



Name : Mrs. SUNDARI RAJARAM
Age / Gender : 63 Year(s)/ Female
Contact No. :
Address : Chennai
Pin code : 600115

VID No. : 260216519512673
PID No. : P20626571771415
Referred by : SELF
Registered On : 17/06/2026 1:50 PM
Collected On : 17/06/2026 9:30AM
Reported On : 17/06/2026 4:16 PM

HbA1c- Glycated Haemoglobin (EDTA Whole Blood)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin (High-Performance Liquid Chromatography (HPLC))	8.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5

Medical Remarks: Suggested Diabetes Profile, Maxi (Test Code D0021)

Estimated Average Glucose (eAG) 209 mg/dL

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
 - HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
 - Trends in HbA1c are a better indicator of diabetic control than a solitary test.
 - Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
 - To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
 - Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
 - In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .
- Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

DR.SOUNDARYA
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Pathologist

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CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
<u>Erythrocytes</u>			
Haemoglobin (Hb)	10.6	gm/dL	12.5-16
(Sodium lauryl sulfate hemoglobin method (SLS))			
Erythrocyte (RBC) Count	4.6	mill/cu.mm	4.2-5.4
(D.C. Detection method)			
PCV (Packed Cell Volume)	37.5	%	37-47
MCV (Mean Corpuscular Volume)	80.8	fL	78-100
MCH (Mean Corpuscular Hb)	22.8	pg	27-31
MCHC (Mean Corpuscular Hb Concn.)	28.3	gm/dL	32-36
RDW (Red Cell Distribution Width)	19.0	%	11.5-14.0
<u>Leucocytes</u>			
Total Leucocytes (WBC) Count	5710	cells/cu.mm	4000-10500
(Flow Cytometry)			
Absolute Neutrophils Count	2575	cells/cu.mm	2000-7000
Absolute Lymphocyte Count	2581	cells/cu.mm	1000-3000
Absolute Monocyte Count	303	cells/cu.mm	200-1000
Absolute Eosinophil Count	200	cells/cu.mm	20-500
Absolute Basophil Count	51	cells/cu.mm	20-100
Neutrophils	45.1	%	40-80
Lymphocytes	45.2	%	20-40
Monocytes	5.3	%	2.0-10
Eosinophils	3.5	%	1-6
Basophils	0.9	%	0-2
<u>Platelets</u>			
Platelet count	285	10 ³ / µl	150-450
(D.C. Detection method)			
MPV (Mean Platelet Volume)	10.5	fL	6-9.5
PCT (Platelet Haematocrit)	0.3	%	0.2-0.5
PDW (Platelet Distribution Width)	14.4	%	9-17

EDTA Whole Blood - Tests done on Automated Five Part Cell Counter. (WBC count byFlow cytometry method, RBC/PLT Count byHydro Dynamic Focusing /DC detection method, HB bySLS-hemoglobin method, WBC differential by VCS technology other parameters calculated) All Abnormal Hemograms are reviewed confirmed microscopically. Differential count is based on approximately 10,000 cells.

Sundara Ramasathan

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (Fluoride Plasma - F,Hexokinase)	175	mg/dL	Normal: 70-99 Impaired Tolerance: 100-125 Diabetes mellitus: > 125 (on more than one occasion) (American diabetes association guidelines 2018)

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Associated Tests: HbA1c (H0018), Diabetes Profile – Maxi (D0021),HOMA Index (H0275), Insulin (I0275).

Glucose Post Prandial (Fluoride Plasma - PP,Hexokinase)	264	mg/dL	Normal: < 140 Impaired Tolerance: 140-199 Diabetes mellitus: >= 200 (on more than one occasion) (American diabetes association guidelines 2018)
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Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons:
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

Associated Tests: HbA1c (H0018), Diabetes Profile – Maxi (D0021),HOMA Index (H0275), Insulin (I0275).

Iron Studies

Iron, Serum (Serum,FerroZine)	63.7	µg/dL	33-193
UIBC (Serum,Ferrozine)	415.1	µg/dL	120-470
TIBC (Serum,Calculated)	479		250-450
Transferin Saturation (Serum,Calculated)	13	%	14-50

Interpretation :

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- Investigation** **Observed Value** **Unit** **Biological Reference Interval**
- Measurements of serum iron, TIBC and the percentage of iron saturation of transferrin are useful screening tests for iron deficiency anaemia.
 - However, serum iron exhibits significant diurnal variation and may transiently rise or reach reference values after dietary or iron supplements & post blood transfusion.
 - The diagnostic specificity of a low serum iron for iron deficiency is lost in the presence of acute & chronic inflammatory processes as the concentrations of iron and transferrin in the serum are significantly affected, and fall rapidly as part of the acute phase response irrespective of the iron stores status in the body.
 - Hence, Concurrent measurement of the markers mentioned in the below interpretative table alongwith serum iron studies improves the diagnostic specificity for iron deficiency anaemia & also provides a reliable work up for microcytic hypochromic anaemia.

Tests	Iron Deficiency anaemia	Anaemia of Chronic disease	Iron overload	Hemoglobinopathy (Especially Trait)
Serum Iron	Decreased	Decreased	Increased	Normal
Serum Total Iron Binding Capacity	Increased	Decreased or Normal	Increased or Normal	Normal
% Transferrin Saturation	Decreased	Decreased or Normal	Increased or Normal	Normal
Serum UIBC	Increased	Decreased or Normal	Decreased	Normal
Serum Ferritin	Decreased	Increased	Increased or Normal	Normal
Serum Soluble Transferrin receptor	Increased	Normal	Decreased	Normal
Serum Hepcidin	Normal	Increased	Normal	Normal

Associated Tests :

- Serum Soluble Transferrin receptor
- Serum Hepcidin

CRP (C Reactive Protein), Serum 2.31 mg/L < 5.0
(Serum,Immunoturbidimetry)

Interpretation :

- Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
- High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
- Increase in CRP values are non-Specific and should not be interpreted without a complete history.

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Investigation	Observed Value	Unit	Biological Reference Interval
ESR (Erythrocyte Sedimentation Rate)	12	mm/hr	0-20

(EDTA Whole Blood,Capillary Photometry)

Method: Automated Westergren

Interpretation:

- It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
- It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
- It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

Remark: ESR Performed using capillary photometric aggregation (for automated analysis) & westergrens (for manual testing).

Reports to follow - Kindly await following pending reports :

Investigation	Status
Helicobacter Pylori - IgM antibody	Pending

-- End of Report --

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