</b> <i>Enzymatic Colorimetric Method, CHOD-POD</i>	186.0	mg/dL	<200 : Desirable, 200-239 : Borderline High, >=240 : High
<b>Triglyceride</b> <i>Enzymatic Colorimetric Method</i>	142.3	mg/dL	<150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High
<b>Very Low Density Lipoprotein(VLDL)</b> <i>Calculated</i>	28	mg/dL	0 - 30
<b>Low-Density Lipoprotein (LDL)</b> <i>Calculated Method</i>	110.40	mg/dL	< 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High
<b>High-Density Lipoprotein(HDL)</b> <i>Method:Homogeneous Enzymatic Colorimetric</i>	47.6	mg/dL	<40 Low (High Risk), >=60 High(Low Risk)
<b>CHOL/HDL RATIO</b> <i>Calculated</i>	H <b>3.91</b>		0.0 - 3.5
<b>LDL/HDL RATIO</b> <i>Calculated</i>	2.32		1.0 - 3.4
<b>TOTAL LIPID</b> <i>Calculated</i>	616.60	mg/dL	400 - 1000
<b>Serum</b>			

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.  
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.  
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.  
 To help diagnose other medical conditions, such as liver disease.  
 Note : biological reference intervals are according to the national cholesterol education program ( NCEP) guidelines.

Test done from collected sample.

This is an electronically authenticated report.



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## TEST REPORT

<b>Reg. No.</b> : 403100378	<b>Reg. Date</b> : 12-Mar-2024 10:09	<b>Ref.No</b> :	<b>Approved On</b> : 12-Mar-2024 11:18
<b>Name</b> : Mrs. KRISHNAPRIYA			<b>Collected On</b> : 12-Mar-2024 10:14
<b>Age</b> : 31 Years	<b>Gender:</b> Female	<b>Pass. No. :</b>	<b>Dispatch At</b> :
<b>Ref. By</b> : APOLLO			<b>Tele No.</b> :
<b>Location</b> :			

Test Name	Results	Units	Bio. Ref. Interval
<b><u>LIVER FUNCTION TEST</u></b>			
TOTAL PROTEIN <small>Biuret Colorimetric</small>	7.32	g/dL	6.4 - 8.3
ALBUMIN <small>Bromocresol Green(BCG)</small>	4.22	g/dL	3.2 - 5.0
GLOBULIN <small>Calculated</small>	3.10	g/dL	2.4 - 3.5
ALB/GLB <small>Calculated</small>	1.36		1.2 - 2.2
SGOT <small>Pyridoxal 5 Phosphate Activation, IFCC</small>	18.23	U/L	0 - 32
SGPT <small>Pyridoxal 5 Phosphate Activation, Ifcc</small>	22.56	U/L	0 - 33
Alkaline Phosphatase <small>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</small>	94.06	U/L	40 - 130
TOTAL BILIRUBIN <small>Diazo</small>	0.78	mg/dL	0.0 - 1.2
DIRECT BILIRUBIN <small>Diazo Reaction</small>	0.26	mg/dL	0 - 0.3
INDIRECT BILIRUBIN <small>Calculated</small>	0.52	mg/dL	0.0 - 1.00
Serum			

Test done from collected sample.

This is an electronically authenticated report.



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**Approved On:** 12-Mar-2024 11:18

## TEST REPORT

**Reg. No.** : 403100378 **Reg. Date** : 12-Mar-2024 10:09 **Ref.No** : **Approved On** : 12-Mar-2024 13:57  
**Name** : Mrs. KRISHNAPRIYA **Collected On** : 12-Mar-2024 10:14  
**Age** : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** :  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>HEMOGLOBIN A1C (HBA1C)</b> <i>High Performance Liquid Chromatography (HPLC)</i>	5.30	%	Normal: $\leq 5.6$ Prediabetes: 5.7-6.4 Diabetes: $\geq 6.5$ Diabetes Control Criteria : 6-7 : Near Normal Glycemia <7 : Goal 7-8 : Good Control >8 : Action Suggested
<b>Mean Blood Glucose</b> <i>( Calculated )</i>	105	mg/dL	

**Sample Type:** EDTA Whole Blood

### Criteria for the diagnosis of diabetes

- HbA1c  $\geq 6.5$  \* Or Fasting plasma glucose  $>126$  gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
- Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011:34:S11.

### Limitation of HbA1c

- In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population.
  - Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
  - Glycated HbF is not detected by this assay and hence specimens containing high HbF ( $>10\%$ ) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycemic control).
  - HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycemic control than blood glucose determination.
  - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
  - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
  - Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **Dr. Hiral Arora**

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Reg. No.: G-32999

Generated On : 12-Mar-2024 16:46

Approved On: 12-Mar-2024 13:57

## TEST REPORT

Reg. No. : 403100378	Reg. Date : 12-Mar-2024 10:09	Ref.No :	Approved On : 12-Mar-2024 13:57
Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

**Bio-Rad CDM System**  
**Bio-Rad Variant V-II Instrument #1**

**PATIENT REPORT**  
**V2TURBO\_A1c\_2.0**

**Patient Data**

Sample ID: 140303500301  
 Patient ID:  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

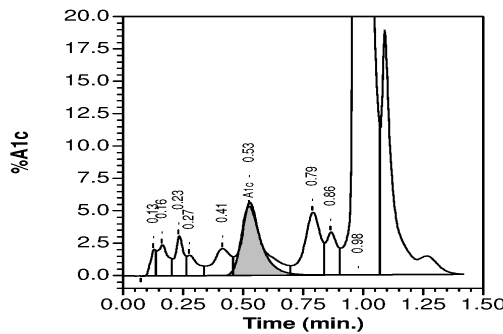
Analysis Performed: 12/03/2024 13:21:47  
 Injection Number: 10942  
 Run Number: 463  
 Rack ID:  
 Tube Number: 4  
 Report Generated: 12/03/2024 13:48:32  
 Operator ID:

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.5	0.126	6355
A1a	---	1.1	0.161	14421
A1b	---	1.0	0.230	14191
F	---	0.7	0.274	9521
LA1c	---	1.2	0.414	16877
A1c	5.3	---	0.525	60107
P3	---	3.2	0.788	43525
P4	---	1.5	0.863	20619
Ao	---	86.5	0.977	1184735

Total Area: 1,370,352

**HbA1c (NGSP) = 5.3 %**



Test done from collected sample.

This is an electronically authenticated report.




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## TEST REPORT

**Reg. No.** : 403100378 **Reg. Date** : 12-Mar-2024 10:09 **Ref.No** : **Approved On** : 12-Mar-2024 13:28  
**Name** : Mrs. KRISHNAPRIYA **Collected On** : 12-Mar-2024 10:14  
**Age** : 31 Years **Gender:** Female **Pass. No. :** **Dispatch At** :  
**Ref. By** : APOLLO **Tele No.** :  
**Location** :

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine), Total <small>CMIA</small>	1.27	ng/mL	0.70 - 2.04
T4 (Thyroxine), Total <small>CMIA</small>	8.89	µg/dL	5.5 - 11.0
TSH (Thyroid stimulating hormone) <small>CMIA</small>	1.445	µIU/mL	0.35 - 4.94

**Sample Type:** Serum

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**


- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.



Approved by:  **Dr. Vidhi Patel**

M.D BIOCHEMISTRY  
Reg. No.:G-34739

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Approved On: 12-Mar-2024 13:28

## TEST REPORT

Reg. No. : 403100378	Reg. Date : 12-Mar-2024 10:09	Ref.No :	Approved On : 12-Mar-2024 11:13
Name : Mrs. KRISHNAPRIYA			Collected On : 12-Mar-2024 10:14
Age : 31 Years	Gender: Female	Pass. No. :	Dispatch At :
Ref. By : APOLLO			Tele No. :
Location :			

Test Name	Results	Units	Bio. Ref. Interval
<u>URINE ROUTINE EXAMINATION</u>			
<b><u>Physical Examination</u></b>			
Colour	Pale Yellow		
Clarity	Clear		
<b><u>CHEMICAL EXAMINATION (by strip test)</u></b>			
pH	6.0		4.6 - 8.0
Sp. Gravity	1.030		1.002 - 1.030
Protein	Nil		Absent
Glucose	Nil		Absent
Ketone	Nil		Absent
Bilirubin	Nil		Nil
Nitrite	Negative		Nil
Leucocytes	Nil		Nil
Blood	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leucocytes (Pus Cells)	1-2		0 - 5/hpf
Erythrocytes (RBC)	Nil		0 - 5/hpf
Casts	Nil	/hpf	Absent
Crystals	Nil		Absent
Epithelial Cells	Nil		Nil
Monilia	Nil		Nil
T. Vaginalis	Nil		Nil
Urine			

----- End Of Report -----

Test done from collected sample.

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