

PATIENT NAME : MRS.INDHUMATHI HARIBABU

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000108281

M S DIAGNOSTICS
LAKSHMI NAGAR, PORUR, NO.2,
CHENNAI 600116
9176458878 9176458878

ACCESSION NO : 0323ZG008330

PATIENT ID : MRSIF280780323

CLNT.PATIENT ID:

ABHA NO :

AGE/SEX : 46 Years Female

DRAWN : 28/07/2026 00:00:00

RECEIVED : 28/07/2026 16:19:37

REPORTED : 28/07/2026 20:09:37

Test Report Status **Final**

Results

Biological Reference Interval Units

HAEMATOLOGY - CBC

CBC-5, EDTA WHOLE BLOOD

BLOOD COUNTS, EDTA WHOLE BLOOD

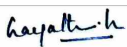
HEMOGLOBIN (HB)	12.1	12.0 - 15.0	g/dL
METHOD : SLS METHOD			
RED BLOOD CELL (RBC) COUNT	5.07 High	3.8 - 4.8	mil/ μ L
METHOD : AUTOMATED CELL COUNTER/ HYDRODYNAMIC FOCUSING METHOD /MICROSCOPY			
WHITE BLOOD CELL (WBC) COUNT	9.49	4.0 - 10.0	thou/ μ L
METHOD : FLOWCYTOMETRY			
PLATELET COUNT	424 High	150 - 410	thou/ μ L
METHOD : AUTOMATED CELL COUNTER/ HYDRODYNAMIC FOCUSING METHOD /MICROSCOPY			

RBC AND PLATELET INDICES

HEMATOCRIT (PCV)	43.4	36.0 - 46.0	%
METHOD : PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOLUME (MCV)	85.6	83.0 - 101.0	fL
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN (MCH)	23.9 Low	27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION(MCHC)	27.9 Low	31.5 - 34.5	g/dL
METHOD : CALCULATED PARAMETER			
RED CELL DISTRIBUTION WIDTH (RDW)	15.3 High	11.6 - 14.0	%
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN PLATELET VOLUME (MPV)	8.4	6.8 - 10.9	fL
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

NEUTROPHILS	68	40.0 - 80.0	%
METHOD : FLOWCYTOMETRY			
LYMPHOCYTES	22	20.0 - 40.0	%
METHOD : FLOWCYTOMETRY			
MONOCYTES	6	2.0 - 10.0	%
METHOD : FLOWCYTOMETRY			



Dr. Gayathri K
Consultant Pathologist

Page 1 Of 5



View Details



View Report

PERFORMED AT :

Agilus Diagnostics Ltd
Veda Ranghaa Nivas, No:22/97, Dr. Ambedkar Road, Ashok Nagar, 4th Avenue
Chennai, 600083
Tamil Nadu, India



ULR No. 775000019011193-0323

PATIENT NAME : MRS.INDHUMATHI HARIBABU

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000108281

M S DIAGNOSTICS
LAKSHMI NAGAR, PORUR, NO.2,
CHENNAI 600116
9176458878 9176458878

ACCESSION NO : 0323ZG008330

PATIENT ID : MRSIF280780323

CLNT.PATIENT ID:

ABHA NO :

AGE/SEX : 46 Years Female

DRAWN : 28/07/2026 00:00:00

RECEIVED : 28/07/2026 16:19:37

REPORTED : 28/07/2026 20:09:37

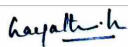
Test Report Status	Final	Results	Biological Reference Interval	Units
EOSINOPHILS		4	1 - 6	%
METHOD : FLOWCYTOMETRY				
BASOPHILS		0	0 - 2	%
METHOD : FLOWCYTOMETRY				
ABSOLUTE NEUTROPHIL COUNT		6.41	2.0 - 7.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE LYMPHOCYTE COUNT		2.13	1.0 - 3.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE MONOCYTE COUNT		0.52	0.2 - 1.0	thou/ μ L
METHOD : CALCULATED PARAMETER				
ABSOLUTE EOSINOPHIL COUNT		0.36	0.02 - 0.50	thou/ μ L
METHOD : AUTOMATED CELL COUNTER : CALCULATED PARAMETER				
ABSOLUTE BASOPHIL COUNT		0	0.0 - 0.1	thou/ μ L
METHOD : CALCULATED PARAMETER				

Interpretation(s)

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease. (Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504)

This ratio element is a calculated parameter and out of NABL scope.



Dr. Gayathri K
Consultant Pathologist

Page 2 Of 5



View Details



View Report

PERFORMED AT :**Agilus Diagnostics Ltd**

Veda Ranghaa Nivas, No:22/97, Dr. Ambedkar Road, Ashok Nagar, 4th Avenue
Chennai, 600083
Tamil Nadu, India



ULR No. 775000019011193-0323

**PATIENT NAME : MRS.INDHUMATHI HARIBABU****REF. DOCTOR : SELF****CODE/NAME & ADDRESS : C000108281**
 M S DIAGNOSTICS
 LAKSHMI NAGAR, PORUR, NO.2,
 CHENNAI 600116
 9176458878 9176458878
ACCESSION NO : 0323ZG008330**PATIENT ID : MRSIF280780323****CLNT.PATIENT ID:****ABHA NO :****AGE/SEX : 46 Years Female****DRAWN : 28/07/2026 00:00:00****RECEIVED : 28/07/2026 16:19:37****REPORTED : 28/07/2026 20:09:37****Test Report Status Final****Results****Biological Reference Interval Units****BIOCHEMISTRY****BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	12	6 - 20	mg/dL
METHOD : UREASE -GLDH			

CREATININE, SERUM

CREATININE	0.70	0.60 - 1.10	mg/dL
METHOD : ALKALINE PICRATE (MODIFIED JAFFE REACTION)			

LIVER FUNCTION PROFILE, SERUM

BILIRUBIN, TOTAL	0.28	Upto 1.2	mg/dL
METHOD : DIAZO METHOD FOLLOWED BY SPECTROPHOTOMETRY			
BILIRUBIN, DIRECT	0.16	0.0 - 0.3	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT	0.12	0.0 - 0.9	mg/dL
METHOD : CALCULATED PARAMETER			
TOTAL PROTEIN	7.7	6.0 - 8.0	g/dL
METHOD : BIURET			
ALBUMIN	4.2	3.5 - 5.2	g/dL
METHOD : BROMOCRESOL GREEN			
GLOBULIN	3.5	2.0 - 3.5	g/dL
METHOD : CALCULATED			
ALBUMIN/GLOBULIN RATIO	1.2	0.90 - 2.00	RATIO
METHOD : CALCULATED PARAMETER			
ASPARTATE AMINOTRANSFERASE(AST/SGOT)	14	<31	U/L
METHOD : UV KINETIC WITHOUT PYRIDOXAL-5 -PHOSPHATE - IFCC			
ALANINE AMINOTRANSFERASE (ALT/SGPT)	10	<34	U/L
METHOD : UV KINETIC WITHOUT PYRIDOXAL-5 -PHOSPHATE - IFCC			
ALKALINE PHOSPHATASE	97	53-141	U/L
METHOD : PNPP, AMP BUFFER-IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)	12	< 38	U/L
METHOD : G-GLUTAMYL-CARBOXY-NITROANILIDE-IFCC			
LACTATE DEHYDROGENASE	211	135 - 214	U/L
METHOD : IFCC LACTATE TO PYRUVATE			

Dr. Gayathri K
 Consultant Pathologist

Page 3 Of 5



View Details



View Report

PERFORMED AT :
Agilus Diagnostics Ltd
 Veda Ranghaa Nivas, No:22/97, Dr. Ambedkar Road, Ashok Nagar, 4th Avenue
 Chennai, 600083
 Tamil Nadu, India
**ULR No. 775000019011193-0323**



PATIENT NAME : MRS.INDHUMATHI HARIBABU

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : C000108281

M S DIAGNOSTICS
LAKSHMI NAGAR, PORUR, NO.2,
CHENNAI 600116
9176458878 9176458878

ACCESSION NO : 0323ZG008330

PATIENT ID : MRSIF280780323

CLNT.PATIENT ID:

ABHA NO :

AGE/SEX : 46 Years Female

DRAWN : 28/07/2026 00:00:00

RECEIVED : 28/07/2026 16:19:37

REPORTED : 28/07/2026 20:09:37

Test Report Status Final

Results

Biological Reference Interval Units

Interpretation(s)

BLOOD UREA NITROGEN (BUN), SERUM-**Causes of Increased** levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-**Higher than normal level may be due to:**

• Blockage in the urinary tract, Kidney problems, such as kidney damage or failure, infection, or reduced blood flow, Loss of body fluid (dehydration), Muscle problems, such as breakdown of muscle fibers, Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to: • Myasthenia Gravis, Muscuophy

LIVER FUNCTION PROFILE, SERUM-**Bilirubin** is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Bilirubin is excreted in bile and urine, and elevated levels may give yellow discoloration in jaundice. **Elevated levels** results from increased bilirubin production (eg, hemolysis and ineffective erythropoiesis), decreased bilirubin excretion (eg, obstruction and hepatitis), and abnormal bilirubin metabolism (eg, hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in Viral hepatitis, Drug reactions, Alcoholic liver disease Conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts, tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of Hemolytic or pernicious anemia, Transfusion reaction & a common metabolic condition termed Gilbert syndrome, due to low levels of the enzyme that attaches sugar molecules to bilirubin.

AST is an enzyme found in various parts of the body. AST is found in the liver, heart, skeletal muscle, kidneys, brain, and red blood cells, and it is commonly measured clinically as a marker for liver health. AST levels increase during chronic viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. AST levels may also increase after a heart attack or strenuous activity. ALT test measures the amount of this enzyme in the blood. ALT is found mainly in the liver, but also in smaller amounts in the kidneys, heart, muscles, and pancreas. It is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. AST levels increase during acute hepatitis, sometimes due to a viral infection, ischemia to the liver, chronic hepatitis, obstruction of bile ducts, cirrhosis.

ALP is a protein found in almost all body tissues. Tissues with higher amounts of ALP include the liver, bile ducts and bone. Elevated ALP levels are seen in Biliary obstruction, Osteoblastic bone tumors, osteomalacia, hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, Pagets disease, Rickets, Sarcoidosis etc. Lower-than-normal ALP levels seen in Hypophosphatasia, Malnutrition, Protein deficiency, Wilsons disease.

GGT is an enzyme found in cell membranes of many tissues mainly in the liver, kidney and pancreas. It is also found in other tissues including intestine, spleen, heart, brain and seminal vesicles. The highest concentration is in the kidney, but the liver is considered the source of normal enzyme activity. Serum GGT has been widely used as an index of liver dysfunction. Elevated serum GGT activity can be found in diseases of the liver, biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-inducing drugs etc.

Total Protein also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstroms disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

Albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc

****End Of Report****Please visit www.agilusdiagnostics.com for related Test Information for this accession

Dr. Gayathri K
Consultant Pathologist

Page 4 Of 5



View Details



View Report

PERFORMED AT :**Agilus Diagnostics Ltd**

Veda Ranghaa Nivas, No:22/97, Dr. Ambedkar Road, Ashok Nagar, 4th Avenue
Chennai, 600083
Tamil Nadu, India



ULR No. 775000019011193-0323

**PATIENT NAME : MRS.INDHUMATHI HARIBABU****REF. DOCTOR : SELF****CODE/NAME & ADDRESS : C000108281**

M S DIAGNOSTICS
LAKSHMI NAGAR, PORUR, NO.2,
CHENNAI 600116
9176458878 9176458878

ACCESSION NO : 0323ZG008330**PATIENT ID : MRSIF280780323****CLNT.PATIENT ID:****ABHA NO :****AGE/SEX : 46 Years Female****DRAWN : 28/07/2026 00:00:00****RECEIVED : 28/07/2026 16:19:37****REPORTED : 28/07/2026 20:09:37****Test Report Status Final****Results****Biological Reference Interval Units****CONDITIONS OF LABORATORY TESTING & REPORTING**

1. It is presumed that the test sample belongs to the patient named or identified in the test requisition form.
2. All tests are performed and reported as per the turnaround time stated in the AGILUS Directory of Services.
3. Result delays could occur due to unforeseen circumstances such as non-availability of kits / equipment breakdown / natural calamities / technical downtime or any other unforeseen event.
4. A requested test might not be performed if:
 - i. Specimen received is insufficient or inappropriate
 - ii. Specimen quality is unsatisfactory
 - iii. Incorrect specimen type
 - iv. Discrepancy between identification on specimen container label and test requisition form
5. AGILUS Diagnostics confirms that all tests have been performed or assayed with highest quality standards, clinical safety & technical integrity.
6. Laboratory results should not be interpreted in isolation; it must be correlated with clinical information and be interpreted by registered medical practitioners only to determine final diagnosis.
7. Test results may vary based on time of collection, physiological condition of the patient, current medication or nutritional and dietary changes. Please consult your doctor or call us for any clarification.
8. Test results cannot be used for Medico legal purposes.
9. In case of queries please call customer care (91115 91115) within 48 hours of the report.

Agilus Diagnostics Ltd

Fortis Hospital, Sector 62, Phase VIII,
Mohali 160062

Dr. Gayathri K
Consultant Pathologist

Page 5 Of 5



View Details



View Report

PERFORMED AT :**Agilus Diagnostics Ltd**

Veda Ranghaa Nivas, No:22/97, Dr. Ambedkar Road, Ashok Nagar, 4th Avenue
Chennai, 600083
Tamil Nadu, India

**ULR No. 775000019011193-0323**