



Patient Name	: MR.VENKATA KRISHNAREDDY AKKEM	Age	: 32 YRS	Gender	: MALE
YH NO	: 600295210	Billed on	: 14/03/2026 10:00:15AM		
Diag.No.	: 5816867	Collected on	: 14/03/2026 10:23:21AM		
IP No.	: N/A	Received on	: 14/03/2026 10:40:17AM		
Specimen Type	: FLUORIDE PLASMA	Reported on	: 14/03/2026 01:12:06PM		
Ref.Doctor	: DR.YASHODA HOSPITAL -HITECH CITY - HEALTH CHECK	Location	: OPD		
		Report Status	: FINAL		

CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
FASTING PLASMA GLUCOSE	106.00	<100 - Non diabetic 100-125 - Prediabetic ≥126 Suggestive of Diabetes mellitus 80-130 Glycemic target in known diabetic	mg/dL
(Glucose oxidase peroxidase)			

M. Lakshman Kumar

DR.LAKSHMAN KUMAR.M. MD.
Consultant Biochemist



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IP No. : N/A	Received on : 14/03/2026 10:40:17AM	
Specimen Type : SERUM	Reported on : 14/03/2026 01:33:23PM	
Ref.Doctor : DR.YASHODA HOSPITAL -HITECH CITY - HEALTH CHECK	Location : OPD	Report Status : FINAL

CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
<u>BLOOD UREA WITH BUN</u>			
BLOOD UREA	27.40	19 - 43	mg/dL
(Urease)			
Comments : Elevated levels of urea are found in renal disorders, increase in also seen in extrarenal conditions such as cardiac failure, burns etc. Increase in also found in post renal conditions such as prostate enlargement etc. Decreased levels are found in pregnancy.			
UREA NITROGEN	13.00	9 - 20	mg/dL
(Calculated)			
URIC ACID	8.40	3.5 - 8.5	mg/dL
(Uricase / Peroxidase)			
Comments : Elevations of uric acid occur in renal failure, prerenal 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. Hydralazine is used as an antihypertensive agent. Interference tests show hydralazine causes approximately 16% negative bias in serum per 1.0 mg/dL of hydralazine.			
Vitamin B12	247	239 - 931	pg/mL
(Enhanced chemiluminescence)			
Comments : Reduced concentrations of vitamin B12 may indicate the presence of vitamin dependent anemia. Elevated concentrations of vitamin B12 have been associated with pregnancy, the use of oral contraceptives and multivitamins and in myeloproliferative diseases, such as chronic granulocytic leukemia and myelomonocytic leukemia.			

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IP No.	: N/A	Received on	: 14/03/2026 10:40:18AM		
Specimen Type	: WHOLE BLOOD	Reported on	: 14/03/2026 03:49:07PM		
Ref.Doctor	: DR.YASHODA HOSPITAL -HITECH CITY - HEALTH CHECK	Location	: OPD		
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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
HBA1C/GLYCATED HAEMOGLOBIN	6.00	< 5.7 % - Non diabetic 5.7 - 6.4 % - Pre diabetic >6.5 %-Suggestive diabetes mellitus 7 % - Glycemic target	%

(High performance liquid chromatography.)

Comments : Any sample with >15% HbA1c should be suspected of having a hemoglobin variant. HbA1c can be falsely low in liver cirrhosis, and can give a false assumption about control of the diabetic disease process. In this case, other biomarkers can be used to monitor glycemic control; by far frequent finger stick monitoring is the best method. (Clarke, Mathew, et al. Inaccuracies of Hemoglobin A1c in Liver Cirrhosis: A Case Report. Journal of Endocrinology and Metabolism 6.1 (2016): 30-32).

Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
<u>LIVER FUNCTION TESTS</u>			
TOTAL BILIRUBIN	0.87	Adults : 0.2- 1.3 0-1 Day (premature) : 1.0-8.0 0-1 Day (full term) : 2.0-6.0 1-2 Days (premature) : 6.0-12.0 1-2 Days (full term) : 6.0-10.0 3-5 Days (premature) : 10-14 3-5 Days (full term) : 4.0 -8.0	mg/dL
(Diazonium salt)			
Bc (Conjugated)	0.00	0 - 0.3	mg/dL
(Dual wave length colorimetric)			
Bu (UnConjugated)	0.70	0 - 1.1	mg/dL
(Dual wave length colorimetric)			
DIRECT BILIRUBIN	0.17	0 - 0.3	mg/dL
(Calculated)			
ALKALINE PHOSPHATASE	96.00	38 - 126	U/L
(PNPP - AMP Buffer)			
S G O T	38.00	17 - 59	U/L
(Alpha-ketoglutarate with pyridoxal 5phosphate)			
S G P T	63.00	0 - 50	U/L
(Pyridoxal 5 Phosphate (Lactate dehydrogenase/NADH) Kinetic)			
TOTAL PROTEIN	8.70	6.3 - 8.2	gms/dL
(Biuret)			

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval			Units
ALBUMIN (BCG)	5.00	3.5	-	5.1	gms/dL
GLOBULIN (Calculated)	3.70	2.3	-	3.5	gms/dL
A/G RATIO (Calculated)	1.40	1	-	2.1	

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
G G T	42.00	15 - 73	U/L

(G-glutamyl-p-nitroanilide)

Comments : Elevated bilirubin : May signify the magnitude of liver damage.

Bu (UnConjugated):

Bc + Bu may not be equal to T-Bil because of Delta Fractions. Delta bilirubin (covalently bound to albumin) is not included in conjugated bilirubin measured by the advanced technology. Delta Bilirubin has the same half-life as albumin, 2-3 weeks. After successful therapy for a patient with obstructive jaundice, conjugated bilirubin is expected to drop sharply and immediately. However, because of its long half-life, Delta Bilirubin remains elevated for weeks after the obstruction has cleared.

ALKALINE PHOSPHATASE :

Increase suggests biliary obstruction. Found in bile duct stones, malignant biliary obstruction, intrahepatic cholestasis etc.

S G O T :

Increase suggests hepatocellular necrosis. Found in various type of hepatitis like viral, drug induced, congestive etc.

S G P T :

Increase suggests hepatocellular necrosis. Found in various type of hepatitis like viral, drug induced, congestive etc.

ALBUMIN :

Certain drugs, including steroids, insulin, and hormones, can raise albumin levels. Other drugs, including birth control pills, can lower albumin levels. Albumin concentrations vary with posture Results from an upright posture may be 0.3gm/dL higher than from a recumbent posture

G G T :

Increased in ethanol intake, NAFLD.

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
<u>THYROID SCREEN (T3 T4 TSH)</u>			
T3	1.40	1-30 Days: 1.00 - 7.40 1-12 months:1.05-2.45 1-5 yrs :1.05 -2.69 6-10 yrs :0.94 - 2.41 11-15 yrs : 0.82-2.13 16-20 yrs: 0.8 - 2.10 >20 yrs :0.82 -1.58	ng/mL
(Enhanced Chemiluminiscence)			
T4	7.02	1-3 Days : 11.8 -22.6 1-2 Weeks : 9.9 - 16.6 1-4 Months : 7.2 - 14.4 4-12 Months :7.8 - 16.5 1-5 Yrs : 7.3 - 15.0 5-10 Yrs : 6.4 - 13.3 10-15 Yrs :5.6 - 11.7 15-60 yrs 4.6-10.5 >60 yrs 5- 10.7	µg/dL
(Enhanced Chemiluminiscence)			

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
T S H	3.86	0-4 Days : 1.0 - 39.0 1-23 Months : 0.5885 - 6.880 2-12 Yrs: 0.7291-4.402 13-21 Yrs: 0.4557-4.160 > 22 Yrs : 0.4001 - 4.049	μIU/mL

(Enhanced Chemiluminiscence)

Comments : TSH secretion by the anterior pituitary is controlled by thyrotropin releasing hormone, a tripeptide produced by the hypothalamus. TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The circulating free fractions of T4 and T3 in turn regulate the secretion of TSH by a negative feedback mechanism at the pituitary and possibly the hypothalamus. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism.

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
<u>LIPID PROFILE</u>			
TOTAL CHOLESTEROL	184	Desirable less than 200 Borderline high 200-239 High more than 239	mg/dL
(CHOD-POD)			
H D L CHOLESTEROL	28.80	40 - 60	mg/dL
(Mgcl ₂ precipitation - CHOD-POD)			
L D L CHOLESTEROL	101.00	Optimal less than 100 Near/above optimal 100-129 Borderline high 130-159 High 160 - 189 Very high - more than 189	mg/dL
(Calculated / Direct)			
V L D L CHOLESTEROL	54.00	Normal less than 30	mg/dL
(Calculated)			
TRIGLYCERIDES	268.00	Normal less than 150 Border line 150-199 High risk 200-499 Very high more than 500	mg/dL
Glycerol Phosphate Oxidase (GPO)			
CHOL / HDL-C RATIO	6.00		
(Calculated)			

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
NON HDL-C	155.20	Goal less than 130 mg/dL High risk patients less than 100 mg/dL	mg/dL

(Calculated)

Comments : If Triglycerides >400 LDL is measured directly. Triglyceride >800mg/dL is associated with risk of acute pancreatitis. Some secondary causes of LDL increase are nephrotic syndrome, hypothyroidism, cholestatic liver disease. Increased HDL can be seen in pregnancy, oestrogen treatment, alcohol intake, exercise, anticonvulsant therapy, pesticides, inherited condition. The above reference ranges are applicable only for fasting samples.

CREATININE	0.94	0.66 - 1.25	mg/dL
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(Creatinine amidohydrolase)

Comments : Increase in serum creatinine occurs in renal disorders, CHF, shock and also in patient taking aminoglycosides and penicillins.

P S A (PROSTATE SPECIFIC ANTIGEN)	0.57	0 - 4	ng/mL
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(Enhanced Chemiluminescence)

Comments : INTERPRETATION:

Elevated concentrations of PSA in serum are generally indicative of a pathologic condition of the prostate (prostatitis, benign hyperplasia or carcinoma).

The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.

An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

LIMITATIONS:

Samples should not be taken from patients receiving therapy with high biotin doses (i.e > 5 mg/day) until at least 8 hours following the last biotin administration.

Heterophilic antibodies in serum or plasma samples may cause interference in Immunoassays. These antibodies may be present in blood samples from individuals regularly exposed to animals or who have been treated with animal serum products. Results that are inconsistent with clinical observations indicate the need for additional testing.

For diagnostic purposes, the results should always be assessed in conjunction with the patient's medical history, clinical examination and other findings.

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CLINICAL BIOCHEMISTRY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
VITAMIN D TOTAL (25 OH)	19.20	<20 : Deficient 20-<30 : Insufficient 30-100 : Sufficient >100 : Potential Toxicity	ng/mL

(Enhanced chemiluminiscence)

Comments : Limitations :-
Heterophilic antibodies in serum or plasma samples may cause interference in Immunoassays. These antibodies may be present in blood samples from individuals regularly exposed to animals or who have been treated with animal serum products. Results that are inconsistent with clinical observations indicate the need for additional testing.

----- END OF TEST REPORT -----

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Typed By : LAKPATHC01

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Kindly co- relate results with clinical findings.

Hi-tech City



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Specimen Type : EDTA WHOLE BLOOD	Reported on : 14/03/2026 11:02:00AM	
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HAEMATOLOGY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Results	Biological Ref Interval	Units
HAEMOGRAM			
HAEMOGLOBIN (SLS hemoglobin)	14.60	13 - 17	g/dl
TOTAL RBC COUNT (Hydrodynamic focusing & DC detection method)	5.79	4.5 - 5.5	million/cu mm
PACKED CELL VOLUME (P C V)/HCT (Cumulative pulse height detection method)	45.20	40 - 50	%
<u>RBC INDICES</u> (Calculated Parameters)			
Mean Corpuscular Volume (M C V)	78.10	83 - 101	fL
Mean Corpuscular Hemoglobin (M C H)	25.20	27 - 32	pg
Mean Corpuscular Hemoglobin Concentration (M C H C)	32.3	31.5 - 34.5	g/dl
Red Cell Distribution Width (RDW-CV)	13.90	11.6 - 14	%
PLATELET COUNT (Hydrodynamic focusing and DC detection/microscopy)	4.31	1.5 - 4.1	lakhs/cu mm
Mean Platelet Volume (M P V) (Calculated parameter)	8.40	7.5 - 11.5	fL
TOTAL WBC COUNT (Fluorescence Flow cytometry)	9820.00	4000 - 10000	cells/cu mm
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	54.80	40 - 80	%
Lymphocytes	31.70	20 - 40	%
Eosinophils	5.80	1 - 6	%



DR.SUKANYA YENNI MD.
Consultant Pathologist



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HAEMATOLOGY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Results	Biological Ref Interval	Units
Monocytes	6.90	2 – 10	%
Basophils	0.80	0 – 1	%
(Fluorescence Flow cytometry & Microscopy)			
<u>ABSOLUTE COUNTS</u>			
Neutrophil	5380.00	2000 – 7000	cells/cu mm
Lymphocyte	3110.00	1000 – 3000	cells/cu mm
Eosinophil	570.00	20 – 500	cells/cu mm
Monocyte	680.00	200 – 1000	cells/cu mm
Basophil	80.00	20 – 100	cells/cu mm

(Calculated Parameters)

PERIPHERAL SMEAR

RBC Morphology	Normocytic normochromic, microcytic hypochromic
W B C	Normal in count and distribution
Platelets on Smear	Adequate

(Microscopy, Leishman stain)

Note : This report is generated from the given sample.
For requirement of scattergrams a requisition may please be sent.

----- END OF TEST REPORT -----



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Typed By : SUKPATHC01

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Kindly co- relate results with clinical findings.

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HAEMATOLOGY GROUPING

TEST

RESULTS

BLOOD GROUPING ABO & RH TYPING

BLOOD GROUPING	: 'AB'
RH - TYPING	: Rh D Positive
FINAL IMPRESSION	: AB Rh D Positive

(Methodology: Automated Microplate hemagglutination assay)

Comments : This test is performed using both cell and serum grouping methods. In case of blood grouping discrepancy, clinical correlation and repeat sample analysis is recommended. For Infants below 6 months only forward grouping is performed.

----- END OF TEST REPORT -----



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Kindly co- relate results with clinical findings.

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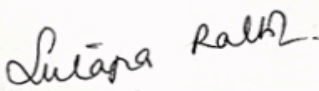
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DEPARTMENT OF IMMUNO-SEROLOGY

ACCENTURE ANNUAL HEALTH PACKAGE MALE/FEMALE

Test	Result	Biological Ref Interval	Units
Screening Test for Hepatitis B Surface Antigen (HBsAg)	Non-Reactive		
Test Value	0.40	<1.00:Non Reactive >=1.00: Reactive	S/CO
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY (CMIA)			
Comments: 1. This is only a screening test for detection of Hepatitis B surface antigen. 2. All reactive cases to be confirmed with further supplementary confirmatory testing like PCR and other hepatitis markers. 3. Results should be interpreted in conjunction with clinical history, hepatitis markers and other laboratory parameters. 4. Limitations: Specimens from patients who have heterophile antibodies or Human Anti Mouse antibodies (HAMA) can react with reagent immunoglobulins causing interference with the immunoassay.			

-----END OF TEST REPORT -----



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Consultant Microbiologist.

Typed By : LB9071

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YH NO.	: 600295210	Billed on	: 14/03/2026 10:00:15AM		
Diag.No.	: 5816867	Collected on	: 14/03/2026 11:31:32AM		
IP No.	: N/A	Received on	: 14/03/2026 11:36:29AM		
Specimen Type	: URINE	Reported on	: 14/03/2026 12:44:30PM		
Ref.Doctor	: DR.YASHODA HOSPITAL -HITECH CITY - HEALTH CHECK	Location	: OPD		
		Report Status	: FINAL		

CLINICAL PATHOLOGY

Test	Results	Biological Ref Interval	Units
COMPLETE URINE EXAMINATION			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	LIGHT YELLOW	STRAW/PALE YELLOW	
APPEARANCE (Colorimetry/Visual Examination)	CLEAR	CLEAR	
<u>CHEMICAL EXAMINATION</u>			
SPECIFIC GRAVITY (Transmission Refractometry)	1.03	1.003 - 1.035	
pH (Reflectance Photometry)	5.5 (ACIDIC)	4.6 - 8.0	
PROTEINS (Reflectance Photometry)	NIL	NIL	
SUGAR (Reflectance Photometry)	NIL	NIL	
KETONE (Reflectance Photometry)	NEGATIVE	NEGATIVE	
BILIRUBIN (Reflectance Photometry, Azo coupling)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Reflectance Photometry, Azo coupling)	NORMAL	0.5 - 2.5	mg/dL
NITRITE (Reflectance Photometry, Griess)	NEGATIVE	NEGATIVE	
LEUKOCYTE ESTERASE (Reflectance Photometry)	NIL	NIL	
<u>MICROSCOPIC EXAMINATION</u>			



DR.SUKANYA YENNI MD.
Consultant Pathologist



Patient Name : MR.VENKATA KRISHNAREDDY AKKEM	Age : 32 YRS	Gender : MALE
YH NO. : 600295210	Billed on : 14/03/2026 10:00:15AM	
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CLINICAL PATHOLOGY

Test	Results	Biological Ref Interval	Units
PUS CELLS	1	0 - 5	Cells/HPF
SQUAMOUS EPITHELIAL CELLS	1	0 - 5	Cells/HPF
RED BLOOD CELLS	2	0 - 2	Cells/HPF
NON SQUAMOUS EPITHELIAL CELLS	1	0 - 2	Cells/HPF
RENAL TUBULAR EPITHELIAL CELLS	1	0 - 1	Cells/HPF
GRANULAR CASTS	Nil	NIL	Cells/HPF
HYALINE CASTS	Nil	NIL	Cells/HPF
CRYSTALS	Nil	NIL	Cells/HPF
YEAST	Nil	NIL	Cells/HPF
BACTERIA	5	ABSENT	Cells/HPF

(Flowcytometry / Manual microscopy)



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Patient Name :	MR.VENKATA KRISHNAREDDY AKKEM	Age :	32 YRS	Gender:	MALE
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Ref.Doctor :	DR.YASHODA HOSPITAL -HITECH CITY - HEALTH CHECK	Location :	OPD		
		Report Status :	FINAL		

CLINICAL PATHOLOGY

Test	Results	Biological Ref Interval	Units
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Comments :

Parameters	Assessment				
URO	1+ 2.0	2+ 4.0	3+ 8.0	4+ 12.0	- mg/dL
PRO	+ 15	1+ 30	2+ 100	3+ 300	4+ 1000 - mg/dL
GLU	+ 50	1+ 100	2+ 250	3+ 500	4+ 2000 - mg/dL
KET	1+ 10	2+ 30	3+ 80		mg/dL
BIL	1+ 0.5	2+ 1.0	3+ 2.0		mg/dL
LEU	1+ 25	2+ 75	3+ 500		c/uL

1. BILIRUBIN:False low or negative results may be due to large amounts of Vitamin C or nitrite in urine.
2. PROTEIN:False positive results are possible in high alkaline urine samples (pH>9) and in the presence of high specific gravity.
3. KETONES:Phthalein compounds may mask the coloration of ketones.
4. GLUCOSE:High concentrations of ascorbic acid in urine lead to lower/false negative result.
5. Positive Leucocyte esterase : indicates significant number of neutrophils either intact or lysed (not visible microscopically)
6. Nitrite : Testing modality for indirect assessment of bacteria.

----- END OF TEST REPORT -----



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Typed By : SUKPATHC01

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Kindly co- relate results with clinical findings.

Hi-tech City