




Patient Name : **SOOREJ PONNANDI**  
 Age / Sex : 47 years / Male  
 Ref. Doctor : SELF  
 Client Name : Connect & Heal  
 Sample ID : 8631587  
 SRF ID : 2779789



Patient ID / Billing ID : 2779789 / 907965  
 Specimen Collected by : Connect & Heal  
 Sample Receiving Time : 22 Apr, 2026, 08:26 a.m.  
 Registration On : 22 Apr, 2026, 08:26 a.m.  
 Reported On : 22 Apr, 2026, 05:12 p.m.  
 Date of Birth : 06-11-1978

### HAEMATOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b>COMPLETE BLOOD COUNT - CBC</b>				
Sample Type : EDTA(WB)				
Haemoglobin	14.1	g/dL	13.5-18	Cyanide Free Colorimetric
Total WBC Count	6.6	10 <sup>3</sup> / uL	4-11	Elec. Impedance & Optical
RBC	5.16	10 <sup>6</sup> / uL	4-5-5.5	Elec. Impedance & Optical
Haematocrit/Packed Cell Volume	43.1	%	40-50	Calculated
MCV	83.6	fL	82-100	Measured
MCH	27.4	pg	26 - 32	Calculation
MCHC	32.7	g/dL	31.5-34.5	Calculation
RDW-SD	45.2	fL	36 - 56	Calculation
RDW-CV	<b>15.5</b>	%	11.5 - 14.5	Calculation
Platelet Count	227	10 <sup>3</sup> / uL	150-450	Elec. Impedance / Optical

  
 Dr. Ashwini M .C  
 Consultant Pathologist





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MC-6384

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**DIFFERENTIAL COUNT**

Neutrophils	60.2	%	40 - 75	Fluorescence Flowcytometry
Lymphocytes	31	%	20 - 45	Fluorescence Flowcytometry
Monocytes	6.4	%	1-10	Fluorescence Flowcytometry
Eosinophil	2.3	%	1 - 7	Fluorescence Flowcytometry
Basophils	0.1	%	0 - 1	Fluorescence Flowcytometry
Absolute Neutrophils Count	3.97	10 <sup>3</sup> /uL	2-8	Calculated
Absolute Lymphocyte Count	2.05	10 <sup>3</sup> /uL	1-5	Calculated
Absolute Eosinophil Count	0.15	10 <sup>3</sup> /uL	0.02 - 0.5	Calculated
Absolute Basophils Count	<b>0.01</b>	10 <sup>3</sup> /uL	0.01-0.5	Calculated
Absolute Monocyte Count	0.42	10 <sup>3</sup> /uL	0.2 - 1.0	Calculated

**Comments :** Kindly Correlate Clinically.


**Remarks**

**Outside samples to be correlated with other clinical findings.**

**Disclaimer:-**

**C - Stands for Critical value \***

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

  
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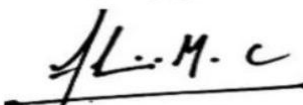


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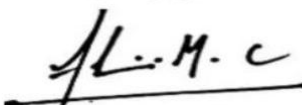
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### CLINICAL PATHOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>CUE - COMPLETE URINE ANALYSIS</u></b>				
<b><u>Physical Examination</u></b>				
Colour	Pale Yellow	—	Pale yellow/Yellow	Visual
Appearance	Clear	—	Clear	Visual Examination
Specific Gravity	1.005	—	1.005-1.030	pKa Method
pH	7.0	—	5.0 - 8.0	Double Indicator
<b><u>Chemical Examination</u></b>				
Protein	Negative	—	Negative	Reflectance Photometry / Sulpho Salicylic Acid Method
Glucose	Negative	—	Negative	Oxidase Peroxidase / Benedict's Test
Ketones	Negative	—	Negative	Nitroprusside Reaction / Rothera's Method
Bile Salt	Negative	—	Negative	Hay's Test
Bile Pigment	Negative	—	Negative	Fouchets method

  
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<b>Urobilinogen</b>	0.2	mg/dL	0.2 - 1.0 mg/dL	Strip Reflectance / Modified Ehrlich Reaction
<b>Nitrite</b>	Negative	—	Negative	Strip Reflectance / Diazonium Compound
<b>Leucocyte Esterase</b>	Negative	—	Negative	Granulocyte Esterases

#### **Microscopic Examination (/hpf)**

<b>Pus Cell</b>	4-6	cells / HPF	Upto 5 cells / HPF	
<b>Epithelial Cells</b>	4-5	cells / HPF	Upto 5 cells / HPF	Microscopy
<b>Red Blood Cells</b>	Negative	cells / HPF	Absent cells / HPF	Microscopy
<b>Casts</b>	Nil	/ HPF	Nil/ HPF	Microscopy
<b>Crystals</b>	Nil	/ HPF	Nil/ HPF	Microscopy
<b>Amorphous Deposit</b>	Nil	/ HPF	Nil/ HPF	Microscopy
<b>Yeast Cells</b>	Nil	/ HPF	Nil/ HPF	Microscopy
<b>Bacteria</b>	Nil	/ HPF	Nil/ HPF	Microscopy
<b>Other findings</b>	Not Seen		Not seen / HPF	

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

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 Ref. Doctor : SELF  
 Client Name : Connect & Heal  
 Sample ID : 8771078  
 SRF ID : 2779789



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### BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>GLUCOSE - FASTING</u></b>				
<b>Glucose Fasting (Plasma)</b>	88.34	mg/dl	Non-Diabetic(Fasting) ≤100 Pre-Diabetic : 100 - 125 Diabetic : >126	Hexokinase


#### Interpretation :

Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.


**Comments: Kindly Correlate Clinically.**

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**BIOCHEMISTRY**

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b>GLYCOSYLATED HEMOGLOBIN - HBA1C</b>				
Sample Type : EDTA(WB)				
HbA1c	5.53	%	Below 5.7% - Normal Value/ Non diabetic 5.7% - 6.4% pre-diabetic/ 6.5% or higher Diagnostic of Diabetic	HPLC Method
AVERAGE BLOOD GLUCOSE (ABG)	112.01	mg/dl	-	
Technology	CALCULATED			
Comments :	Please correlate with clinical conditions.			

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### BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>KIDNEY BASIC SCREEN - KFT</u></b>				
Serum Urea	34.37	mg/dl	17.1 - 47.08	Urease UV / GLDH
BUN	16.06	mg/dl	6 - 20	Calculated
Serum Creatinine	1.18	mg/dl	0 -1 year: 0.04 – 0.33 2-5 years: 0.04 – 0.45 6-9 years: 0.20 – 0.52 10 years: 0.22 – 0.59 Adult Males: 0.67 – 1.3 Females: 0.51– 0.1.2	Jaffes Kinetic - Alkaline picrate
Serum Uric acid	<b>8.07</b>	mg/dl	Male : 4.0 - 7.0 Female : 2.6 - 6	Enzymatic / Uricase Colorimetric
BUN / Creatinine Ratio	13.61			Calculated
Urea / Creatinine Ratio	29.13			
eGFR	84.66	mL/min	>90	

**Comments :** Outside samples to be correlated with other clinical findings

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**BIOCHEMISTRY**

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b>LIVER FUNCTION TEST SERUM (WITH GGT)</b>				
Sample Type : SERUM	-			
Bilirubin Total - serum	1.57	mg/dL	0.3 - 1.2	Diazo Salt Method
Bilirubin Direct - serum	0.26	mg/dL	0 - 0.2	Diazo Salt Method
Bilirubin Indirect - serum	1.31	mg/dL	0.3 - 1.0	Calculated
SGOT (AST) - serum	32.84	U/L	13 - 30	UV kinetic with P5P
SGPT (ALT) - serum	25.01	U/L	Male 8-47 Female 6-27	UV kinetic with P5P
SGOT/SGPT Ratio- serum	1.31	%	<2.0	Calculated
Alkaline Phosphatase - serum	88.18	U/L	40-150	AMP optimised to IFCC 37 degree Celcius
Protein Total - serum	8.16	g/dL	6.7 - 8.3	Biuret Method
Albumin - serum	4.83	g/dL	4.0 - 5.0	Bromo-Cresol Green
Globulin	3.33	g/dL	2.0 - 4.1	Calculated
A/G Ratio- serum	1.45		1.0 - 2.1	Calculated
GGTP - Gamma GT - serum	29.13	U/L	10-47	IFCC Reference Method

Comments : Outside samples to be correlated with other clinical findings

\*\*END OF REPORT\*\*

  
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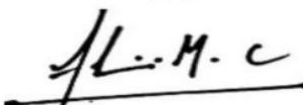


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### BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>APOLIPOPROTEINS A1 &amp; B, SERUM</u></b>				
Apolipoprotein (Apo A1)	142.57	mg/dL	105 - 175	Immunoturbidimetry
Apolipoprotein (Apo B)	112.22	mg/dL	60 - 140	Immunoturbidimetry
Apo B / Apo A1 Ratio	0.79		0.35 - 0.98	Calculated

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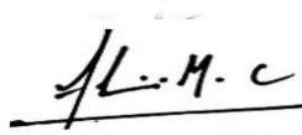
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TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>CRP (C-REACTIVE PROTEIN)</u></b>				
CRP Quantification	1.05	mg/L	0 - 5	Immunoturbidimetric

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TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>HOMOCYSTEINE-SERUM</u></b>				
Homocystiene - Serum	<b>18.97</b>	µmol/L	4.0 - 15.4	Enzymatic

Notes: Test Interpretation:

	Folate Supplement	Non Folate Supplement
Children <15 Yrs	Upto 08 µmol/ L	Upto 10 µmol/ L
Adult 15-65 Yrs	Upto 12 µmol/ L	Upto 15 µmol/ L
Elderly > 65 Yrs	Upto 16 µmol/ L	Upto 20 µmol/ L
Pregenancy	Upto 08 µmol/ L	Upto 10 µmol/ L

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### IMMUNOLOGY


TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>THYROID PROFILE : T3,T4,TSH</u></b>				
TOTAL TRIIODOTHYRONINE (T3)	1.18	ng/mL	0.75-2.1	CLIA
TOTAL THYROXINE (T4)	8.3	µg/dL	5.0-13	CLIA
THYROID STIMULATING HORMONE (TSH)	1.05	µIU/mL	0.3 - 4.5	CLIA

**Comments :** IF NOT ON DRUGS SUGGESTED FT3 & FT4 ESTIMATION

**Interpretation:** Serum Tri-iodo-thyronine (T3), Thyroxine (T4) and Thyroid stimulating hormone (TSH) form the three components of thyroid screening panel, useful in diagnosing various disorders of the thyroid gland. Primary Hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels. Although elevated TSH levels are nearly always indicative of Primary Hypothyroidism, rarely they can from TSH secreting pituitary tumors (Secondary hyperthyroidism) To confirm diagnosis - evaluate FT3 and FT4.

**Outside samples to be correlated with other clinical findings**

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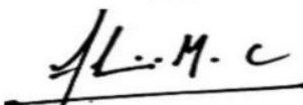
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Dr. Ashwini M .C  
Consultant Pathologist



#360, Sri Sai Padma Arcade, 2nd Floor,  
Ramagondanahalli, Varthur Main Road,  
Whitefield, Bengaluru 560066





Patient Name : **SOOREJ PONNANDI**  
 Age / Sex : 47 years / Male  
 Ref. Doctor : SELF  
 Client Name : Connect & Heal  
 Sample ID : 8631587  
 SRF ID : 2779789

Patient ID / Billing ID : 2779789 / 907965  
 Specimen Collected by : Connect & Heal  
 Sample Receiving Time : 22 Apr, 2026, 08:26 a.m.  
 Registration On : 22 Apr, 2026, 08:26 a.m.  
 Reported On : 22 Apr, 2026, 07:21 p.m.  
 Date of Birth : 06-11-1978

### BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>IRON PROFILE</u></b>				
Iron	101.17	ug/dL	37.00 - 170.00	Serum, Ferene
UIBC	300.69	ug/dl	110 - 370	
Total Iron Binding Capacity	401.86	ug/dL	250 - 450	Serum, Ferene
Transferrin Saturation	25.18	%	13-45	Calculated

#### Comments


**Iron** is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

**Total Iron Binding capacity (TIBC)** is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

**Transferrin Saturation** occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

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

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## BIOCHEMISTRY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>ELECTROLYTES</u></b>				
<b>Sample Type : SERUM</b>	-			
<b>Sodium serum</b>	140.25	mmol/L	136 - 146	Indirect ISE
<b>Potassium serum</b>	5.1	mmol/L	3.5 - 5.1	Indirect ISE
<b>Chloride serum</b>	101.28	mmol/L	101 - 109	Indirect ISE

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### IMMUNOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>VITAMIN - D</u></b>				
<b>Vitamin D Total-25 Hydroxy (Serum)</b>	<b>9.65</b>	ng/mL	Deficiency <10 ng/mL; Insufficiency 10-29 ng/mL; Sufficiency 30-100 ng/mL; Toxicity >100 ng/mL;	CLIA
<b>Method:</b>	CLIA			
<b>Interpretation:</b>	<p>Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol (vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure and Ergocalciferol (vitamin D2) present mainly in dietary sources. Both cholecalciferol are converted to 25 (OH) vitamin D in liver.</p> <p>Testing for 25 (OH) vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure and dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25 (OH) vitamin D, serum calcium, serum PTH and serum alkaline phosphatase.</p> <p>During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH) vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements and time to achieve sufficient vitamin D levels show significant seasonal (especially winter) &amp; individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor response), associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.</p>			
<b>Remark :</b>	Vitamin D is essential for the formation and maintenance of strong, healthy bones.			

\*\*END OF REPORT\*\*

  
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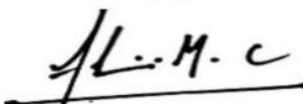
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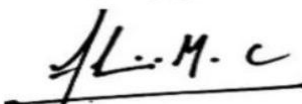
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### IMMUNOLOGY

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>VITAMIN - B12</u></b>				
Vitamin B12	234	pg/mL	192-827 pg/mL	CLIA

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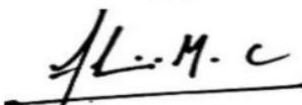
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**BIOCHEMISTRY**

TEST DONE	OBSERVED VALUE	UNIT	BIO. REF. INTERVAL	METHOD
<b><u>LIPID STUDIES</u></b>				
Total Cholesterol - serum	218.05	mg/dl	Desirable : < 200 Borderline High : 200 - 239 High : > 240	CHOD - PAP
Triglycerides -serum	102.32	mg/dl	Normal : < 150 Borderline High : 151 - 199 High : ≥ 200 - 499 Very High ≥ 500	GK / GPO / POD
HDL Cholesterol -serum	51.34	mg/dl	< 35 Low ≥ 60 High	CHOD - PAP
Non HDL Cholesterol serum	166.71	mg/dl	Desirable : < 130 Boderline high : 130 - 159 High : ≥ 160	Calculated
LDL Cholesterol -serum	146.25	mg/dL	Very high Risk : ≥ 190 High Risk : 160 - 189 Desirable : ≤ 100 Near Desirable : 100 - 129 Boderline high : 130 - 159	Calculated
VLDL Cholesterol -serum	20.46	mg/dl	Below 30	Calculated

  
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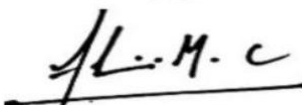


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<b>CHOL/HDL Ratio-serum</b>	4.25		Desirable/Low Risk : 3.3 - 4.4 Borderline/Middle Risk : 4.5 - 7.1 Elevated/High Risk : 7.2 - 11.0	Calculated
<b>Cholesterol LDL/HDL Ratio Serum</b>	2.85		Desirable/Low Risk : 0.5 - 3.0 Borderline/Middle Risk : 3.1 - 6.0 Elevated/High Risk : >6.1	
<b>HDL / LDL Cholesterol Ratio -serum</b>	<b>0.35</b>	Ratio	>0.40	Calculated
<b>Comments :</b>	Comments : Outside samples to be correlated with other clinical findings			

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