

# Apollo Medical Centre

(Promoters : Kurnool Hospital Enterprises Ltd.)

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

Name : SHAMINA	Bill Date : 30-Jan-2026 9:06 pm	
Age : 24	Sample No : 67	
Gender : Female	Smpl.Time : 30-Jan-2026 09:22 PM	
Bill No : CB28634	Report Date : 30-Jan-2026 9:50 pm	
Ref.Dr. : Dr.APARNA.B.	CB28634 	

## DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URINE ANALYSIS</b>				
			-	
ALBUMIN	NIL		-	
SUGAR	TRACES		-	
MICROSCOPIC:				
PUS CELLS	3-4	/HPF	-	
EPITHELIAL CELLS	4-6	/HPF	-	
RBC	NIL		-	
CASTS	NIL		-	
CRYSTALS	NIL		-	
OTHERS	NIL		-	

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**DEPARTMENT OF HAEMATOLOGY**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC), WHOLE BLOOD EDTA</b>				
HAEMOGLOBIN	12.4	gm/dl	11 - 16	EILS
RBC COUNT	4.38	millons/cmm	4.2 - 6.5	EILS
H C T	<b>38.1</b>	%	39 - 54	EILS
M C V	87.0	Flt.	82 - 98	EILS
M C H	28.4	Pg.	27 - 31	EILS
M C H C	32.6	%	32 - 36	EILS
WBCs	<b>10200</b>	/ cu mm	4000 - 10000	EILS
<b>DIFFERENTIAL COUNT</b>				
Polymorphs	68	%	40 - 75	EILS
Lymphocytes	24	%	20 - 45	EILS
Eosinophils	04	%	1 - 6	EILS
Monocytes	04	%	1 - 10	EILS
PLATELETS	2.93	Lakhs / cumm	1.5 - 4.5	EILS
<b>PERIPHERAL SMEAR READING</b>				
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	18	mm/hr	0 - 30	Westergren

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

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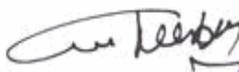
**Checked By** : SAI

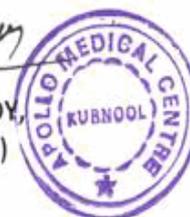
CB28634



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	95	mg/dl	80 - 150	GOD - POD
URINE SUGAR	TRACES		-	
<b>HBA1C</b>				
HBA1C , GLYCATED HEMOGLOBIN	5.1 %	%	-	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.

<b>Reference:</b>	
<b>Non Diabetic Level</b>	< 5.7 %
Pre diabetic range	5.7 % to 6.4 %
Diabetic Range	> 6.5 %
<b>Diabetic Level</b>	
Excellent control	6 % - 7 %
Fair to good control	7 % - 8 %
Poor control	8 % - 10 %
Unsatisfactory control	> 10 %

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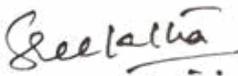
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**Dr. SREELATHA. D**  
**M.B.B.S, M.D**  
**Consultant Biochemist**