

Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name : GEETHA REDDY K Age : 25 Gender : Female Bill No : CB23729 Ref.Dr. : DTR HOSPITAL	Bill Date : 04-Dec-2025 8:29 pm Sample No : 55 Smpl.Time : 04-Dec-2025 08:35 PM Report Date : 04-Dec-2025 9:06 pm CB23729 	
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
ABSOLUTE EOSINOPHIL COUNT	260	Cells / cumm	40 - 440	
COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.2	gm/dl	11 - 16	EILS
RBC COUNT	4.49	millions/cmm	4.2 - 6.5	EILS
H C T	39.0	%	39 - 54	EILS
M C V	86.8	Flt.	82 - 98	EILS
M C H	29.3	Pg.	27 - 31	EILS
M C H C	33.8	%	32 - 36	EILS
WBCs	8800	/ cu mm	4000 - 10000	EILS
DIFFERENTIAL COUNT				
Polymorphs	62	%	40 - 75	EILS
Lymphocytes	30	%	20 - 45	EILS
Eosinophils	03	%	1 - 6	EILS
Monocytes	05	%	1 - 10	EILS
PLATELETS	4.0	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	28	mm/hr	0 - 30	Westergren

*** END OF REPORT ***

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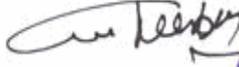
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CB23729



KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, RANDOM, NaF Plasma	101	mg/dl	80 - 150	GOD - POD
URINE SUGAR	NIL		-	
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.5	mg/dL	0 - 1.0	DCA
DIRECT BILIRUBIN	0.1	mg/dL	0 - 0.3	DCA
S G P T (ALT)	26	U/L	0 - 42	Modified IFCC
S G O T (AST)	21	U/L	0 - 37	Modified IFCC
ALKALINE PHOSPHATASE	89	U/L	53 - 128	PNPP-AMP Buffer
TOTAL PROTIEN	7.6	gm/dL	6.6 - 8.8	Biuret
SERUM ALBUMIN	4.1	gm/dL	3.5 - 5.2	BCG
SERUM GLOBULIN	3.5	gm/dL	2.0 - 3.5	Calculated
A : G RATIO	1.1:1		-	

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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Geetha

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

Consultant Biochemist



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DEPARTMENT OF SEROLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM	1.7	mg/L	upto - 6	Nephelometry
			-	

Comment:

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc. Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

WIDAL TEST (SLIDE METHOD)

POSITIVE			-	
SALMONELLA TYPHI `O` , SERUM	POSITIVE 1 in 80 DILUTIONS		-	SLIDE AGGLUTINATION
SALMONELLA TYPHI `H` , SERUM	POSITIVE 1 in 80 DILUTIONS		-	SLIDE AGGLUTINATION
S.PARATYPHI A `H` , SERUM	NEGATIVE 1 in 20 DILUTIONS		-	SLIDE AGGLUTINATION
S.PARATYPHI B `H` , SERUM	NEGATIVE 1 in 20 DILUTIONS		-	SLIDE AGGLUTINATION

Comment:

1. Titres 1:80 and above of "O" antigen & 1:160 and above of "H" antigen are significant
2. Rising titers are significant

Comments: This test measures somatic O and flagellar H antibodies against Typhoid and Paratyphoid bacilli. The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which they start declining. A positive Widal test may occur because of typhoid vaccination or previous typhoid infection and in certain autoimmune diseases. Non-specific febrile disease may cause this titer to increase. The test may be falsely negative in cases of Enteric fever treated with antibiotics in the early stages. The recommended test especially in the first week after infection is Blood Culture.

NOTE:

1. This report is issued after performing Slide agglutination method.
2. If positive titres, the result is to be confirmed by Tube agglutination method.

*** END OF REPORT ***

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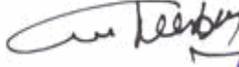
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