

REPORT

Name	: Mr. BHARGAV	Sample ID	: 24754054
Age/Gender	: 30 Years/Male	Reg. No	: 0312312100009
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2023 10:17 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2023 02:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Dec-2023 04:04 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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Blood Grouping (A B O)	O			Tube Agglutination
Rh Typing	Positive			Tube Agglutination

*** End Of Report ***

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNABALA
MD PATHOLOGY

REPORT

Name	: Mr. BHARGAV	Sample ID	: 24754054
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Primary Sample	: Whole Blood	Received On	: 10-Dec-2023 02:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Dec-2023 03:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	15.4	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	47.7	%	40-50	Calculated
RBC Count	5.24	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	91	fl	81-101	Calculated
MCH	29.3	pg	27-32	Calculated
MCHC	32.2	g/dL	32.5-34.5	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	215	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	6.2	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	53	%	40-70	Cell Impedance
Lymphocytes	40	%	20-40	Cell Impedance
Monocytes	04	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.29	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	2.48	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.25	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.19	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



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Swarnabala .M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. BHARGAV	Sample ID	: 24754052, 24754051
Age/Gender	: 30 Years/Male	Reg. No	: 0312312100009
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2023 10:17 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2023 02:32 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 10-Dec-2023 04:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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Glucose Random (RBS) 92 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.

Urea-Serum 17.7 mg/dL 12.8-42.8 Glutamate dehydrogenase+Calculation

Interpretation:

- Catabolism of proteins and amino acids results in the formation of urea, which is predominantly cleared from the body by the kidneys.
- Increased urea with normal creatinine concentrations indicates a pre-renal increase in urea which may be due to a high protein diet, increased protein catabolism, reabsorption of blood proteins after GI haemorrhage, glucocorticoid treatment, dehydration or decreased perfusion of the kidneys.
- An increase in both urea and creatinine concentrations may indicate an obstructive post-renal condition such as malignancy, nephrolithiasis or prostatism.
- A low urea and increased creatinine may indicate acute tubular necrosis, low protein intake, starvation or severe liver disease.

Creatinine -Serum 0.71 mg/dL 0.70-1.30 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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Primary Sample	: Whole Blood	Received On	: 10-Dec-2023 02:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Dec-2023 05:50 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	5.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	111.15	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



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2023 10:17 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2023 02:32 PM
Sample Tested In	: Serum	Reported On	: 10-Dec-2023 06:40 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

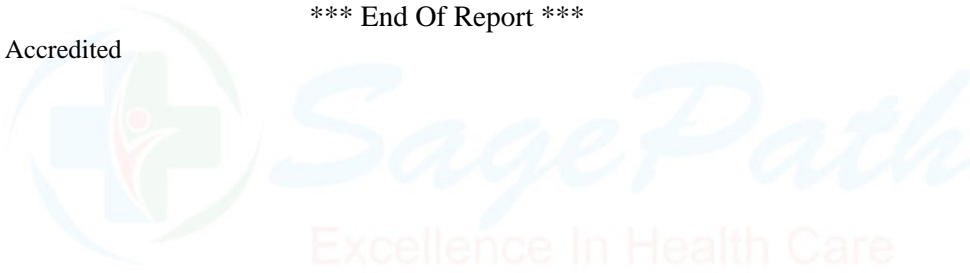
Test Name	Results	Units	Ref. Range	Method
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VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation
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The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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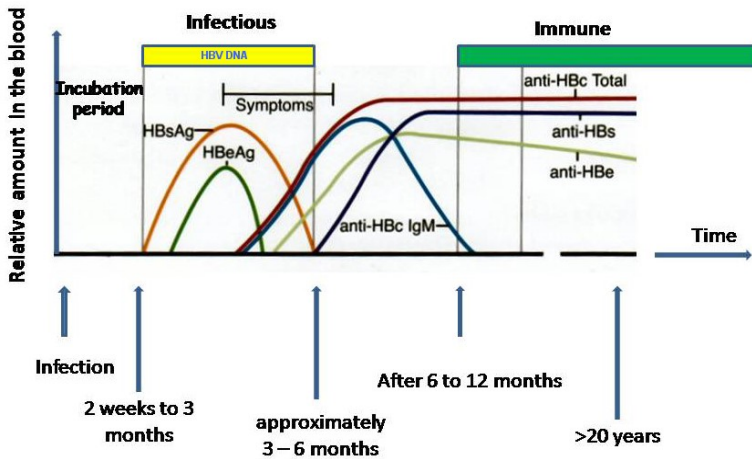
Hepatitis B Surface Antigen (HBsAg)	0.51	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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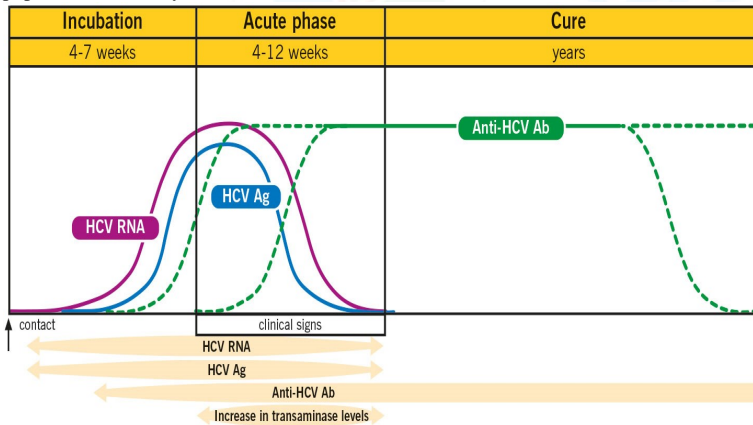
Hepatitis C Virus Antibody	0.35	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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Interpretation:

1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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