

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. MANGA DEVI | Sample ID | : 24753910 |
| Age/Gender | : 69 Years/Female | Reg. No | : 0312311300001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 30-Nov-2023 07:10 AM |
| Primary Sample | : | Received On | : 30-Nov-2023 12:45 PM |
| Sample Tested In | : Urine | Reported On | : 30-Nov-2023 01:59 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|------------------------------|----------|--|----------|----------------------|
| Fasting Urine Glucose | Negative | | Negative | Automated Strip Test |
|------------------------------|----------|--|----------|----------------------|

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|------------------------|
| Name | : Mrs. MANGA DEVI | Sample ID | : 24753908 |
| Age/Gender | : 69 Years/Female | Reg. No | : 0312311300001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 30-Nov-2023 07:10 AM |
| Primary Sample | : Whole Blood | Received On | : 30-Nov-2023 12:48 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 30-Nov-2023 01:25 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) | 12.1 | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | 36.8 | % | 40-50 | Calculated |
| RBC Count | 4.36 | 10 ¹² /L | 4.5-5.5 | Cell Impedence |
| MCV | 84 | fl | 81-101 | Calculated |
| MCH | 27.7 | pg | 27-32 | Calculated |
| MCHC | 32.8 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 13.3 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 380 | 10 ⁹ /L | 150-410 | Cell Impedence |
| Total WBC Count | 7.5 | 10 ⁹ /L | 4.0-10.0 | Impedence |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 65 | % | 40-70 | Cell Impedence |
| Lymphocytes | 30 | % | 20-40 | Cell Impedence |
| Monocytes | 03 | % | 2-10 | Microscopy |
| Eosinophils | 02 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 4.88 | 10 ⁹ /L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 2.25 | 10 ⁹ /L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.23 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.15 | 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. | | | PAPs Staining |



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------------|
| Name | : Mrs. MANGA DEVI | Sample ID | : 24753906, 24753907, 247539 |
| Age/Gender | : 69 Years/Female | Reg. No | : 0312311300001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 30-Nov-2023 07:10 AM |
| Primary Sample | : Whole Blood | Received On | : 30-Nov-2023 12:48 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF(PP), | Reported On | : 30-Nov-2023 01:59 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|----------------------------|---------|-------|------------|---------|
| Glucose Fasting (F) | 74 | mg/dL | 70-100 | GOD-POD |

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

| | | | | |
|-----------------------------------|-----|-------|--------|-----------------|
| Glucose Post Prandial (PP) | 129 | mg/dL | 70-140 | Hexokinase (HK) |
|-----------------------------------|-----|-------|--------|-----------------|

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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.



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| Primary Sample | : Whole Blood | Received On | : 30-Nov-2023 12:48 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF(PP), | Reported On | : 30-Nov-2023 01:59 PM |
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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|--------------------------|---------|-------|------------|-------------------|
| Creatinine -Serum | 0.87 | mg/dL | 0.60-1.20 | 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

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. MANGA DEVI | Sample ID | : 24753905 |
| Age/Gender | : 69 Years/Female | Reg. No | : 0312311300001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 30-Nov-2023 07:10 AM |
| Primary Sample | : Whole Blood | Received On | : 30-Nov-2023 12:48 PM |
| Sample Tested In | : Serum | Reported On | : 30-Nov-2023 01:59 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------|---------|-------|------------|------------|
| Lipid Profile | | | | |
| Cholesterol Total | 241 | mg/dL | < 200 | CHOD-POD |
| Triglycerides-TGL | 110 | mg/dL | < 150 | GPO-POD |
| Cholesterol-HDL | 45 | mg/dL | 40-60 | Direct |
| Cholesterol-LDL | 174 | mg/dL | < 100 | Calculated |
| Cholesterol- VLDL | 22 | mg/dL | 7-35 | Calculated |
| Non HDL Cholesterol | 196 | mg/dL | < 130 | Calculated |
| Cholesterol Total /HDL Ratio | 5.36 | % | 0-4.0 | Calculated |
| HDL / LDL Ratio | 0.26 | | | |
| LDL/HDL Ratio | 3.87 | % | 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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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 30-Nov-2023 07:10 AM |
| Primary Sample | : | Received On | : 30-Nov-2023 12:45 PM |
| Sample Tested In | : Urine | Reported On | : 30-Nov-2023 01:58 PM |
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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 | 1.010 | | 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 |
| 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.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



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DR.SWARNABALA
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