

REPORT

Name	: Mr. T JANARDHAN REDDY	Sample ID	: 24854201
Age/Gender	: 78 Years/Male	Reg. No	: 0312309290004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 09:24 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Sep-2023 01:51 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
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Erythrocyte Sedimentation Rate (ESR)	25		30 or less	Westergren method
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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)	13.7	g/dL	13-17	Cynmeth Method
RBC Count	4.51	10 ¹² /L	4.5-5.5	Cell Impedance
Total WBC Count	5.8	10 ⁹ /L	4.0-10.0	Impedance
Platelet Count (PLT)	150	10 ⁹ /L	150-410	Cell Impedance
Haematocrit (HCT)	41.1	%	40-50	Calculated
MCV	91	fl	81-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	33.2	g/dL	32.5-34.5	Calculated
RDW-CV	13.8	%	11.6-14.0	Calculated

Differential Count by Flowcytometry /Microscopy

Neutrophils	62	%	40-70	Cell Impedance
Lymphocytes	30	%	20-40	Cell Impedance
Monocytes	05	%	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

*** End Of Report ***

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD
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Swarnabala . M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. T JANARDHAN REDDY	Sample ID	: 24854202
Age/Gender	: 78 Years/Male	Reg. No	: 0312309290004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 09:24 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2023 02:20 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
Kidney Profile-KFT				
Urea	23.9	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Creatinine -Serum	1.17	mg/dL	0.70-1.30	Sarcosine oxidase
Uric Acid	6.48	mg/dL	3.5-7.2	Uricase
Sodium	142	mmol/L	136-145	ISE Direct
Potassium	4.6	mmol/L	3.5-5.1	ISE Direct
Chloride	100	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 ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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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
Liver Function Test (LFT)				
Bilirubin(Total)	1.0	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.3	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.7	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	18	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	52	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	16	U/L	15-85	IFCC
Protein - Total	6.6	g/dL	6.4-8.2	Biuret
Albumin	3.8	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.36	%	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 ***

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 09:24 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2023 01:22 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
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Thyroid Profile-I(TFT)

T3 (Triiodothyronine)	124.65	ng/dL	40-181	CLIA
T4 (Thyroxine)	9.2	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	4.24	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.

*** End Of Report ***

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REPORT

Name	: Mr. T JANARDHAN REDDY	Sample ID	: 24854212
Age/Gender	: 78 Years/Male	Reg. No	: 0312309290006
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 09:24 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 30-Sep-2023 08:46 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Digoxin(DIG)	< 0.30	ng/mL	Therapeutic range:0.8-2.0 Toxic range in Adults:>2.0 Toxic range in Children:>4.0	CLIA

Interpretation:

A digoxin test checks how much digoxin you have in your blood. Digoxin is a type of medicine called a cardiac glycoside. It is used to treat certain heart problems. The main purpose of this test is to determine the best dosage of digoxin and prevent side effects. It is important to monitor the level of digitalis medicines such as digoxin. That is because the difference between a safe treatment level and a harmful level is small. Abnormal results may mean you are getting too little or too much digoxin. A very high value could mean that you have or are likely to develop a digoxin overdose (toxicity).



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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Sep-2023 09:24 AM
Primary Sample	: Whole Blood	Received On	: 29-Sep-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 29-Sep-2023 04:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
B type Natriuretic Peptide NT-Pro (BNP)	1300	pg/mL	Refer Interpretation	Up-converting Phosphor Technology

Interpretation:

Positive result: Age :≤75, ≥450 pg/mL
Age :>75, ≥900 pg/mL

Negative result: Age: ≤75, < 450 pg/mL
Age :>75, < 900 pg/mL

- age ≤75 : < 450 pg/mL: The low risk of congestive heart failure
: ≥450 pg/mL: The high risk of congestive heart failure
- age >75 : < 900pg/mL: The low risk of congestive heart failure
: ≥900 pg/mL: The high risk of congestive heart failure

Correlate Clinically.

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*** End Of Report ***



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