

# Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

<b>Name</b> : CHANDRA MOHAN	<b>Bill Date</b> : 24-Jan-2026 7:12 am	
<b>Age</b> : 58 Years	<b>Sample No</b> : 1,1A	
<b>Gender</b> : Male	<b>Smpl.Time</b> : 24-Jan-2026 07:17 AM	
<b>Bill No</b> : CB28039	<b>Report Date</b> : 24-Jan-2026 12:23 pm	
<b>Ref.Dr.</b> : Dr.THIRUMALA CHARI K.S.	CB28039 	

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN	15.6	gm/dl	13 - 18	

\*\*\* END OF REPORT \*\*\*

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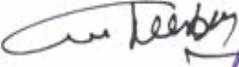
Checked By : SAI

CB28039



KINDLY CORRELATE RESULTS WITH CLINICAL FINDINGS & DISCUSS IF NECESSARY.

Page 1 of 3

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



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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CREATININE</b>				
CREATININE (SERUM)	0.9	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.,

<b>LIPID PROFILE</b>				
SERUM CHOLESTEROL	229	mg/dL	< - 200	CHOD-PAP
SERUM TRIGLYCERIDES	210	mg/dL	< - 150	GPO-PAP
DIRECT HDL	51	mg/dL	> - 40	Direct
LDL	136	mg/dL	Upto - 100	Calculated
VLDL	42	mg/dL	Upto - 30	Calculated

**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP)

Adult Treatment Panel 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.

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**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GLUCOSE FASTING &amp; PP</b>				
GLUCOSE, FASTING , NaF Plasma	<b>153</b>	mg/dl	70 - 100	GOD - POD
URINE SUGAR	+ (ONE PLUS)		-	
			-	
GLUCOSE, POST PRANDIAL (PP), 2 HOURS NAF PLASMA	<b>193</b>	mg/dl	70 - 140	GOD - POD
URINE SUGAR	+ + (TWO 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

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Page 3 of 3

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M.B.B.S, M.D

Consultant Biochemist

