

Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name : IMRAN BASHA Age : 14 Years Gender : Male Bill No : CB25089 Ref.Dr. : Dr.DASARI.R	Bill Date : 20-Dec-2025 9:08 am Sample No : 22 Smpl.Time : 20-Dec-2025 09:10 AM Report Date : 20-Dec-2025 10:52 am CB25089 	
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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA				
HAEMOGLOBIN	13.7	gm/dl	13 - 18	ELIS
RBC COUNT	5.72	millions/cmm	4.2 - 6.5	ELIS
H C T	42.9	%	39 - 54	ELIS
M C V	75.0	Flt.	82 - 98	ELIS
M C H	24.0	Pg.	27 - 31	ELIS
M C H C	32.0	%	32 - 36	ELIS
WBCs	11600	/ cu mm	4000 - 10000	ELIS
DIFFERENTIAL COUNT				
Polymorphs	50	%	40 - 75	ELIS
Lymphocytes	44	%	20 - 45	ELIS
Eosinophils	02	%	1 - 6	ELIS
Monocytes	04	%	1 - 10	ELIS
PLATELETS	80,000	/ Lakhs	1.5 - 4.5	ELIS
PERIPHERAL SMEAR READING				
RBCs	Normocytic Normochromic.		-	Microscopic
WBCs	Leukocytosis.		-	Microscopic
PLATELETS	Thrombocytopenia.		-	Microscopic
PARASITES	Malarial Parasites not detected in the smear		-	Microscopic
	No abnormal cells noted.		-	Microscopic
OPINION	THROMBOCYTOPENIA WITH LEUKOCYTOSIS.		-	Microscopic
			-	
E.S.R	18	mm / hr	0 - 20	Westergren

*** END OF REPORT ***

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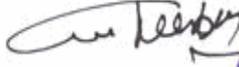
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CB25089



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
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.7	mg/dL	0 - 1.0	DCA
DIRECT BILIRUBIN	0.2	mg/dL	0 - 0.3	DCA
S G P T (ALT)	113	U/L	0 - 42	Modified IFCC
S G O T (AST)	134	U/L	0 - 37	Modified IFCC
ALKALINE PHOSPHATASE	446	U/L	53 - 128	PNPP-AMP Buffer
TOTAL PROTIEN	6.9	gm/dL	6.6 - 8.8	Biuret
SERUM ALBUMIN	3.5	gm/dL	3.5 - 5.2	BCG
SERUM GLOBULIN	3.4	gm/dL	2.0 - 3.5	Calculated
A : G RATIO	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.

*** END OF REPORT ***

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Sreelatha

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

Consultant Biochemist

