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K.P.H.B. COLONY : MIG 256-258, S.R. Towers, Road No. 4, Hyderabad - 500072. Tel : +91-40-4350 0918
ERRAGADDA : Deccan Chambers, Above Punjab National Bank, Hyderabad - 500018. Tel: +91-40-2381 7362
e-mail: customerservice@adityalabs.com | website: www.adityalabs.com

Name	: MS. SAROJA DEVI	Reg. No	: O23-1963
Age /Sex	: 51 Y / F	Registration Date	: 12-11-2022
Ref. By	: BANK OF BARODA (MW)	Alt ID	: 8978013378

Investigation	Result	Normal Ranges

HAEMOGRAM

Investigation	Result	Normal Range
Haemoglobin	11.3 gm%	Male : 14.0 - 18.0 gm % Female : 11.5 - 16.0 gm % Children : 12 - 14 gm%
R B C mil/cmm	4.0 mil/cmm	Male : 4.5 - 6.5 mil/cmm Female : 4.0 - 5.5 mil/cmm
Packed Cell volume (PCV)	34 %	Male : 40 - 54 % Female : 36 - 49 %
MCV	83 Cubic microns	76 - 96 Cubic microns
MCH	28 Picograms	27- 32 Picograms
MCHC	32 gm%	30 - 36 gm%
WBC (Total)	5,400 cells/cmm	4,000 - 11,000 cells/cmm
DIFFERENTIAL COUNT		
Neutrophils (Polymorphs)	62 %	Adults : 40 - 75 % Children : 36- 50 %
Lymphocytes	33 %	Adults : 20 - 40 % Children : 36- 50 %
Eosinophils	03 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	00 - 01 %
Platelet count	2,96,000 cells/cmm	1,50,000 - 4,00,000 cells/cmm
ESR 1st Hour	14 mm/hour	Male : 0 - 10 mm / hour Female : 0 - 14 mm / hour
Reticulocyte count	0.7 %	0.5 - 1.0 %

PERIPHERAL SMEAR EXAMINATION

RBC's Morphology	Normocytic / Normochromic
WBC	With in normal limits
Plateletes	Adequate
Abnormal Cells	Nil

Method : Automated Cellcounter&Microscopy

Dr Rajani Gutha, Phd
Cheif Biochemist

* End of Report *

Verified by

Dr S Ramadevi, MD
Consultant Pathologist

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Investigation	Result	Reference Range
Fasting Plasma Glucose * *Blood Sugar* *Method GOD-POD*	86 mg/dl	70 - 110 mg/dl
Post Prandial Glucose * *(Blood Sugar)* *Method GOD-POD*	107 mg/dl	70 - 160 mg/dl

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Lipid Profile

Investigation	Result		Reference Range
Total Cholesterol * *Method CHOD-POD*	220	mg/dL	Normal : < 200 mg/dL Borderline High : 200 - 239 mg/dL High : > 240 mg/dL
Serum Triglycerides * *Method GPO - POD*	78	mg/dL	Normal : < 150 mg/dL Borderline High : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : =/> 500 mg/dL
H D L Cholesterol * *Method Direct CHOD-PAD*	56	mg/dL	Low : < 40 High : > 60
L D L Cholesterol * *Method Calculated*	148.4	mg/dL	Optimal : < 100 Borderline High : 130 - 159 High : 160 - 189 Very High : =/> 190
V L D L Cholesterol * *Method Calculated*	15.6	mg/dL	10 - 30 mg/dL
TC / HDL Cholesterol Ratio * *Method Calculated*	3.93	Ratio	3.0 - 5.0 Ratio
LDL / HDL Ratio * *Method Calculated*	2.65	Ratio	1.5 - 3.5 Ratio

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Investigation	Result	Reference Range
Serum Creatinine * *Method Enzymatic*	0.7 mg/dl	Male : 0.7 - 1.3 Female : 0.6 - 1.1 New Born 1 - 4 days : 0.3 - 1.0 m Infant (upto 1year) : 0.2 - 0.4 r Children : 0.3 - 0.7
Blood Urea * *Method GLDH*	37 mg/dl	10 - 50 mg/dl
Blood Urea Nitrogen * *Caculated*	17.2 mg/dl	6 - 25.5 mg/dl
Serum Uric Acid * *Method:Uricase POD*	6.1 mg/dl	Male : 3.5 - 7.2 mg/dl Female : 2.6 - 6.0 mg/dl

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Investigation	Result	Reference Range
Liver Function Tests		
Total Bilirubin : (Method: Walter &Gerarde)	0.45 mg/dl	0.3 - 1.2 mg/dl
Direct Bilirubin (Conjugated) : (Method: Walter &Gerarde)	0.11 mg/dl	0.0 - 0.2 mg/dl
Indirect Bilirubin (Unconjugated) :	0.34 mg/dl	
Alkaline Phosphatase : *(Method: GSCC)*	58 U/L	Male : 53 - 128 U/L Female : 42 - 98 U/L Children : 54 - 369 U/L
S G P T : *(Method: IFCC)*	14 IU/L	UP TO 55 IU/L
S G O T : *(Method: IFCC)*	16 IU/L	UP TO 55 IU/L
Total Proteins : *(Method: Biuret)*	6.8 gm/dl	6.0 - 8.3 gm/dl
Albumin : *(Method: BCG)*	3.8 gm/dl	3.5 - 5.2 gm/dl
Globulin : *(Method: Calculated)*	3 gm/dl	
A/G Ratio	1.27	
Gamma GT IFCC Method	19 U/L	Male : 10 - 50 U/L Female : 7 - 35 U/L

Lab Incharge

* End of Report *

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Investigation	Result

Complete Urine Examination

Investigation		Result	
PHYSICAL EXAMINATION			
Colour	:	Pale Yellow	
Apperance	:	Clear	
Reaction	:	Acidic	
Specific Gravity	:	1.025	
CHEMICAL EXAMINATION			
Albumin	:	Nil	
Glucose	:	Nil	
MICROSCOPIC EXAMINATION			
Pus Cells	:	3 - 4	/HPF
Epithelial Cells	:	4 - 6	/HPF
RBC	:	Nil	/HPF
Crystals	:	Nil	
Casts	:	Nil	
Bacteria	:	Nil	
Others	:	Nil	

* End of report *

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Chief Biochemist

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X-RAY CHEST PA VIEW

- Hilar regions are normal.
- Both C P angles are free.
- Domes of diaphragms are normal.
- Bony cage is normal
- Cardio thoracic ratio is normal.
- Lung - clear. No Evidnece of any Signs of active Tuberculosis

IMPRESSION : ***** NORMAL STUDY***

Dr Ravi Krishna
Consultant Radiologist

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Investigation	Result	Reference Range
% HbA1c (Glycosylated Haemoglobin) *(Method: HPLC-NGSP Certified*	5.8 %	< 6.0 : Pre Diabetic 6-7 : Good Control 7-8 : Weak Control > 8.0 : Poor Control

Intrepretation :

HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell,but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3)

Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only .81 (1.0 would be a straight line, which has "perfect" correlation...) This means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control.

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Investigation	Result		Normal Ranges
Trilodothyronine Total (TT3)	1.12	ng/mL	0.60 - 1.81 ng/mL
Thyroxine - Total (TT4)	10.9	mg/dL	3.5 - 12.6 mg/dL
Thyroid Stimulating Hormone(TSH) *Method: C.L.I.A*	2.51	µIU/ml	0.35 - 5.50 µIU/ml

Interpretation

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration is more sensitive to certain thyroid conditions than T4. While T4 levels are a sensitive (and superior)indicator of hypothyroidism, T3 blood levels better define hyperthyroidism. Because T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good.

It is especially useful in the differential diagnosis of 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.

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