




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : +91 40-2784 5852, 6649 1787  
Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## TEST REPORT

Name	: MS.BJB SRAVYA VANI [110385]	TID/SID	: UMR0634740/ 22103215
Age / Gender	: 30 Years / Female	Registered on	: 25-Dec-2021 / 09:31 AM
Ref.By	: -	Collected on	: 25-Dec-2021 / 09:44 AM
Req.No	:  BIL1609166	Reported on	: 25-Dec-2021 / 13:15 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.025		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative	mg%	0.2-1.0
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2
Epithelial cells Method:Microscopy Of Sediment	1 - 2	/hpf	0-8
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil

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### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts Method:Microscopy Of Sediment	Nil	/lpf	Nil
Others Method:Microscopy Of Sediment	Nil		Nil

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--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

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BIL1609166

### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO & Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	AB
Rh Typing (D)	POSITIVE -
Method:Agglutination	

**Method:** Hemagglutination Tube Method by Forward & Reverse Grouping

**Reference:** Tulip kit literature

**Interpretation:** The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O ) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expressed at birth, increase gradually in strength and become fully expressed around 1 year of age. In case of Rh(D) - Du(weak positive) or Weak D positive, the individual must be considered as Rh positive as donor and Rh negative as recipient.

**Note:** Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin., Method:Spectrophotometry	<b>11.2</b>	gm/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.5	mill /cu.mm	3.8-4.8
PCV/HCT., Method:Numeric Integration	<b>34</b>	%	36-46
MCV., Method:Calculated	<b>76</b>	fL	83-101
MCH., Method:Calculated	<b>24.6</b>	pg	27-32
MCHC Method:Calculated	32.5	g/dL	31.5-34.5 gm/dL
RDW (CV)., Method:Calculated	<b>14.1</b>	%	11.6-14.0
Total WBC Count Method:Impedence flowcytometry/Light scattering	<b>2.6</b>	cells/cumm	4-10
<b>Differential Count</b>			
Neutrophils:, Method:Flowcytometry/Microscopy	44	%	40-80
Lymphocytes:, Method:Flowcytometry/Microscopy	<b>48</b>	%	20-40
Monocytes., Method:Flowcytometry/Microscopy	6	%	2-10
Eosinophils., Method:Flowcytometry/Microscopy	2	%	1-6
Basophils., Method:Flowcytometry/Microscopy	0	%	0-2
Absolute Neutrophil Count	<b>1.14</b>	cells/cumm	2.0-7.0
Absolute Lymphocyte Count	1.25	cells/cumm	1.0-3.0
Absolute Monocyte Count	<b>0.16</b>	cells/cumm	0.20-1.0
Absolute Eosinophil Count	0.05	cells/cumm	0.02-0.5

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Absolute Basophil Count	<b>00</b>	cells/cumm	0.02-0.1
Platelet Count	150	lakhs/cumm	150-410
Method:Electrical Impedence			

### Peripheral Smear

RBC	Normocytic and Normochromic
Method:Microscopy	
WBC	Leucocytopenia+ +,Lymphocytosis+.No abnormal cells seen.
Method:Microscopy	
Platelets	Discrete and adequate.Giant platelets seen.
Method:Microscopy	

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MD PATHOLOGY

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### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	<b>36</b>	mm/hour	0-20
Method:Westergren			

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	11.5	mg/dL	7-23

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.63	mg/dL	0.50-1.20

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 Req.No  Reported on : 25-Dec-2021 / 14:08 PM  
 BIL1609166 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	94	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126

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BIL1609166 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	116	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>5.7</b>	%	< 5.7 : Normal 5.7 - 6.4 : Prediabetes > 6.4 Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	116	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	129	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240
HDL Cholesterol Method:Enzymatic Reaction	45	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease
LDL Cholesterol Method:Calculated	74	mg/dL	< 100
VLDL Cholesterol Method:Calculated	10	mg/dL	10-55
Triglycerides Method:GPO-POD	53	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500
Chol/HDL Ratio Method:Calculated	2.87		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	1.64		

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.54	mg/dL	0.3-1.2
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.18	mg/dL	0.00-0.40
Indirect Bilirubin. Method:Calculated	0.36	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	24	U/L	10-40
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	28	U/L	10-40
ALP (Alkaline Phosphatase). Method:AMP-IFCC	88	U/L	30-115
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.71	g/dL	6.0-8.0
Albumin. Method:Bromocresol Green (BCG)	4.46	g/dL	3.5-4.8
Globulin. Method:Calculated	3.25	g/dL	2.3-3.5
A/GRatio. Method:Calculated	1.37		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	20	U/L	7.0-50.0

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### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.42	ng/mL	0.970-1.69
Thyroxine Total (T4). Method:Enhanced chemiluminescence	11.0	µg/dL	5.53-11.0
Thyroid Stimulating Hormone (TSH). Method:Enhanced chemiluminescence	1.85	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

The Test marked with \*are not accredited by NABL.

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Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays :7.00 am to 1.00 pm

Radiologists Timings(Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am

Free Home Visit for Sample Collection.

Call : 7995421787, 7093445852,8121147282, 9885202212



# PARKLINE DIAGNOSTICS PVT. LTD.


L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : +91 40-2784 5852, 6649 1787

Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.MC-2566

## TEST REPORT

Name : **MS.BJB SRAVYA VANI [110385]** TID/SID : UMR0634740/ 22103214  
Age / Gender : 30 Years / Female Registered on : 25-Dec-2021 / 09:31 AM  
Ref.By : - Collected on : 25-Dec-2021 / 09:44 AM  
Req.No  Reported on : 25-Dec-2021 / 13:04 PM  
Reference : Medi Wheel  
BIL1609166

### DEPARTMENT OF CLINICAL BIOCHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	3.34	mg/dL	1.9-7.5
Method:Uricase			

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY

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Page 14 of 15

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Certificate No.MC-2566

## TEST REPORT

Name : **MS.BJB SRAVYA VANI [110385]** TID/SID : UMR0634740/ 22104232  
Age / Gender : 30 Years / Female Registered on : 25-Dec-2021 / 09:31 AM  
Ref.By : - Collected on : 25-Dec-2021 / 13:29 PM  
Req.No  Reported on : 26-Dec-2021 / 09:41 AM  
BIL1609166 Reference : Medi Wheel

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Fasting

Urine Glucose Fasting Nil NIL  
Method:Reagent strip/Reflectance photometry

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil NIL  
Method:Reagent strip/Reflectance photometry

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Divya Panda**  
Regd. No: 84506  
MD Pathology

The Test marked with \*are not accredited by NABL.

Page 15 of 15

**Lab Timings (Weekdays) :** 7.00 am to 8.30 pm  
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