

REPORT

Name	: Mrs. PRISCILLA	Sample ID	: 24854539
Age/Gender	: 23 Years/Female	Reg. No	: 0312310240019
Referred by	: Dr. VIJAY KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Oct-2023 05:06 PM
Primary Sample	:	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Urine	Reported On	: 24-Oct-2023 07:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Protein - Random Urine	8.95	mg/dL	1-14	Pyrogallol Red
Creatinine - Random Urine	174.32	mg/dL	16-327	kinetic Jaffe reaction.
Protein/Creatinine Ratio	0.05		< 0.20	Calculated

Interpretation:

The urine protein test measures the amount of protein being excreted in the urine. Proteinuria is frequently seen in chronic diseases, such as diabetes and hypertension, with increasing amounts of protein in the urine reflecting increasing kidney damage. With early kidney damage, the affected person is often asymptomatic. As damage progresses, or if protein loss is severe, the person may develop symptoms such as edema, shortness of breath, nausea, and fatigue. Excess protein overproduction, as seen with multiple myeloma, lymphoma, and amyloidosis, can also lead to proteinuria. Creatinine, a byproduct of muscle metabolism, is normally released into the urine at a constant rate.

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. PRISCILLA	Sample ID	: 24854550
Age/Gender	: 23 Years/Female	Reg. No	: 0312310240019
Referred by	: Dr. VIJAY KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Oct-2023 05:06 PM
Primary Sample	: Whole Blood	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Oct-2023 07:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	11.4	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	34.0	%	40-50	Calculated
RBC Count	4.28	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.5	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	271	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	11.1	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	59	%	40-70	Cell Impedence
Lymphocytes	37	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6.55	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	4.11	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.22	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.22	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture. with Leucocytosis			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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Primary Sample	: Whole Blood	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Oct-2023 08:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	8		10 or less	Westergren method



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Swarnabala . M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRISCILLA	Sample ID	: 24854549, 24854552
Age/Gender	: 23 Years/Female	Reg. No	: 0312310240019
Referred by	: Dr. VIJAY KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Oct-2023 05:06 PM
Primary Sample	: Whole Blood	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 24-Oct-2023 07:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	124	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Rheumatoid Factor, RA	12.9	IU/mL	<20.0	Immunoturbidometry
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Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

*** End Of Report ***

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Lashmini
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referred by	: Dr. VIJAY KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Oct-2023 05:06 PM
Primary Sample	: Whole Blood	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Serum	Reported On	: 24-Oct-2023 07:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	10	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	46	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	12	U/L	5-55	IFCC
Protein - Total	6.5	g/dL	6.4-8.2	Biuret
Albumin	3.6	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.24	%	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.

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Primary Sample	: Whole Blood	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Serum	Reported On	: 24-Oct-2023 07:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	114.36	ng/dL	70-204	CLIA
T4 (Thyroxine)	9.8	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	2.64	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.



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Primary Sample	:	Received On	: 24-Oct-2023 06:45 PM
Sample Tested In	: Urine	Reported On	: 24-Oct-2023 07:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
Chemical Examination				
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	1.025		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-03	/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.

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*** End Of Report ***



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