

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217075             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Whole Blood EDTA                   | Reported On   | : 15-Sep-2023 03:02 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**HAEMATOLOGY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

|   |   |  |            |                   |
|---|---|--|------------|-------------------|
| <b>Erythrocyte Sedimentation Rate (ESR)</b> | 5 |  | 10 or less | Westergren method |
|---|---|--|------------|-------------------|

**Comments :** ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

**Complete Blood Count (CBC)**

|                      |      |                     |           |                |
|----------------------|------|---------------------|-----------|----------------|
| Haemoglobin (Hb)     | 14.7 | g/dL                | 13-17     | Cynmeth Method |
| RBC Count            | 5.33 | 10 <sup>12</sup> /L | 4.5-5.5   | Cell Impedance |
| Total WBC Count      | 6.9  | 10 <sup>9</sup> /L  | 4.0-10.0  | Impedance      |
| Platelet Count (PLT) | 343  | 10 <sup>9</sup> /L  | 150-410   | Cell Impedance |
| Haematocrit (HCT)    | 44.8 | %                   | 40-50     | Calculated     |
| MCV                  | 84   | fl                  | 81-101    | Calculated     |
| MCH                  | 27.6 | pg                  | 27-32     | Calculated     |
| MCHC                 | 32.9 | g/dL                | 32.5-34.5 | Calculated     |
| RDW-CV               | 13.6 | %                   | 11.6-14.0 | Calculated     |

**Differential Count by Flowcytometry /Microscopy**

|             |    |   |       |                |
|-------------|----|---|-------|----------------|
| Neutrophils | 61 | % | 40-70 | Cell Impedance |
| Lymphocytes | 32 | % | 20-40 | Cell Impedance |
| Monocytes   | 04 | % | 2-10  | Microscopy     |
| Eosinophils | 03 | % | 1-6   | Microscopy     |
| Basophils   | 0  | % | 1-2   | Microscopy     |

**Smear**

|           |                                       |            |
|-----------|---------------------------------------|------------|
| WBC       | Within normal limits.                 |            |
| RBC       | Normocytic normochromic blood picture |            |
| Platelets | Adequate                              | Microscopy |



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

terms and conditions overleaf. Partial Reproduction of this report is not Permitted

Swarnabala . M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217077, 24217074   |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Plasma-NaF(F), Serum               | Reported On   | : 15-Sep-2023 05:46 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

| Test Name                  | Results | Units | Ref. Range | Method  |
|----------------------------|---------|-------|------------|---------|
| <b>Glucose Fasting (F)</b> | 99      | mg/dL | 70-100     | GOD-POD |

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis   | FastingPlasma Glucose(mg/dL) | 2hrsPlasma Glucose(mg/dL) | HbA1c(%) | RBS(mg/dL)           |
|-------------|------------------------------|---------------------------|----------|----------------------|
| Prediabetes | 100-125                      | 140-199                   | 5.7-6.4  | NA                   |
| Diabetes    | > = 126                      | > = 200                   | > = 6.5  | >=200(with symptoms) |

Reference: Diabetes care 2018:41(suppl.1):S13-S27

|                              |      |       |          |                                     |
|------------------------------|------|-------|----------|-------------------------------------|
| <b>Calcium</b>               | 8.7  | mg/dL | 8.5-10.1 | o-cresolphthalein complexone (OCPC) |
| <b>CA125 - Cancer Marker</b> | 28.7 | U/mL  | < 35.0   | CLIA                                |

**Interpretation:**

The CA-125 blood test measures the level of the protein CA-125 in the blood. CA-125 is a protein that is found more in ovarian cancer cells than in other cells. This blood test is often used to monitor women who have been diagnosed with ovarian cancer. The test is useful if the CA-125 level was high when the cancer was first diagnosed. In these cases, measuring the CA-125 over time is a good tool to determine if ovarian cancer treatment is working. The CA-125 test may also be done if a woman has symptoms or findings on ultrasound that suggest ovarian cancer. In general, this test is not used to screen healthy women for ovarian cancer when a diagnosis has not yet been made. In a woman who has ovarian cancer, a rise in CA-125 usually means that the disease has progressed or come back (recurred). A decrease in CA-125 usually means the disease is responding to current treatment. In a woman who has not been diagnosed with ovarian cancer, a rise in CA-125 may mean a number of things. While it may mean that she has ovarian cancer, it can also indicate other types of cancer, as well as several other diseases, such as endometriosis, which are not cancer. In healthy women, an elevated CA-125 usually does not mean ovarian cancer is present. Most healthy women with an elevated CA-125 do not have ovarian cancer, or any other cancer. Any woman with an abnormal CA-125 test needs further tests. Sometimes surgery is needed to confirm the cause.

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217074             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 15-Sep-2023 04:55 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name               | Results     | Units | Ref. Range | Method     |
|-------------------------|-------------|-------|------------|------------|
| <b>Lipid Profile</b>    |             |       |            |            |
| Cholesterol Total       | <b>222</b>  | mg/dL | < 200      | CHOD-POD   |
| Triglycerides-TGL       | <b>505</b>  | mg/dL | < 150      | GPO-POD    |
| Cholesterol-HDL         | <b>32</b>   | mg/dL | 40-60      | Direct     |
| Cholesterol-LDL         | 89          | mg/dL | < 100      | Calculated |
| Cholesterol- VLDL       | <b>101</b>  | mg/dL | 7-35       | Calculated |
| Non HDL Cholesterol     | <b>190</b>  | mg/dL | < 130      | Calculated |
| Cholesterol : HDL Ratio | <b>6.94</b> | %     | 0-4.0      | Calculated |
| LDL:HDL Ratio           | 2.78        | %     | 0-3.5      | Calculated |

Sample Grossly Lipemic

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

| NCEP Recommendations | Cholesterol Total in (mg/dL)       | Triglycerides in (mg/dL) | HDL Cholesterol (mg/dL) | LDL Cholesterol in (mg/dL)          | Non HDL Cholesterol in (mg/dL) |
|----------------------|------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------------|
| Optimal              | Adult: < 200<br>Children: < 170    | < 150                    | 40-59                   | Adult:<100<br>Children: <110        | <130                           |
| Above Optimal        | -----                              | -----                    |                         | 100-129                             | 130 - 159                      |
| Borderline High      | Adult: 200-239<br>Children:171-199 | 150-199                  |                         | Adult: 130-159<br>Children: 111-129 | 160 - 189                      |
| High                 | Adult:>or=240<br>Children:>or=200  | 200-499                  | <b>≥ 60</b>             | Adult:160-189<br>Children:>or=130   | 190 - 219                      |
| Very High            | -----                              | >or=500                  |                         | Adult: >or=190<br>-----             | >=220                          |

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217074             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 15-Sep-2023 04:55 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name                 | Results | Units  | Ref. Range | Method                              |
|---------------------------|---------|--------|------------|-------------------------------------|
| <b>Kidney Profile-KFT</b> |         |        |            |                                     |
| Urea                      | 22.8    | mg/dL  | 12.8-42.8  | Glutamate dehydrogenase+Calculation |
| Creatinine -Serum         | 0.75    | mg/dL  | 0.70-1.30  | Sarcosine oxidase                   |
| Uric Acid                 | 4.2     | mg/dL  | 3.5-7.2    | Uricase                             |
| Sodium                    | 145     | mmol/L | 136-145    | ISE Direct                          |
| Potassium                 | 4.2     | mmol/L | 3.5-5.1    | ISE Direct                          |
| Chloride                  | 101     | mmol/L | 98-108     | ISE Direct                          |

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**



**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217074             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 15-Sep-2023 04:55 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name                             | Results | Units | Ref. Range | Method                   |
|---------------------------------------|---------|-------|------------|--------------------------|
| <b>Liver Function Test (LFT)</b>      |         |       |            |                          |
| Bilirubin(Total)                      | 0.4     | mg/dL | 0.3-1.2    | Diazo                    |
| Bilirubin (Direct)                    | 0.2     | mg/dL | 0.0 - 0.5  | Diazo                    |
| Bilirubin (Indirect)                  | 0.2     | mg/dL | 0.2-1.0    | Calculated               |
| Aspartate Aminotransferase (AST/SGOT) | 18      | U/L   | 5-40       | IFCC with out (P-5-P)    |
| Alanine Aminotransferase (ALT/SGPT)   | 38      | U/L   | 0-55       | IFCC with out (P-5-P)    |
| Alkaline Phosphatase(ALP)             | 74      | U/L   | 40-150     | Kinetic PNPP-AMP         |
| Gamma Glutamyl Transpeptidase (GGTP)  | 42      | U/L   | 15-85      | IFCC                     |
| Protein - Total                       | 6.6     | g/dL  | 6.4-8.2    | Biuret                   |
| Albumin                               | 3.6     | g/dL  | 3.4-5.0    | Bromocresol purple (BCP) |
| Globulin                              | 3       | g/dL  | 2.0-4.2    | Calculated               |
| A:G Ratio                             | 1.2     | %     | 0.8-2.0    | Calculated               |

- **Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
- **Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
- **Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
- **Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
- **Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
- **Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217074             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | : Whole Blood                        | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Serum                              | Reported On   | : 15-Sep-2023 03:46 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

**Thyroid Profile-I(TFT)**

|   |        |        |          |      |
|---|--------|--------|----------|------|
| <b>T3 (Triiodothyronine)</b>            | 165.32 | ng/dL  | 70-204   | CLIA |
| <b>T4 (Thyroxine)</b>                   | 9.4    | µg/dL  | 3.2-12.6 | CLIA |
| <b>TSH -Thyroid Stimulating Hormone</b> | 2.21   | µIU/mL | 0.35-5.5 | CLIA |

**Pregnancy & Cord Blood**

| T3 (Triiodothyronine):                | T4 (Thyroxine)                | TSH (Thyroid Stimulating Hormone)  |
|---------------------------------------|-------------------------------|------------------------------------|
| First Trimester : 81-190 ng/dL        | 15 to 40 weeks:9.1-14.0 µg/dL | First Trimester : 0.24-2.99 µIU/mL |
| Second&Third Trimester :100-260 ng/dL |                               | Second Trimester: 0.46-2.95 µIU/mL |
|                                       |                               | Third Trimester : 0.43-2.78 µIU/mL |
| Cord Blood: 30-70 ng/dL               | Cord Blood: 7.4-13.0 µg/dL    | Cord Blood: : 2.3-13.2 µIU/mL      |

**Interpretation:**

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

|                    |                                      |               |                        |
|--------------------|--------------------------------------|---------------|------------------------|
| Name               | : Mr. D RAMESH                       | Sample ID     | : 24217081             |
| Age/Gender         | : 45 Years/Male                      | Reg. No       | : 0312309150002        |
| Referred by        | : Dr. SELF                           | SPP Code      | : SPL-CV-172           |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS         | Collected On  | : 15-Sep-2023 08:17 AM |
| Primary Sample     | :                                    | Received On   | : 15-Sep-2023 12:24 PM |
| Sample Tested In   | : Urine                              | Reported On   | : 15-Sep-2023 02:39 PM |
| Client Address     | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report         |

**CLINICAL PATHOLOGY**

**HEALTH PROFILE A-1 PACKAGE**

| Test Name                                   | Results     | Units | Ref. Range           | Method   |
|---|-------------|-------|----------------------|--|
| <b>Complete Urine Analysis (CUE)</b>        |             |       |                      |  |
| <b>Physical Examination</b>                 |             |       |                      |  |
| Colour                                      | Pale Yellow |       | Straw to light amber |  |
| Appearance                                  | Clear       |       | Clear                |  |
| <b>Chemical Examination</b>                 |             |       |                      |  |
| Glucose                                     | Negative    |       | Negative             | Strip Reflectance                                      |
| Protein                                     | Absent      |       | Negative             | Strip Reflectance                                      |
| Bilirubin (Bile)                            | Negative    |       | Negative             | Strip Reflectance                                      |
| Urobilinogen                                | Negative    |       | Negative             | Ehrlichs reagent                                       |
| Ketone Bodies                               | Negative    |       | Negative             | Strip Reflectance                                      |
| Specific Gravity                            | 1.010       |       | 1.000 - 1.030        | Strip Reflectance                                      |
| Blood                                       | Negative    |       | Negative             | Strip Reflectance                                      |
| Reaction (pH)                               | 5.5         |       | 5.0 - 8.5            | Reagent strip Reflectance - Double indicator Principle |
| Nitrites                                    | Negative    |       | Negative             | Strip Reflectance                                      |
| Leukocyte esterase                          | Negative    |       | Negative             | Reagent Strip Reflectance                              |
| <b>Microscopic Examination (Microscopy)</b> |             |       |                      |  |
| PUS(WBC) Cells                              | 01-02       | /hpf  | 00-05                | Microscopy   |
| R.B.C.                                      | Nil         | /hpf  | Nil                  | Microscopic  |
| Epithelial Cells                            | 01-02       | /hpf  | 00-05                | Microscopic  |
| Casts                                       | Absent      |       | Absent               | Microscopic  |
| Crystals                                    | Absent      |       | Absent               | Microscopic  |
| Bacteria                                    | Nil         |       | Nil                  |  |
| Budding Yeast Cells                         | Nil         |       | Absent               | Microscopy   |
| Others                                      | -           |       |                      | Microscopic  |

**Comments :**

Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity.

Correlate Clinically.

Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

terms and conditions overleaf. Partial Reproduction of this report is not Permitted

Swarnabala .M  
DR.SWARNA BALA  
MD PATHOLOGY