

**REPORT**

Name	: Mrs. C H BHARATI	Sample ID	: 24854296
Age/Gender	: 49 Years/Female	Reg. No	: 0312310130015
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Oct-2023 08:44 AM
Primary Sample	: Whole Blood	Received On	: 13-Oct-2023 12:59 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Oct-2023 01:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	12.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>37.8</b>	%	40-50	Calculated
RBC Count	<b>4.26</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	89	fl	81-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	<b>32.2</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>14.1</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	346	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	6.5	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	64	%	40-70	Cell Impedence
Lymphocytes	30	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	4.16	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.95	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.26	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.13	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining

Result rechecked and verified for abnormal cases

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

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\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M  
DR.SWARNA BALA  
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Oct-2023 08:44 AM
Primary Sample	: Whole Blood	Received On	: 13-Oct-2023 12:59 PM
Sample Tested In	: Serum	Reported On	: 13-Oct-2023 05:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>25 - Hydroxy Vitamin D</b>	<b>21.58</b>	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

**Interpretation:**

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

**Those who are at high risk of having low levels of vitamin D include:**

- people who don't get much exposure to the sun
- older adults
- people with obesity.
- dietary deficiency

**Increased Levels:**

- Vitamin D Intoxication

Method : CLIA

<b>Vitamin- B12 (cyanocobalamin)</b>	<b>447</b>	pg/mL	200-911	CLIA
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**Interpretation:**

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

**Causes of vitamin B12 deficiency include:Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Result rechecked and verified for abnormal cases

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

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

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Primary Sample	: Whole Blood	Received On	: 13-Oct-2023 12:59 PM
Sample Tested In	: Serum	Reported On	: 13-Oct-2023 03:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

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 - 0.2	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	31	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	30	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	70	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	5-55	IFCC
Protein - Total	7.3	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.3	g/dL	2.0-4.2	Calculated
A:G Ratio	1.21	%	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.

Correlate Clinically.

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



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