

**REPORT**

Name	: Mrs. SOWJANYA	Sample ID	: 24854704
Age/Gender	: 23 Years/Female	Reg. No	: 0312310160004
Referred by	: Dr. HARITHA P	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Oct-2023 08:43 AM
Primary Sample	: Whole Blood	Received On	: 16-Oct-2023 12:35 PM
Sample Tested In	: Citrated Plasma	Reported On	: 16-Oct-2023 03:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

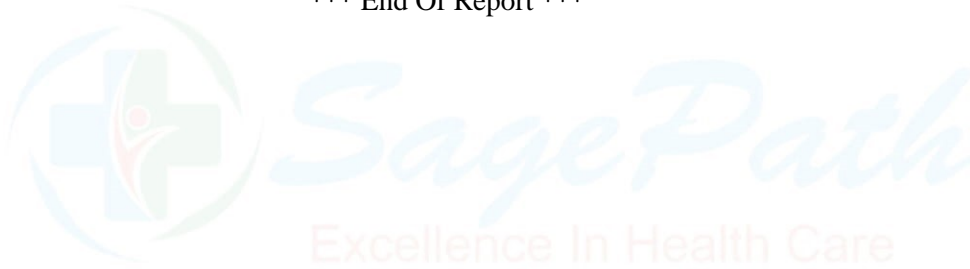
**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Activated Partial Thromboplastin Time (APTT/PTTK)</b>				
Patient Value	<b>40.90</b>	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

**Comments:**APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

Result rechecked and verified for abnormal cases

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



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**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>PROTHROMBIN TIME (P TIME)</b>				
PT-Patient Value	16.5	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.27			
PT INR	1.30		0.9-1.2	

**Interpretation :**

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

**Note**

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Result rechecked and verified for abnormal cases

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



Swarnabala . M  
DR.SWARNA BALA  
MD PATHOLOGY

\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Oct-2023 08:43 AM
Primary Sample	: Whole Blood	Received On	: 16-Oct-2023 12:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Oct-2023 01:00 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)	10.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	31.3	%	40-50	Calculated
RBC Count	3.57	10 <sup>12</sup> /L	4.5-5.5	Cell Impedance
MCV	88	fl	81-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	32.5	g/dL	32.5-34.5	Calculated
RDW-CV	18.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	211	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	7.3	10 <sup>9</sup> /L	4.0-10.0	Impedance
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	70	%	40-70	Cell Impedance
Lymphocytes	23	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.11	10 <sup>9</sup> /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	1.68	10 <sup>9</sup> /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.37	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.15	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	Anisocytosis with Normocytic normochromic			PAPs Staining

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Swarnabala .M  
DR.SWARNA BALA  
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Oct-2023 08: 43 AM
Primary Sample	: Whole Blood	Received On	: 16-Oct-2023 12: 35 PM
Sample Tested In	: Serum	Reported On	: 16-Oct-2023 04: 19 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)	0.7	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.6	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	32	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	11	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	148	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	6	U/L	5-55	IFCC
Protein - Total	<b>6.0</b>	g/dL	6.4-8.2	Biuret
Albumin	<b>2.9</b>	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.1	g/dL	2.0-4.2	Calculated
A:G Ratio	0.94	%	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 \*\*\*



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