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JAYAPRADHA

Female, 62 years

Date: 23 July, 2026

Reports: Health Check @ Home
– 33 tests, T3 and T4, HbA1C



Client : Simplify Wellness India(Doctor C) - C
Patient Name : **Ms.JAYAPRADHA**
Age / Gender : **62 Y(s) / Female** Sample Type : Serum
Phone : Registered On : 23-07-2026 09:40
Ref.Dr. : Doctor C Collected On : 23-07-2026 09:40
Req.No : **CHE072602830** - 40004789524 Received On : 23-07-2026 14:04
Report Status : **Final** Reported On : 23-07-2026 17:53

DEPARTMENT OF CLINICAL BIOCHEMISTRY

Kidney Function Test Profile - Doctor c

Blood Urea : 32.2 mg/dL 17-43

Method : GLDH Kinetic

Interpretation: -**Increased In**

Impaired kidney function, congestive heart failure, salt and water depletion due to vomiting, diarrhea urinary tract obstruction, hemorrhage into GI tract.

Decreased In

Malnutrition, pregnancy, infancy, acromegaly, low protein- High carbohydrate diet, impaired absorption, some patients of nephrotic syndrome.

Blood Urea Nitrogen : 15 mg/dL 7.0-18.0

Method : Calculated

Creatinine,Serum : 0.68 mg/dL 0.6-1.2

Method : Modified Jaffe Kinetic

BUN Creatinine Ratio : 22.06

Method : Calculated

Urea Creatinine Ratio : 47.35

Note :- Suggested Clinical Correlation *

****End Of Report****

A. Sajitha

Dr.A Sajitha Begum
Consultant Pathologist

Client	: Simplify Wellness India(Doctor C) - C		
Patient Name	: Ms.JAYAPRADHA		
Age / Gender	: 62 Y(s) / Female	Sample Type	: WHOLE BLOOD EDTA
Phone	:	Registered On	: 23-07-2026 09:40
Ref.Dr.	: Doctor C	Collected On	: 23-07-2026 09:40
Req.No	: CHE072602830 - 40004789522	Received On	: 23-07-2026 14:03
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DEPARTMENT OF HAEMATOLOGY

Haemogram

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Hemoglobin	: 13.4	g/dL	12.0-15.0
<i>Method : Non-Cyanide Photometric Measurement</i>			
HCT/Haematocrit	: 40.5	%	36.0-46.0
<i>Method : Calculated</i>			
RBC Count	: 4.36	millions/cumm	3.8-4.8
<i>Method : Electrical Impedance</i>			
MCV	: 92.9	fL	83.0-101.0
<i>Method : Calculated</i>			
MCH	: 30.6	pg	27.0- 32.0
<i>Method : Calculated</i>			
MCHC	: 33.0	g/dL	31.5-34.5
<i>Method : Calculated</i>			
RDW-CV	: 14.1	%	11.6-14.0
<i>Method : Calculated</i>			
RDW-SD	: 41.8	fL	39-46
<i>Method : Calculated</i>			
Platelet Count	: 3.44	lakhs/cmm	1.50-4.10
<i>Method : Electrical Impedance</i>			
MPV	: 6.86	fL	7.40-10.40
<i>Method : Calculated</i>			
Total WBC Count	: 8340	Cells/cmm	4000-11000
<i>Method : Electrical Impedance</i>			

Differential count
(Method:VCS/Leishman Stain/Microscopy)

Neutrophils	: 48	%	40-80
Lymphocytes	: 45	%	20-40
Monocytes	: 05	%	2-10
Eosinophils	: 02	%	1-6
Basophils	: 00	%	0-1

Absolute Leucocyte Count

Absolute Neutrophil Count	: 4003.20	Cells/cumm	2000-7000
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 3753.00	Cells/cumm	1000-3000
<i>Method : Calculated</i>			

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Absolute Eosinophil Count : 166.80

Method : Calculated

Cells/cumm 20-500

Absolute Monocyte Count : 417.00

Method : Calculated

Cells/cumm 200-1000

Absolute Basophils : 0.00

Method : Calculated

Cells/cumm

Reference :Dacie and Lewis Practical Hematology,12th Edition

Note : These results are generated by a fully automated hematology analyzer and the differential count is done on a peripheral smear.

Method:

Fully automated haematology analyzer (Beckman Coulter DxH 800) (Photometric Measurement, Electrical Impedance, VCS Technology, Leishman's Stain and Microscopy)

Note :- Suggested Clinical Correlation *

****End Of Report****

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Glycosylated Hb (HbA1C)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Glycosylated Hb (HbA1C) <i>Method : High-performance liquid chromatography Boronate affinity</i>	: 5.6	%	Normal:<5.7 Prediabetes:5.7-6.4 Diabetes:≥6.5
Estimated Average Glucose <i>Method : Calculated</i>	: 114.02	mg/dL	

Use:

HbA1C reflects the mean blood glucose concentration over the previous 3-4 months.

Interpretation:**Criteria for diagnosis of Diabetes:**

HbA1C $\geq$ 6.5% using method that is NGSP certified & standardised to DCCT Assay.

Note:

Low HbA1C values(<4%) in a individual are often associated with systemic inflammatory diseases,chronic anemia,chronic renal failure and liver diseases.

Reference:American Diabetes Association guidelines 2022.

Note :- Suggested Clinical Correlation *

****End Of Report****

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Phone :
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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Thyroid Stimulating Hormone (TSH)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
TSH <i>Method : CLIA</i>	: 4.7	µIU/mL	Children: Birth-4d:1.0-39.0 2-20wk:1.7-9.1 21wk-20y:0.7-6.4 Adults: 21-54y:0.4-4.2 55-100y:0.5-8.9

Interpretation:

1.T3 &T4 values may be altered due to changes in serum proteins,pregnancy,drugs,nephrosis etc.In such cases Free T3 and Free T4 may give more appropriate thyroid status.T3 levels fluctuate rapidly to stress and non thyroid illness.

2.TSH values may be transiently altered in fever,severe infections,liver disease,renal and heart failure,severe burns,trauma and surgery.

3.Drugs that decrease TSH values include L-DOPA,Glucocorticoids,Heparin.Drugs that increase TSH include-Iodine,Lithium,Amiodarone.

4.TSH exhibits diurnal rythm,peaks at 2.00- 4.00AM and has lowest level at 5.00-6.00PM

Reference:

Beckman caliper study of pediatric Reference values.Beckman kit insert,Teitz Fundamentals of clinical chemistry.

Note :- Suggested Clinical Correlation *

****End Of Report****

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Age / Gender : **62 Y(s) / Female**
Phone :
Ref.Dr. : Doctor C
Req.No : **CHE072602830** - 40004789523
Report Status : Final

Sample Type : Plasma - F
Registered On : 23-07-2026 09:40
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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Glucose, Fasting (FBS)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Fasting Plasma Glucose <i>Method : Hexokinase</i>	: 86	mg/dL	Normal : 70 - 100 Prediabetes :100-125 Diabetic : >=126

Interpretation:

Criteria for diagnosis of Diabetes mellitus.

FPG >=126 mg/dL, Fasting is defined as no caloric intake for atleast 8 hours.

Remarks:

Fasting hypoglycemia may be observed in persons taking certain diabetes medications, antibiotics and alcoholic beverages. Additionally intestinal disorders, endocrine disorders, insulin surge, nature of diet, reduced food intake than usual and stress are among several other factors. Please correlate clinically.

Reference:American Diabetes association guidelines 2021.

Note :- Suggested Clinical Correlation *

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Lipid Profile

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total Cholesterol <i>Method : CHOD-POD</i>	: 229	mg/dL	Desirable: < 200 Borderline: 200 – 239 High: >= 240
HDL Cholesterol <i>Method : Enzymatic Immunoinhibition</i>	: 63.5	mg/dL	Major risk factor for heart disease: <40 Negative risk factor for heart disease: >60
LDL Cholesterol <i>Method : Calculation</i>	: 129.90	mg/dL	Optimal : < 100 Near Optimal : 100–129 Borderline High : 130-159 High : 160–189 Very Highy : > 190
VLDL <i>Method : Calculated</i>	: 35.60	mg/dL	6-38
Triglycerides <i>Method : Glycerol Phosphate Oxidase (GPO), Peroxidase (POD)</i>	: 178	mg/dL	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: >= 500
CHOL / HDL Ratio <i>Method : Calculation</i>	: 3.61		3.5-5.0
Non - HDL Cholesterol <i>Method : Calculated</i>	: 165.50	mg/dL	<130
LDL/HDL Ratio <i>Method : Calculated</i>	: 2.05	mg/dL	1.3-3.5

Reference:The National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III) Guidelines.

Note :- Suggested Clinical Correlation *

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Uric Acid, Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Uric Acid	: 6.4	mg/dL	2.6-6.0

Method : Uricase PAP(Phenyl AminoPhenazone)

Interpretation

Increased :

renal failure, gout, leukemia, polycythemia, and hemolytic anemia. decreased renal clearance due to drugs like thiazides

and furosemide, the use of drugs like barbiturates, some patients with alcoholism, high protein weight-reduction diet.

Decreased :

Use of uricosuric drugs like probenecid, Allopurinol, cortisone, estrogens, Fanconi syndrome, etc.

Reference : Beckman coulter kit insert

Note : Results released pertain to the specimen submitted and are dependent on the quality of the sample received by the laboratory. Repeat the test in case of clinical discordance.

Note :- Suggested Clinical Correlation *

****End Of Report****

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Thyroxine, Total (T4)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total T4	: 11.3	µg/dL	4.82-15.65

Method : CLIA

Interpretation:

1.T3 &T4 values may be altered due to changes in serum proteins, pregnancy, drugs, nephrosis etc. In such cases Free T3 and Free T4 may give more appropriate thyroid status. T3 levels fluctuate rapidly to stress and non thyroid illness.

2.TSH values may be transiently altered in fever, severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery.

3. Drugs that decrease TSH values include L-DOPA, Glucocorticoids, Heparin. Drugs that increase TSH include- Iodine, Lithium, Amiodarone

4. TSH exhibits diurnal rhythm, peaks at 2.00- 4.00AM and has lowest level at 5.00-6.00PM.

Reference:

Beckman caliper study of pediatric Reference values. Beckman kit insert, Teitz Fundamentals of clinical chemistry.

Note :- Suggested Clinical Correlation *

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DEPARTMENT OF CLINICAL BIOCHEMISTRY

Triiodothyronine, Total (T3)

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Total T3	: 1.51	ng/mL	0.87-1.78

Method : CLIA

Interpretation:

1.T3 &T4 values may be altered due to changes in serum proteins, pregnancy, drugs, nephrosis etc. In such cases Free T3 and Free T4 may give more appropriate thyroid status. T3 levels fluctuate rapidly to stress and non thyroid illness.

2.TSH values may be transiently altered in fever, severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery.

3. Drugs that decrease TSH values include L-DOPA, Glucocorticoids, Heparin. Drugs that increase TSH include- Iodine, Lithium, Amiodarone.

4. TSH exhibits diurnal rhythm, peaks at 2.00- 4.00AM and has lowest level at 5.00-6.00PM.

Reference:

Beckman caliper study of pediatric Reference values. Beckman kit insert, Teitz Fundamentals of clinical chemistry.

Note :- Suggested Clinical Correlation *

****End Of Report****

A. Sajitha

Dr.A Sajitha Begum
Consultant Pathologist

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