

REPORT

Name	: Mrs. R ANUPAMA	Sample ID	: 24753549
Age/Gender	: 50 Years/Female	Reg. No	: 0312311070041
Referred by	: Dr. ANKIT VIJAY AGARWAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Nov-2023 11:56 AM
Primary Sample	: Whole Blood	Received On	: 07-Nov-2023 01:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Nov-2023 01:50 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)	10.8	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	33.9	%	40-50	Calculated
RBC Count	4.43	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	77	fl	81-101	Calculated
MCH	24.3	pg	27-32	Calculated
MCHC	31.8	g/dL	32.5-34.5	Calculated
RDW-CV	14.7	%	11.6-14.0	Calculated
Platelet Count (PLT)	150	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	11.2	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	61	%	40-70	Cell Impedence
Lymphocytes	34	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	6.83	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	3.81	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.34	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



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala . M
DR.SWARNABALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 07-Nov-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 07-Nov-2023 02:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.69	mg/dL	0.60-1.10	Sarcosine oxidase

Interpretation:

- This test is done to see how well your kidneys are working. Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	6.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	145.59	mg/dL		Calculated

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Result rechecked and verified for abnormal cases

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	2.67	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL))	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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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)	23	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	20	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	55	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	7.5	g/dL	6.4-8.2	Biuret
Albumin	3.8	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.7	g/dL	2.0-4.2	Calculated
A:G Ratio	1.03	%	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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