

PATIENT NAME	BUSAM SNEHA SYAMALA VINODH KUMAR		
AGE	32 Y		
PROBLEM	JUVENILE SPONDYLO ARTHROPATHY		
PLACE	KPHB 9TH PHASE,HYDERABAD		
BLOOD PARAMETERS			
	PARAMETER	BEFORE	AFTER
<u>S.NO</u>		21.04.26	08.08.26
1	HAEMOGLOBIN	5.4	15
2	URIC ACID		7.1
3	HB	14.9	15
4	ESR	7	26
5	CRP	7.3	6.16
6	ASO		85.01
7	TOTAL LEUCOCYTE COUNT (TLC)		10,100
8	LYMPHOCYTES		3232



Patient Name : MR. BUSAM SNEHA SYAMALA VINODH KUMAR
Age/Gender : 32 /Years / Male
Ref Dr. : CHINTA RAVINDER
Req No. : KPHB2615162
Sample Type : EDTA WHOLE BLOOD

Client Name :
Registered On : 13-Apr-2026 3:42 pm
Collected On : 13-Apr-2026 3:42 pm
Reported On : 14-Apr-2026 6:40 am

Biochemistry

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

Test Name	Observed Value	Units	Biological Reference Range
GLYCOSYLATED HAEMOGLOBIN (HBA1C)	5.4	%	Normal : < 5.7% Pre -Diabetic : 5.7 - 6.4 % Diabetic Range : > 6.5 %
Method: HPLC			
AVERAGE BLOOD GLUCOSE	108	mg/dL	90 - 120 - Excellent control 121 - 150 -Good Control 151 - 180 -Average Control 181 - 210 -Action Suggested > 211 Panic Value.
Method: Calculated			
HPLC			

INTERPRETATION:

Note : Reference ranges are as per ADA Criteria (2016)

- Monitor diabetic patients compliance with therapeutic regime and long term blood glucose level control.
- It is useful in evaluating the initial 1 - 2 months of diabetic control in a newly pregnant diabetic female.
- In differentiating stress induced transient glucose intolerance from true diabetic.
- It also confirms discrepancies between blood glucose self monitoring results produced by the patients and actual degree of overall control.
- * Increased in chronic renal failure, iron deficiency anemia, splenectomy, and alcohol.
- Decreased in shortened RBC life span in presence of HbS, HbC after transfusion, pregnancy etc.
- Average Blood Glucose value is calculated from HBA1C value and it indicates Average Blood Sugar level over past three months.



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST

Patient Name : Mr.BUSAM VINODH KUMAR
Age/Gender : 31 Y 0 M 0 D /M
UHID/MR No : DSDD.0000070474
Visit ID : DSDDOPV88702
Ref Doctor : Dr.SELF
IP/OP NO :

Collected : 08/Aug/2026 12:14PM
Received : 08/Aug/2026 12:16PM
Reported : 08/Aug/2026 12:27PM
Status : Final Report
Client Name : RLM SREE DIVYA DIAGNOSTICS
Center location : Machilipatnam, Machilipatnam

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE BLOOD COUNT (CBC) , WHOLE BLOOD EDTA				
HAEMOGLOBIN	15.0	g/dL	13-17	CYANIDE FREE COLOURIMETER
PCV	43.40	%	40-50	PULSE HEIGHT AVERAGE
RBC COUNT	5.25	Million/cu.mm	4.5-5.5	Electrical Impedance
MCV	82.7	fL	83-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	34.5	g/dL	31.5-34.5	Calculated
R.D.W	14.3	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	10,100	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	61	%	40-80	Electrical impedance / Microscopic
LYMPHOCYTES	32	%	20-40	Electrical impedance / Microscopic
EOSINOPHILS	02	%	1-6	Electrical impedance / Microscopic
MONOCYTES	05	%	2-10	Electrical impedance / Microscopic
BASOPHILS	00	%	0-2	Electrical impedance / Microscopic
CORRECTED TLC	10,100	Cells/cu.mm		Calculated
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	6161	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	3232	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	202	Cells/cu.mm	20-500	Calculated
MONOCYTES	505	Cells/cu.mm	200-1000	Calculated
Neutrophil lymphocyte ratio (NLR)	1.91		0.78- 3.53	Calculated
PLATELET COUNT	216000	cells/cu.mm	150000-410000	IMPEDENCE/MICROSCOPY
MPV	7.5	fL	8.1-13.9	Calculated

Page 1 of 4

Dr Pavani Perumallapalli
M.B.B.S., M.D (Pathology)
Consultant Pathologist



SIN No:HA11771732



Patient Name : **MR. BUSAM SNEHA SYAMALA VINODH KUMAR**
Age/Gender : 32 /Years / Male
Ref Dr. : GAYATRI
Req No. : KPHB2615680
Sample Type : SERUM

Client Name :
Registered On : 08-Jul-2026 2:27 pm
Collected On : 08-Jul-2026 2:27 pm
Reported On : 08-Jul-2026 9:30 pm

Biochemistry**URIC ACID (UA)**

Test Name	Observed Value	Units	Biological Reference Range
URIC ACID METHOD : URICASE-POD	6.6	mg/dL	2.6 - 7.2

Interpretation:

Elevations of uric acid occur in renal failure, pre-renal azotemia, gout, lead poisoning, excessive cell destruction (e.g., following chemotherapy), hemolytic anemia, and congestive heart failure and after myocardial infarction. Uric acid is also increased in some endocrine disorders, acidosis, toxemia of pregnancy, hereditary gout, and glycogen storage disease type.



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST



CHANRE DIAGNOSTIC LABORATORY-CRICR

(A Unit of ChanRe Laboratory Private Limited)
#65(414), 20th Main, West of Chord road, 1st Block,
Rajajinagar, Bangalore-560010 Ph: 080-42516699
E-mail info@chanrericr.com Website: www.chanrericr.com

Name Mr. Busam Sneha Syamala Vinodh Kumar
Reg. No. M355814 Hosp. No. 51921 Sample Collection Date 21/04/2025 07:35 AM
Ref. By. CHANDRASHEKARA.S Age 32 Year(s) Sex Male
Axapta Barcode 394031114 Corporate ChanRe RICR

Test Parameter

Result(s)

Biological Reference Interval

HAEMATOLOGY REPORT

COMPLETE BLOOD COUNT BY AUTOMATED CELL COUNTER (Sample : EDTA blood)

HAEMOGLOBIN

(Photometric)

: 14.9 gm/dl

13.0 - 18.0 gm/dl

RBC COUNT

(Hydrodynamic focussing & Impedence)

: 5.0 millions/cum

4.5 - 5.5 millions/cumm

HAEMATOCRIT(PCV)

(Electrical impedance principle)

: 43.7 %

39 - 52

Mean Corpuscular Volume (MCV)

(Automated calculation)

: 87.8 fl

79-96 fl

Mean Corpuscular Haemoglobin (MCH)

(Automated calculation)

: 29.9 pg

27-32 pg

Mean Corpuscular Haemoglobin concentration (MCHC)

(Automated calculation)

: 34.1 %

32 - 36 %

RDW CV

(Automated calculation)

: 15.0 %

11.6-14.6%

RDW SD

(Automated calculation)

: 41.2 fl

39-46 fl

TOTAL COUNT

TOTAL WBC COUNT

(Flow Cytometry)

: 8530 Cells/cumm

4000 - 11000 Cells/cumm

DIFFERENTIAL COUNT (Flow Cytometry method)

NEUTROPHILS

: 69.5 %

45 - 75%.

LYMPHOCYTES

: 25.3 %

25-45%

EOSINOPHILS

: 1.8 %

0-06%

MONOCYTES

: 2.6 %

03-08%

BASOPHILS

: 0.8 %

0- 1%

COMPLETE BLOOD COUNT BY AUTOMATED CELL COUNTER (Sample : EDTA blood)

Absolute Neutrophil Count

(Automated calculation)

: 5900 cells/cu.mm

2188 - 7800 cells/cu.mm

ABSOLUTE LYMPHOCYTE COUNT

(Automated calculation)

: 2150 cells/cu.mm

1000 - 4000 cells/cu.mm

NOTE: The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation

Available Facilities: Clinical Pathology, Haematology & Coagulation, Biochemistry, Histopathology, Cytology & FNAC, Microbiology & Serology, Autoantibody Lab, Immunological Tests, Flow Cytometry, Molecular Diagnosis, Allergy & Skin Tests

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Call 080 - 35216699



CHANRE DIAGNOSTIC LABORATORY-CRICR

(A Unit of ChanRe Laboratory Private Limited)

#65(414), 20th Main, West of Chord road, 1st Block,

Rajajinagar, Bangalore-560010 Ph: 080-42516699

E-mail: info@chanrericr.com Website: www.chanrericr.com



Name Mr.. Busam Sneha Syamala Vinodh Kumar Sample Collection Date 21/04/2025 07:35 AM
Reg. No. M355814 Hosp. No. 51921 Age 32 Year(s) Sex Male
Ref By. CHANDRASHEKARA.S Corporate ChanRe RICR
Axapta Barcode 394031114

Test Parameter	Result(s)	Biological Reference Interval
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HAEMATOLOGY REPORT

COMPLETE BLOOD COUNT BY AUTOMATED CELL COUNTER (Sample : EDTA blood)

ABSOLUTE EOSINOPHIL COUNT(AEC) (Automated calculation)	: 150 Cells/cumm	40- 440 cells/cu.mm
Absolute Monocyte Count (Automated calculation)	: 230 cells/cu.mm	Upto 1000 cells/cu.mm
Absolute Basophil count (Automated calculation)	: 70 cells/cu.mm	20 - 200 cells/ cu.mm
PLATELET COUNT (Hydrodynamic focussing & Impedence)	: 2.45 Lakhs/cumm	1.5-4.5 Lakhs/cumm
Platelet Distribution Width (Automated calculation)	: 9.70 fl	9-14 fl
Mean Platelet Volume (Automated calculation)	: 7.30 fl	7.5-11.5 fl
Platelet Large Cell Ratio	: 12.1 %	13-43%

CBC With ESR

ESR(Westergren's method - automated)

: 7 mm/hr

Adult Male : 0 - 9 mm/hr
Female : 10- 20 mm/hr.

Dr Akshatha

Dr AKSHATHA

MD

PATHOLOGIST

Reported On 21/04/2025 09:37 AM

Verified By : Kasthuri S

BIOCHEMISTRY REPORT

S.G.O.T [A.S.T](uv kinetic-IFCC method)	: 18 U/L	< 37U/L
S.G.P.T [A.L.T](uv kinetic-IFCC method)	: 17 U/L	<40U/L

NOTE - The result obtained relate only to the sample given/received & tested. A single test result is not always indicative of a disease, it has to be correlated with clinical data for interpretation.

Available Facilities : Clinical Pathology, Haematology & Coagulation, Biochemistry, Histopathology, Cytology & FNAC, Microbiology & Serology, Autoantibody Lab, Immunological Tests, Flow Cytometry, Molecular Diagnosis, Allergy & Skin Tests

X-Ray, Ultrasound, ECG, TMT and Health Checkup Packages.

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Call 080 - 35216969



Patient Name : **MR. BUSAM SNEHA SYAMALA VINODH KUMAR**
Age/Gender : **32 /Years / Male**
Ref Dr. : **GAYATHRI**
Req No. : **KPHB2615435**
Sample Type : **EDTA WHOLE BLOOD**

Client Name :
Registered On : **28-May-2026 9:53 am**
Collected On : **28-May-2026 9:53 am**
Reported On : **28-May-2026 2:33 pm**

Haematology

COMPLETE BLOOD PICTURE (CBP)

Test Name	Observed Value	Units	Biological Reference Range
HAEMOGLOBIN Method: Non Cyanide	14.6	gm/dL	13.0 - 17.0
P C V Method: Cumulative RBC pulse height detection	41.9	%	40-50
TOTAL RBC COUNT Method: Electrical Impedance	5.26	mill/cumm	4.5-5.5
PLATELET COUNT Method: Electrical Impedance	2.59	lakhs/cumm	1.50 - 4.10
TOTAL WBC COUNT Method: Electrical Impedance/Manual	7600	cells/cumm	4000 - 10000
DIFFERENTIAL COUNT			
POLY MORPHS Method: Automated Flowcytometry / Manual	63	%	40 - 80
LYMPHOCYTES Method: Automated Flowcytometry / Manual	32	%	20 - 40
EOSINOPHILS Method: Automated Flowcytometry / Manual	03	%	01 - 06
MONOCYTES Method: Automated Flowcytometry / Manual	02	%	02 - 10
BASOPHILS Method: Automated Flowcytometry / Manual	00	%	<01 - 02
PERIPHERAL SMEAR			
R B C MORPHOLOGY Method: Morphology- Microscopy of Leishman Stained Smear			NORMOCYTIC NORMOCHROMIC
W B C Method: Morphology- Microscopy of Leishman Stained Smear			WITHIN NORMAL LIMITS
PLATELETS Method: Morphology- Microscopy of Leishman Stained Smear Method : Non Cyanide			ADEQUATE



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST



Client Name :
Registered On : 28-May-2026 9:53 am
Collected On : 28-May-2026 9:53 am
Reported On : 28-May-2026 3:31 pm

teint Name
ge/Gender
Ref Dr.
Req

C-REACTIVE PROTEIN (CRP)

Test Name	Observed Value	Units	Biological Reference Range
C-REACTIVE PROTEIN	14.7	mg/L	< 6.0

- 1) It is serum protein which is synthesized in liver.
- 2) Elevated serum concentration of CRP is an unequivocal of active tissue damage process.
- 3) Its measurements helps in differential diagnosis, in the management of neonatal septicemia and meningitis.
- 4) CRP level is variably rise after major surgery but fall to normal with in 7 - 10 days.



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST

Page 6 of 6

End of Report

*Suggested Clinical Correlation, If necessary Kindly Discuss

Please Consider the environment before printing.

SUGGESTED:

● **T-10**: T-10 Maize Sunshin - Nains, 746 No. C/BAL Main Road, Begga Estate, Nagpur Metro Station, Jagdish
Hyderabad - 500016 | **MAGANA** | ● **044-2377189**, **09849303033** | maganamail@gmail.com | www.maganaindia.org | <https://t.me/maganaofficial>

Patient Name : MR. BUSAM SNEHA SYAMALA VINODH KUMAR
 Age/Gender : 32 /Years / Male
 Ref Dr. : GAYATHRI
 Req No. : KPHB2615435
 Sample Type : WHOLE BLOOD

Client Name :
 Registered On : 28-May-2026 9:53 am
 Collected On : 28-May-2026 9:53 am
 Reported On : 28-May-2026 2:34 pm

Haematology

ERYTHROCYTE SEDIMENTATION RATE

Test Name	Observed Value	Units	Biological Reference Range
ERYTHROCYTE SEDIMENTATION RATE (ESR)			
1 HOUR	36	mm/hr	Upto 15mm

Interpretation:

Modified Westergren Method:

	MEN	WOMEN
Below age 50 Years	15 mm/h	20 mm/h
Above age 50 Years	20	30
Above age 85 Years	30	42




DR G RAKESH PRADHAN
MD PATHALOGIST



Patient Name : **MR. BUSAM SNEHA SYAMALA VINODH KUMAR**
Age/Gender : **32 /Years / Male**
Ref Dr. : **GAYATHRI**
Req No. : **KPHB2615435**
Sample Type : **SERUM**

Client Name :
Registered On : **28-May-2026 9:53 am**
Collected On : **28-May-2026 9:53 am**
Reported On : **28-May-2026 2:34 pm**

Biochemistry

LIVER FUNCTION TEST (LFT)

Test Name	Observed Value	Units	Biological Reference Range
TOTAL BILIRUBIN Method: Diazonium	0.48	mg/dL	Cord Blood : < 1.20 0-1 day : 2.0 - 6.0 1-2 days : 6.0 - 10.0 3-5 days : 4.0 - 8.0 Child : 0.3 - 1.2 Adults : 0.0 - 1.20
DIRECT BILIRUBIN Method: Diazonium	0.12	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN METHOD : CALCULATED	0.36	mg/dL	0.2 - 0.8
SGOT / AST Method: IFCC, Without Pyridoxal Phosphate	11.45	U/L	Upto 37
ALT (SGPT) Method: AMP Buffer	8.06	U/L	<45
ALKALINE PHOSPHATASE (ALP) METHOD : IFCC	68.41	U/L	46-116
TOTAL PROTEIN. Method: Biuret	7.31	g/dL	6.4 - 8.3
ALBUMIN Method : BCG	4.48	g/dl	3.5 to 5.2
GLOBULIN	2.83	g/dl	2.5-3.5
A/G RATIO METHOD: DIAZONIUM	1.58	Ratio	1.0-2.1



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST



Patient Name : MR. BUSAM SNEHA SYAMALA VINODH KUMAR
Age/Gender : 32 /Years / Male
Ref Dr. : GAYATHRI
Req No. : KPHB2615435
Sample Type : SERUM

Client Name :
Registered On : 28-May-2026 9:53 am
Collected On : 28-May-2026 9:53 am
Reported On : 28-May-2026 2:34 pm

Biochemistry

URIC ACID (UA)

Test Name	Observed Value	Units	Biological Reference Range
URIC ACID METHOD : URICASE-POD	6.5	mg/dL	2.6 - 7.2

Interpretation:

Elevations of uric acid occur in renal failure, pre-renal azotemia, gout, lead poisoning, excessive cell destruction (e.g., following chemotherapy), hemolytic anemia, and congestive heart failure and after myocardial infarction. Uric acid is also increased in some endocrine disorders, acidosis, toxemia of pregnancy, hereditary gout, and glycogen storage disease type.



Rakesh

DR G RAKESH PRADHAN
MD PATHOLOGIST