Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name	: **JYOTHI M**	**Bill Date** :	**28-Nov-2025 8:53 am**
Age	: **58**	**Sample No** :	**22,22A**
Gender	: **Female**	**Smpl.Time** :	**28-Nov-2025 09:03 AM**
Bill No	: **CB23167**	**Report Date** :	**28-Nov-2025 11:40 am**
Ref.Dr.	: **SELF**	CB23167	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ROUTINE				
REACTION	ACIDIC		-	
Sp GRAVITY	1.015		-	
ALBUMIN	NIL		-	
SUGAR	NIL		-	
DEPOSITS			-	
PUS CELLS	2-4	/HPF	-	
EPETHELIAL CELLS	1-2	/HPF	-	
RBC	NIL		-	
CASTS	NIL		-	
CRYSTALS	NIL		-	
OTHERS	NIL		-	

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA				
HAEMOGLOBIN	12.3	gm/dl	11 - 16	EILS
RBC COUNT	4.66	millons/cmm	4.2 - 6.5	EILS
H C T	**36.8**	%	39 - 54	EILS
M C V	**78.8**	Flt.	82 - 98	EILS
M C H	**26.4**	Pg.	27 - 31	EILS
M C H C	33.5	%	32 - 36	EILS
WBCs	8800	/ cu mm	4000 - 10000	EILS
DIFFERENTIAL COUNT			-	
Polymorphs	52	%	40 - 75	EILS
Lymphocytes	40	%	20 - 45	EILS
Eosinophils	02	%	1 - 6	EILS
Monocytes	06	%	1 - 10	EILS
PLATELETS	3.1	Lakhs / cumm	1.5 - 4.5	EILS
PERIPHERAL SMEAR READING			-	
RBCs	Normocytic Normochromic.		-	Microscopic
WBCs	Within Normal Limits.		-	Microscopic
PLATELETS	Adequate.		-	Microscopic
PARASITES	Malarial Parasites not detected in the smear.		-	Microscopic
	No abnormal cells noted.		-	Microscopic
OPINION	NORMAL STUDY.		-	Microscopic
			-	
E.S.R	22	mm/hr	0 - 30	Westergren

*** END OF REPORT ***

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CB23167

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
FASTING BLOOD SUGAR				
GLUCOSE, FASTING, NaF Plasma	**102**	mg/dL	70 - 100	GOD - POD
URINE SUGAR	NIL		-	

.

Comment:

As per American Diabetes Guidelines

Fasting Glucose Values in mg/d L	Interpretation
<100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes

Test Name	Result	Unit	Bio. Ref. Range	Method
POST PRANDIAL BLOOD SUGAR				
GLUCOSE, POST PRANDIAL (PP), 2HOURS , NAF PLASMA	117	mg/dl	70 - 140	GOD - POD
URINE SUGAR	NIL		-	

.

Comment:

Asper American Diabetes Guidelines

Post Prandial Glucose Values in mg/dL	Interpretation
70 - 140 mg/dL	Normal
140 - 199 mg/dL	Prediabetes
≥ 200 mg/dL	Diabetes

Test Name	Result	Unit	Bio. Ref. Range	Method
UREA				
UREA (BLOOD)	25	mg/dL	14 - 45	UV-GLDH

Urea is the major nitrogen containing metabolic product of protein catabolism. Increased in dehydration, severe vomiting, fever, severe infections, burns, high protein diet, acute GN etc
Decreased in low protein intake, starvation, anorexia nervosa, late pregnancy etc.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE				
CREATININE (SERUM)	0.7	mg/dl	0.6 - 1.3 Adult	Enzymetic
			0.3 - 1.0 Children	

Creatinine is produced at a fairly constant rate within an individual as a result of breakdown of Creatine within muscle tissue.
Creatinine is freely filtered at the glomerulus and predominantly excreted by the kidneys.
Increased - Old age, glomerulonephritis , pyelonephritis , renal failure , urinary obstruction, CCF , Dehydration , Shock, medicines
like amphotericin B, captopril , cephalosporins etc
Decreased - low muscle mass, females , Malnutrition , Drugs like - Tlianoide , Vancomycin etc.,

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.8	mg/dL	0 - 1.0	DCA
DIRECT BILIRUBIN	0.2	mg/dL	0 - 0.3	DCA
S G P T (ALT)	**47**	U/L	0 - 42	Modified IFCC
S G O T (AST)	31	U/L	0 - 37	Modified IFCC
ALKALINE PHOSPHATASE	118	U/L	53 - 128	PNPP-AMP Buffer
TOTAL PROTIEN	6.9	gm/dL	6.6 - 8.8	Biuret
SERUM ALBUMIN	4.1	gm/dL	3.5 - 5.2	BCG
SERUM GLOBULIN	2.8	gm/dL	2.0 - 3.5	Calculated
A : G RATIO	1.4:1		-	

LFT are useful in detecting & diagnosing liver disease & dysfunction , as well as in evaluating severity , monitoring therapy & assessing prognosis. Predominantly elevation of AST and ALT suggests parenchymal liver or hepatitis. Predominant elevation of ALP and GGT suggests bile duct injury , cholestasis or cholangitis.

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
SERUM CHOLESTEROL	221	mg/dL	< - 200	CHOD-PAP
SERUM TRIGLYCERIDES	215	mg/dL	< - 150	GPO-PAP
DIRECT HDL	47	mg/dL	> - 40	Direct
LDL	131	mg/dL	Upto - 100	Calculated
VLDL	43	mg/dL	Upto - 30	Calculated

.

Comment:
Reference Interval as per National Cholesterol Education Program (NCEP)
Adult Treatment Panal III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	< 150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal < 130; Above Optimal 130-159	160 - 189	190 - 219	> 220

Measurements in the same patient can show physiological and analytical variations.
NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.

CALCIUM				
SERUM CALCIUM	9.3	mg/dL	8.5 - 10.5	ARSENAZO

Diagnosis and monitoring of a wide range of disorders, including disorders of protein and vitamin D, and diseases of the bone, kidney, parathyroid gland, or GI tract.

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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
URIC ACID (SERUM)	5.6	mg/dL	2.4 - 5.7	Uricase

Comments:-

Uric acid is an end product of purine catabolism. Most uric acid is synthesised in the liver & from the intestine.Two thirds of uric
acid is excreted by the kidneys.
Post-operative state.
Drugs.
Wilson disease
Fanconi syndrome
Acromegaly
Celiac disease
Pernicious anemia in relapse
Xanthinuria.

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Consultant Biochemist

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DEPARTMENT OF BIOCHEMISTRY.

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE (TOTAL T3, TOTAL T4, TSH), SERUM				
			-	
TRI-IODOTHYRONINE (T3, TOTAL)	1.77	ng/mL	0.75 - 2.1	CLIA
THYROXINE (T4, TOTAL)	8.44	ug/dL	5.0 - 13.0	CLIA
THYROID STIMULATING HORMONE (TSH)	1.26	uIU/mL	0.3 - 4.5	CLIA

.

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Associ
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive ho fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodie

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Treatment.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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