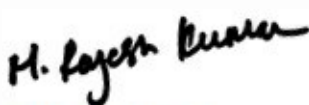


|              |                   |                 |                          |
|--------------|-------------------|-----------------|--------------------------|
| Patient Name | : Mr.VIJAYA KUMAR | Collected       | : 04/Mar/2026 10:38AM    |
| Age/Gender   | : 58 Y 0 M 0 D /M | Received        | : 04/Mar/2026 12:36PM    |
| UHID/MR No   | : DRBP.0000018999 | Reported        | : 04/Mar/2026 01:41PM    |
| Visit ID     | : DRBPOPV24252    | Status          | : Final Report           |
| Ref Doctor   | : Dr.SELF         | Client Name     | : PUP ESWAR LAB MANALI   |
| IP/OP NO     | :                 | Center location | : North Perambur,Chennai |

**DEPARTMENT OF HAEMATOLOGY**

| Test Name  | Result         | Unit          | Bio. Ref. Interval | Method                         |
|--|----------------|---------------|--------------------|--------------------------------|
| <b>COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA</b> |                |               |                    |                                |
| <b>HAEMOGLOBIN</b>                                   | <b>7.8</b>     | g/dL          | 13-17              | Spectrophotometer              |
| PCV  | <b>22.20</b>   | %             | 40-50              | Electronic pulse & Calculation |
| RBC COUNT  | <b>2.35</b>    | Million/cu.mm | 4.5-5.5            | Electrical Impedence           |
| MCV  | 94.3           | fL            | 83-101             | Calculated                     |
| MCH  | <b>33.1</b>    | pg            | 27-32              | Calculated                     |
| MCHC   | <b>35.2</b>    | g/dL          | 31.5-34.5          | Calculated                     |
| R.D.W  | <b>18.6</b>    | %             | 11.6-14            | Calculated                     |
| <b>TOTAL LEUCOCYTE COUNT (TLC)</b>                   | <b>14,200</b>  | cells/cu.mm   | 4000-10000         | Electrical Impedence           |
| <b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>           |                |               |                    |                                |
| NEUTROPHILS  | 76.2           | %             | 40-80              | Electrical Impedence           |
| LYMPHOCYTES  | <b>13</b>      | %             | 20-40              | Electrical Impedence           |
| EOSINOPHILS  | 3.1            | %             | 1-6                | Electrical Impedence           |
| MONOCYTES  | 7.4            | %             | 2-10               | Electrical Impedence           |
| BASOPHILS  | 0.3            | %             | 0-2                | Electrical Impedence           |
| CORRECTED TLC  | 14,200         | Cells/cu.mm   |                    | Calculated                     |
| <b>ABSOLUTE LEUCOCYTE COUNT</b>                      |                |               |                    |                                |
| NEUTROPHILS  | <b>10820.4</b> | Cells/cu.mm   | 2000-7000          | Calculated                     |
| LYMPHOCYTES  | 1846           | Cells/cu.mm   | 1000-3000          | Calculated                     |
| EOSINOPHILS  | 440.2          | Cells/cu.mm   | 20-500             | Calculated                     |
| MONOCYTES  | <b>1050.8</b>  | Cells/cu.mm   | 200-1000           | Calculated                     |
| BASOPHILS  | 42.6           | Cells/cu.mm   | 0-100              | Calculated                     |
| Neutrophil lymphocyte ratio (NLR)                    | <b>5.86</b>    |               | 0.78- 3.53         | Calculated                     |
| <b>PLATELET COUNT</b>                                | <b>522000</b>  | cells/cu.mm   | 150000-410000      | Electrical impedence           |
| MPV  | <b>8</b>       | Fl            | 8.1-13.9           | Calculated                     |

Result is rechecked. Kindly correlate clinically.



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SIN No:HA10747936



|              |                   |                 |                          |
|--------------|-------------------|-----------------|--------------------------|
| Patient Name | : Mr.VIJAYA KUMAR | Collected       | : 04/Mar/2026 10:38AM    |
| Age/Gender   | : 58 Y 0 M 0 D /M | Received        | : 04/Mar/2026 12:32PM    |
| UHID/MR No   | : DRBP.0000018999 | Reported        | : 04/Mar/2026 01:29PM    |
| Visit ID     | : DRBPOPV24252    | Status          | : Final Report           |
| Ref Doctor   | : Dr.SELF         | Client Name     | : PUP ESWAR LAB MANALI   |
| IP/OP NO     | :                 | Center location | : North Perambur,Chennai |

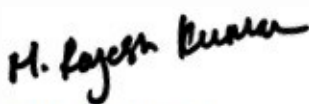
DEPARTMENT OF BIOCHEMISTRY

| Test Name                                | Result | Unit  | Bio. Ref. Interval | Method                     |
|--|--------|-------|--------------------|----------------------------|
| <b>LIVER FUNCTION TEST (LFT) , SERUM</b> |        |       |                    |                            |
| BILIRUBIN, TOTAL                         | 1.46   | mg/dL | 0-1.2              | NBD                        |
| BILIRUBIN CONJUGATED (DIRECT)            | 1.04   | mg/dl | 0-0.2              | Diazotized sulfanilic acid |
| BILIRUBIN (INDIRECT)                     | 0.42   | mg/dL | 0.0-1.1            | Calculated                 |
| ALANINE AMINOTRANSFERASE (ALT/SGPT)      | 13     | U/l   | 0-45               | IFCC                       |
| ASPARTATE AMINOTRANSFERASE (AST/SGOT)    | 19.0   | U/l   | 0-35               | IFCC                       |
| AST (SGOT) / ALT (SGPT) RATIO (DE RITIS) | 1.5    |       | <1.15              | Calculated                 |
| ALKALINE PHOSPHATASE                     | 122.00 | U/l   | 53-128             | IFCC (AMP buffer)          |
| PROTEIN, TOTAL                           | 6.80   | g/dl  | 6.4-8.3            | Biuret                     |
| ALBUMIN                                  | 2.70   | g/dl  | 3.5-5.2            | Bromcresol Green           |
| GLOBULIN                                 | 4.10   | g/dL  | 2.0-3.5            | Calculated                 |
| A/G RATIO                                | 0.66   |       | 0.9-2.0            | Calculated                 |

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

- Hepatocellular Injury: \*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.\*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.Note- If both SGPT and SGOT are within reference range then AST:ALT (De Ritis ratio) does not have any clinical significance.
- Cholestatic Pattern:\*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.\*Bilirubin (Direct) and GGT elevated- helps to establish hepatic origin.
- Synthetic function impairment:\*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.
- Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.



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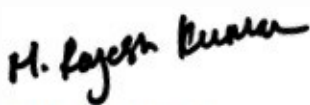


|              |                   |                 |                          |
|--------------|-------------------|-----------------|--------------------------|
| Patient Name | : Mr.VIJAYA KUMAR | Collected       | : 04/Mar/2026 10:38AM    |
| Age/Gender   | : 58 Y 0 M 0 D /M | Received        | : 04/Mar/2026 12:32PM    |
| UHID/MR No   | : DRBP.0000018999 | Reported        | : 04/Mar/2026 02:43PM    |
| Visit ID     | : DRBPOPV24252    | Status          | : Final Report           |
| Ref Doctor   | : Dr.SELF         | Client Name     | : PUP ESWAR LAB MANALI   |
| IP/OP NO     | :                 | Center location | : North Perambur,Chennai |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name   | Result       | Unit                      | Bio. Ref. Interval | Method                 |
|---|--------------|---------------------------|--------------------|------------------------|
| <b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b> |              |                           |                    |                        |
| CREATININE  | <b>3.08</b>  | mg/dL                     | 0.67-1.17          | Enzymatic colorimetric |
| eGFR - ESTIMATED GLOMERULAR FILTRATION RATE                 | <b>22.62</b> | mL/min/1.73m <sup>2</sup> | >60                | CKD-EPI Formula 2021   |
| UREA  | <b>57.00</b> | mg/dl                     | 13-43              | Urease, UV             |
| BLOOD UREA NITROGEN   | <b>26.6</b>  | mg/dL                     | 8.0 - 23.0         | Calculated             |
| URIC ACID   | <b>10.50</b> | mg/dL                     | 3.5-7.2            | Uricase                |
| CALCIUM   | <b>8.50</b>  | mg/dl                     | 8.6-10.3           | Arsenazo III           |
| PHOSPHORUS, INORGANIC                                       | 4.50         | mg/dl                     | 2.7-4.5            | Molybdate              |
| SODIUM  | 135.8        | mmol/L                    | 135-145            | Direct ISE             |
| POTASSIUM   | 4.2          | mmol/L                    | 3.5-5.1            | ISE (Indirect)         |
| CHLORIDE  | 104.6        | mmol/L                    | 98 - 107           | Direct ISE             |
| PROTEIN, TOTAL  | 6.80         | g/dl                      | 6.4-8.3            | Biuret                 |
| ALBUMIN   | <b>2.70</b>  | g/dl                      | 3.5-5.2            | Bromcresol Green       |
| GLOBULIN  | <b>4.10</b>  | g/dL                      | 2.0-3.5            | Calculated             |
| A/G RATIO   | <b>0.66</b>  |                           | 0.9-2.0            | Calculated             |

Result is rechecked. Kindly correlate clinically.



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Consultant Pathologist

SIN No:BI30903654



|              |                   |                 |                          |
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| Patient Name | : Mr.VIJAYA KUMAR | Collected       | : 04/Mar/2026 10:38AM    |
| Age/Gender   | : 58 Y 0 M 0 D /M | Received        | : 04/Mar/2026 12:32PM    |
| UHID/MR No   | : DRBP.0000018999 | Reported        | : 04/Mar/2026 01:29PM    |
| Visit ID     | : DRBPOPV24252    | Status          | : Final Report           |
| Ref Doctor   | : Dr.SELF         | Client Name     | : PUP ESWAR LAB MANALI   |
| IP/OP NO     | :                 | Center location | : North Perambur,Chennai |

**DEPARTMENT OF BIOCHEMISTRY**

| Test Name  | Result    | Unit | Bio. Ref. Interval | Method             |
|--|-----------|------|--------------------|--------------------|
| <b>C-REACTIVE PROTEIN CRP (QUANTITATIVE) , SERUM</b> | <b>36</b> | mg/l | 0-10               | Immunoturbidimetry |

**Comment:**

C-reactive protein (CRP) is one of the most sensitive acute-phase reactants for inflammation. Measuring changes in the concentration of CRP provides useful diagnostic information about the level of acuity and severity of a disease. Unlike ESR, CRP levels are not influenced by hematologic conditions such as anemia, polycythemia etc.

Increased levels are consistent with an acute inflammatory process. After onset of an acute phase response, the serum CRP concentration rises rapidly (within 6-12 hours and peaks at 24-48 hours) and extensively. Concentrations above 100 mg/L are associated with severe stimuli such as major trauma and severe infection (sepsis).

**\*\*\* End Of Report \*\*\***



Page 4 of 4

*H. Rajesh Kumar*

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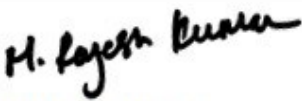
SIN No:BI30903654



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|--------------|-------------------|-----------------|--------------------------|
| Patient Name | : Mr.VIJAYA KUMAR | Collected       | : 04/Mar/2026 10:38AM    |
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| IP/OP NO     | :                 | Center location | : North Perambur,Chennai |

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8. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies
9. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
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