Telangana Diagnostics

Department of Health, Medical & Family Welfare
Government of Telangana

Patient Name:	J RAVI KUMAR	Ref. Doctor:	Dr Prakashnagar
Patient Id:	0000262616	Lab Id:	02254003733
OP Id:	HY-PRA-0225-00264	Sample Collection Date & Time:	27/02/2025 11:43 AM
Age/Gender:	41 Years/Female	Reporting Date & time:	28/02/2025 06:59 AM

HAEMATOLOGY
COMPLETE BLOOD PICTURE

Investigation	Result	Normal Reference Range
Specimen:Blood (K2EDTA)		
Total Leukocyte Count (Method: Flowcytometry)	8.32 X 10³/uL	4.0-10.0 X 10³/uL
Total Red Blood Cell Count (Method: Hydrodynamic Focussing Method)	**5.50 X10¹²/L**	3.8 - 4.8 X 10¹²/L
Hb (Method: SLS - HB)	**17.0 g/dL**	12.0 - 15.0 g/dL
HCT (Method: Calculated)	**47.8 %**	36 - 46 %
Mean Corpuscular Volume (MCV) (Method: RBC Histogram)	86.9 fl	83 - 101 fl
Mean Corpuscular Hemoglobin (MCH) (Method: Calculated)	30.9 pg	27 - 32 pg
MCHC (Method: Calculated)	**35.5 g/dl**	31.5 - 34.5 g/dl
Platelet Count (Method: Hydrodynamic Focussing Method)	160 X 10³/uL	150 - 410 X 10³/uL

DIFFERENTIAL LEUKOCYTE COUNT

Neutrophils	62.1 %	2.0-7.5 X 10³/uL (40 - 80%)
Lymphocytes	29.0 %	1.0-4.0 X 10³/uL (20 - 40%)
Monocytes	4.5 %	0.2-1.0 X 10³/uL(2 - 10%)
Eosinophils	3.0 %	0.02-0.5 X 10³/uL (1-6%)
Basophils	1.4 %	0.02 - 0.1 X 10³/uL (1-2%)
Method	Flowcytometry	
Notes	--	

*** END OF REPORT ***

Test Performed By : nalhub

Consultant Pathologist

Lab Address:

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OP Id:	HY-PRA-0225-00264	Sample Collection Date & Time:	27/02/2025 11:43 AM
Age/Gender:	41 Years/Female	Reporting Date & time:	27/02/2025 10:52 PM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Whole Blood		
HbA1c (Method: Immunoturbidimetry)	5.38 %	4 - 6 %

Interpretation : HbA1c is a form of hemoglobin that is measured primarily to identify the three-month average plasma glucose concentration

*** END OF REPORT ***

Please correlate clinically

Test Performed By : nalhub

Consultant Biochemist

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Age/Gender:	41 Years/Female	Reporting Date & time:	28/02/2025 10:47 AM

CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Flouride Plasma		
Random Blood Glucose (Method: Hexokinase)	127 mg/dL	74 - 140 mg/dL

Interpretation : Glucose determination is useful in the diagnosis and treatment of Diabetes mellitus. Elevated levels are found in pancreatitis, pituitary and thyroid dysfunction, renal failure and liver diseases. Low glucose levels are found in insulinoma, hypopituitarism, neoplasms, insulin induced hypoglycemia

*** END OF REPORT ***

Please correlate clinically

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Age/Gender:	41 Years/Female	Reporting Date & time:	28/02/2025 01:26 PM

CLINICAL BIOCHEMISTRY
RENAL FUNCTION TEST

Investigation	Result	Biological Reference Interval
Specimen:Serum		
Blood Urea (Method: Urease)	19.09 mg/dL	17 - 43 mg/dL
S.Creatinine (Method: Enzymatic)	0.84 mg/dL	0.55 - 1.02 mg/dL
Interpretation		

*** END OF REPORT ***

Please correlate clinically

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CLINICAL BIOCHEMISTRY
LIPID PROFILE

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S.Total Cholesterol (Method: CHOD-POD)	**216 mg/dL**	Desirable Level : <200 mg/dL Borderline : 200 - 239 mg/dL Undesirable : > 240 mg/dL
S.Triglycerides (Method: GPO-POD)	134 mg/dL	Desirable Level : <150 mg/dL Borderline : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : >500 mg/dL
S.HDL (Method: Enzyme Selective Inhibition)	**48.7 mg/dL**	Desirable Level : >60 mg/dL Borderline : 40 - 59 mg/dL Undesirable : <40 mg/dL
VLDL (Method: Calculated)	26.81 mg/dL	<30 mg/dL
S.LDL (Method: Calculated)	**169 mg/dL**	Optimal : <100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : >190 mg/dL
T.Chol/HDL (Method: Calculated)	4.44	Low Risk: 3.3-4.4 Average Risk: 4.5-7.1 Moderate Risk: 7.2-11.0
LDL/HDL (Method: Calculated)	**3.49**	Desirable Level: 0.5-3.0 Borderline Risk: 3.0-6.0 High Risk: >6.0

Interpretation : The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases

*** END OF REPORT ***

Please correlate clinically

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CLINICAL BIOCHEMISTRY
LIVER FUNCTION TEST

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S. Bilirubin T (Method: DPD)	1.1 mg/dL	0.3 - 1.2 mg/dL
S. Bilirubin D (Method: DPD)	**0.3 mg/dL**	<0.2 mg/dL
S.Total Protein (Method: Biuret)	7.5 gm/dL	6.6 - 8.3 gm/dL
S.Albumin (Method: BCG)	4.3 gm/dL	3.5 - 5.2 gm/dL
Globulin (Method: Calculated)	3.26 gm/dL	2.6-3.9 gm/dL
A/G Ratio (Method: Calculated)	1.31	1.0 - 1.7
SGOT/AST (Method: UV without P5P)	**36 U/L**	< 35 U/L
SGPT /ALT (Method: UV without P5P)	**36 U/L**	< 35 U/L
S.Alkaline Phosphatase (Method: IFCC)	92 U/L	30 - 120 U/L

Interpretation : Liver function tests (LFTs or LFs) are groups of blood tests that give information about the state of a patient's liver. Liver transaminases (AST or SGOT and ALT or SGPT) are useful biomarkers of liver injury in a patient with some degree of intact liver function. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). GGT plays a role in the detection of alcoholism, alcoholic liver damage and in monitoring alcohol abstinence.

*** END OF REPORT ***

Please correlate clinically

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CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
Troponin - I (Rapid) (Method: Rapid)	Negative	

Interpretation Cardiac Troponin I elevates in all patients with acute myocardial infarction (MI). Clinical findings, ECG & other serological findings should be considered for a confirmative diagnosis. The initial appearance of elevated cTnI in the blood of individuals suffered from AMI is variable; from 3-24 hours depending on factors such as infarct size. Elevated cTnI levels can be measured for up to 14 days in some patients.

*** END OF REPORT ***

Please correlate clinically

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CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S. Calcium
(Method: Arsenazo III)	9.2 mg/dL	8.8 - 10.6 mg/dL

Interpretation Used in diagnosis & monitoring of a wide range of disorders , including disorders of protein & vitamin D & diseases of bone, kidney, parathyroid gland or GI tract. Total protein & albumin should always be measured simultaneously for proper interpretation of serum calcium levels

*** END OF REPORT ***

Please correlate clinically

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CLINICAL BIOCHEMISTRY

Investigation	Result	Biological Reference Interval
Specimen:Serum		
S.Uric Acid (Method: Uricase)	**6.2 mg/dL**	2.6 - 6.0 mg/dL

*** END OF REPORT ***

Please correlate clinically

Test Performed By : nalhub

Consultant Biochemist

Lab Address: