

**REPORT**

Name	: Mrs. T V PADMAVATHI	Sample ID	: 24753360
Age/Gender	: 60 Years/Female	Reg. No	: 0312311050019
Referred by	: Dr. KEERTHI T B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2023 10:06 AM
Primary Sample	: Whole Blood	Received On	: 05-Nov-2023 02:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Nov-2023 03:52 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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<b>Erythrocyte Sedimentation Rate (ESR)</b>	<b>18</b>		12 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)	<b>9.8</b>	g/dL	12-15	Cynmeth Method
RBC Count	<b>3.47</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedance
Total WBC Count	<b>2.6</b>	10 <sup>9</sup> /L	4.0-10.0	Impedance
Platelet Count (PLT)	317	10 <sup>9</sup> /L	150-410	Cell Impedance
Haematocrit (HCT)	<b>31.0</b>	%	40-50	Calculated
MCV	89	fl	81-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	<b>31.7</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>15.1</b>	%	11.6-14.0	Calculated

**Differential Count by Flowcytometry /Microscopy**

Neutrophils	61	%	40-70	Cell Impedance
Lymphocytes	30	%	20-40	Cell Impedance
Monocytes	06	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy

**Smear**

WBC	Mild Leucopenia	
RBC	Normocytic Normochromic anemia	
Platelets	Adequate.	Microscopy



**REPORT**

Name	: Mrs. T V PADMAVATHI	Sample ID	: 24753358, 24753357
Age/Gender	: 60 Years/Female	Reg. No	: 0312311050019
Referred by	: Dr. KEERTHI T B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2023 10:06 AM
Primary Sample	: Whole Blood	Received On	: 05-Nov-2023 02:32 PM
Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 05-Nov-2023 04:25 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
<b>Glucose Fasting (F)</b>	<b>106</b>	<b>mg/dL</b>	<b>70-100</b>	<b>GOD-POD</b>

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

<b>Calcium</b>	<b>8.9</b>	<b>mg/dL</b>	<b>8.5-10.1</b>	<b>o-cresolphthalein complexone (OCPC)</b>
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Result rechecked and verified for abnormal cases

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

**REPORT**

Name	: Mrs. T V PADMAVATHI	Sample ID	: 24753357
Age/Gender	: 60 Years/Female	Reg. No	: 0312311050019
Referred by	: Dr. KEERTHI T B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2023 10:06 AM
Primary Sample	: Whole Blood	Received On	: 05-Nov-2023 02:32 PM
Sample Tested In	: Serum	Reported On	: 05-Nov-2023 04:25 PM
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**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

Test Name	Results	Units	Ref. Range	Method
<b>Lipid Profile</b>				
Cholesterol Total	165	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	133	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	96.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	26.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	123	mg/dL	< 130	Calculated
Cholesterol : HDL Ratio	3.93	%	0-4.0	Calculated
LDL:HDL Ratio	2.3	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula**). Calculated values not provided for LDL and VLDL

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**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Urea	16.8	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Creatinine -Serum	0.69	mg/dL	0.60-1.10	Sarcosine oxidase
Uric Acid	5.58	mg/dL	2.6-6.0	Uricase
Sodium	145	mmol/L	136-145	ISE Direct
Potassium	3.6	mmol/L	3.5-5.1	ISE Direct
Chloride	102	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.

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**CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE**

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)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	16	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)	120	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	42	U/L	5-55	IFCC
Protein - Total	7.4	g/dL	6.4-8.2	Biuret
Albumin	3.6	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.8	g/dL	2.0-4.2	Calculated
A:G Ratio	0.95	%	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	: 05-Nov-2023 02:32 PM
Sample Tested In	: Serum	Reported On	: 05-Nov-2023 03:57 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)**

<b>T3 (Triiodothyronine)</b>	114.36	ng/dL	40-181	CLIA
<b>T4 (Thyroxine)</b>	9.5	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	2.91	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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**REPORT**

Name	: Mrs. T V PADMAVATHI	Sample ID	: 24753364
Age/Gender	: 60 Years/Female	Reg. No	: 0312311050019
Referred by	: Dr. KEERTHI T B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2023 10:06 AM
Primary Sample	:	Received On	: 05-Nov-2023 02:32 PM
Sample Tested In	: Urine	Reported On	: 05-Nov-2023 03:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

**HEALTH PROFILE A-1 PACKAGE**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
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	1.010		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
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	02-04	/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 \*\*\*



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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DR.SWARNA BALA  
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