

Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name : VENKATESH C	Bill Date : 29-Dec-2025 11:30 am	
Age : 38 Years	Sample No : 31	
Gender : Male	Smpl.Time : 29-Dec-2025 11:31 AM	
Bill No : QR10388	Report Date : 29-Dec-2025 1:09 pm	
Ref.Dr. : Dr.MOHAN REDDY.G	QR10388 	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
PROTHROMBIN TIME (PT/INR), WHOLE BLOOD, NA CITRATE				
Prothrombin Time	23.9	Seconds	11 - 16	Optomechanical clot detection
Control	14 Seconds	Seconds	-	Optomechanical clot detection
International Normalized Ratio (INR)	1.8		-	Calculated

Comment:

REFERENCE GROUP	INTERNATIONAL NORMALIZED RATIO (INR)
NORMAL POPULATION	0.9 - 1.1
PATIENTS ON ANTICOAGULANT THERAPY	
STANDARD DOSE THERAPY	2.0 - 3.0
HIGH DOSE THERAPY	2.5 - 3.5

INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Marked elevation of INR in patients receiving oral anticoagulant therapy is a marker of excessive anticoagulation and required prompt action; an INR below 2.0 reflects insufficient anticoagulation.

*** END OF REPORT ***

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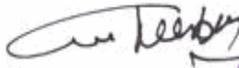
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QR10388



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
CREATININE				
CREATININE (SERUM)	0.6	mg/dL	0.6 - 1.3 Adult	Enzymatic
		mg/dL	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 - Tianoide, Vancomycin etc.,

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	32.3	mg/dL	0 - 1.0	DCA
DIRECT BILIRUBIN	21.4	mg/dL	0 - 0.3	DCA
S G P T (ALT)	84	U/L	0 - 42	Modified IFCC
S G O T (AST)	124	U/L	0 - 37	Modified IFCC
ALKALINE PHOSPHATASE	88	U/L	53 - 128	PNPP-AMP Buffer
TOTAL PROTIEN	7.1	gm/dL	6.6 - 8.8	Biuret
SERUM ALBUMIN	3.4	gm/dL	3.5 - 5.2	BCG
SERUM GLOBULIN	3.7	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.

ELECTROLYTES				
SERUM SODIUM	137	mmol/L	135 - 150	Direct ISE
SERUM POTASSIUM	3.6	mmol/L	3.5 - 5.0	Direct ISE
SERUM CHLORIDES	96	mmol/L	94 - 110	Direct ISE

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

Consultant Biochemist



