Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

43-67/A,N.R. Peta, Kurnool - 518 004, Phone : (08518) 225888, 225889

Name	: **VENKATA SUBBAIAH P**	**Bill Date** :	**28-Nov-2025 9:14 am**
Age	: **73 Years**	**Sample No** :	**24**
Gender	: **Male**	**Smpl.Time** :	**28-Nov-2025 09:23 AM**
Bill No	: **QR9241**	**Report Date** :	**28-Nov-2025 11:39 am**
Ref.Dr.	: **SELF**	QR9241	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA				
HAEMOGLOBIN	16.0	gm/dl	13 - 18	ELIS
RBC COUNT	5.25	millions/cmm	4.2 - 6.5	ELIS
H C T	45.7	%	39 - 54	ELIS
M C V	87.1	Flt.	82 - 98	ELIS
M C H	30.5	Pg.	27 - 31	ELIS
M C H C	35.0	%	32 - 36	ELIS
WBCs	6000	/ cu mm	4000 - 10000	ELIS
DIFFERENTIAL COUNT			-	
Polymorphs	72	%	40 - 75	ELIS
Lymphocytes	**18**	%	20 - 45	ELIS
Eosinophils	02	%	1 - 6	ELIS
Monocytes	08	%	1 - 10	ELIS
PLATELETS	**1.3**	/ Lakhs	1.5 - 4.5	ELIS
PERIPHERAL SMEAR READING			-	
RBCs	Normocytic Normochromic.		-	Microscopic
WBCs	Within Normal Limits.		-	Microscopic
PLATELETS	**Mild thrombocytopenia.**		-	Microscopic
PARASITES	Malarial Parasites not detected in the smear		-	Microscopic
	No abnormal cells noted.		-	Microscopic
OPINION	**MILD THROMBOCYTOPENIA.**		-	Microscopic
			-	
E.S.R	16	mm / hr	0 - 20	Westergren

*** END OF REPORT ***

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QR9241

Dr.C.C.MOHAN REDDY,
M.D (PATHOLOGY)
PATHOLOGIST

APOLLO MEDICAL CENTRE KURNOOL

KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
HBA1C , GLYCATED HEMOGLOBIN	9.0 %	%	-	Turbilatex

Note: Dietary preparation or fasting is not required.

1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control.

Reference:	
Non Diabetic Level	< 5.7 %
Pre diabetic range	5.7 % to 6.4 %
Diabetic Range	> 6.5 %
Diabetic Level	
Excellent control	6 %- 7 %
Fair to good control	7 % -8 %
Poor control	8 % -10 %
Unsatisfactory control	> 10 %

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Dr.SREELATHA. D
M.B.B.S, M.D
Consultant Biochemist

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DEPARTMENT OF HYDERABAD

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12, SERUM	**173**	pg/mL	183 - 822	CLIA

Comment:

Population based data reflecting exact scenario of vitamin B12 levels in Indian population is still evolving, however, different studies reporting a deficiency in adults, pregnant women and children ranging from 16% to 77% with average of about 47%. This high incidence is attributed to vegetarian food habits of large majority of Indian population. Vitamin B12 deficiency frequently causes macrocytic anemia, glossitis, peripheral neuropathy, weakness, hyperreflexia, ataxia, loss of proprioception, poor coordination, and affective behavioral changes. A significant increase in RBC MCV may be an important indicator of vitamin B12 deficiency. B12 levels in the range of 150 to 190 pg/ml may not be associated with any clinical manifestations, while B12 levels below 100 pg/ml are often associated with clinical symptoms. However, for an individual based on other co-morbid conditions or other nutritional deficiency (especially folate) the manifestations can vary accordingly. If clinical symptoms suggest deficiency, measurement of active vitamin B12, MMA and homocysteine
should be considered as further workup.

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