

REPORT

Name	: Mr. NAVONEEL	Sample ID	: 24854833
Age/Gender	: 16 Years/Male	Reg. No	: 0312310270005
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Oct-2023 09:03 AM
Primary Sample	: Whole Blood	Received On	: 27-Oct-2023 12:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Oct-2023 02:21 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)	16.1	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	47.2	%	40-50	Calculated
RBC Count	6.19	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	76	fl	81-101	Calculated
MCH	26.0	pg	27-32	Calculated
MCHC	34.1	g/dL	32.5-34.5	Calculated
RDW-CV	14.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	109	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	5.5	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	50	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	0-2	Microscopy
Absolute Neutrophils Count	2.75	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.2	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.33	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 Thrombocytopenia			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Oct-2023 09:03 AM
Primary Sample	: Whole Blood	Received On	: 27-Oct-2023 12:35 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2023 01:31 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)	0.5	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	68	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	35	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	91	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	15-85	IFCC
Protein - Total	7.2	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.2	g/dL	2.0-4.2	Calculated
A:G Ratio	1.25	%	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.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY