Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name	: **SRINIVASULU T**	**Bill Date**	: **24-Jan-2026 8:05 am**
Age	: **25 Years**	**Sample No**	: **10,10A**
Gender	: **Male**	**Smpl.Time**	: **24-Jan-2026 08:11 AM**
Bill No	: **QR11483**	**Report Date**	: **24-Jan-2026 10:52 am**
Ref.Dr.	: **SELF**	QR11483	

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ROUTINE				
REACTION	ACIDIC		-	
Sp GRAVITY	1.025		-	
ALBUMIN	NIL		-	
SUGAR	+ + + (THREE PLUS)		-	
DEPOSITS			-	
PUS CELLS	2-4	/HPF	-	
EPETHELIAL CELLS	1-2	/HPF	-	
RBC	NIL		-	
CASTS	NIL		-	
CRYSTALS	NIL		-	
OTHERS	NIL		-	
URINE KETONE BODIES	NEGATIVE		-	

*** END OF REPORT ***

Printed On : 24-Jan-2026 10:52 am

Checked By : SAI

QR11483

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

APOLLO MEDICAL CENTRE KURNOOL

KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

Page 1 of 4

Name : SRINIVASULU T	**Bill Date** : 24-Jan-2026 8:05 am	
Age : 25 Years	**Sample No** : 10,10A	
Gender : Male	**Smpl.Time** : 24-Jan-2026 08:11 AM	
Bill No : QR11483	**Report Date** : 24-Jan-2026 10:52 am	
Ref.Dr. : SELF	QR11483	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
CREATININE				
CREATININE (SERUM)	0.8	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 - Tlianoide , Vancomycin etc.,

HBA1C				
HBA1C , GLYCATED HEMOGLOBIN	10.0 %	%	-	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 %

Name	: **SRINIVASULU T**	**Bill Date** :	**24-Jan-2026 8:05 am**
Age	: **25 Years**	**Sample No** :	**10,10A**
Gender	: **Male**	**Smpl.Time** :	**24-Jan-2026 08:11 AM**
Bill No	: **QR11483**	**Report Date** :	**24-Jan-2026 10:52 am**
Ref.Dr.	: **SELF**	QR11483	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE				
SERUM CHOLESTEROL	219	mg/dL	< - 200	CHOD-PAP
SERUM TRIGLYCERIDES	300	mg/dL	< - 150	GPO-PAP
DIRECT HDL	50	mg/dL	> - 40	Direct
LDL	109	mg/dL	Upto - 100	Calculated
VLDL	60	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.

Name	: **SRINIVASULU T**	**Bill Date** :	**24-Jan-2026 8:05 am**
Age	: **25 Years**	**Sample No** :	**10,10A**
Gender	: **Male**	**Smpl.Time** :	**24-Jan-2026 08:11 AM**
Bill No	: **QR11483**	**Report Date** :	**24-Jan-2026 10:52 am**
Ref.Dr.	: **SELF**	QR11483	

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE FASTING & PP				
GLUCOSE, FASTING , NaF Plasma	**276**	mg/dl	70 - 100	GOD - POD
URINE SUGAR	+ + + (THREE PLUS)		-	
			-	
GLUCOSE, POST PRANDIAL (PP), 2 HOURS NAF PLASMA	**352**	mg/dl	70 - 140	GOD - POD
URINE SUGAR	+ + + + (FOUR PLUS)		-	

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each
other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive
hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin
preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Ref: Marks medical biochemistry and clinical approach

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

*** END OF REPORT ***

Printed On : 24-Jan-2026 10:52 am

Checked By : SAI

QR11483

KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

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

APOLLO MEDICAL CENTRE KURNOOL