

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mrs. J SWATHI Age/Gender : 24 Years/Female

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn)

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample Sample Tested In : Capillary Tube

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : A0012417

: 0312312250042 Reg. No

: SPL-CV-172

SPP Code Collected On

: 25-Dec-2023 08:16 PM Received On : 25-Dec-2023 09:46 PM

: 26-Dec-2023 06:47 PM Reported On

: Final Report Report Status

HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name Results	Units	Ref. Range	Method
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Bleeding Time & Clotting Time

Bleeding Time (BT)	03 min 10 sec Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 20 sec Minutes	3 - 7	Capillary Method





Swarnabala.M DR.SWARNA BALA **MD PATHOLOGY**



Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mrs. J SWATHI Sample ID : A0012416 Age/Gender : 24 Years/Female Reg. No : 0312312250042 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172 Referring Customer: V CARE MEDICAL DIAGNOSTICS : 25-Dec-2023 08:16 PM Collected On Primary Sample : Whole Blood Received On : 25-Dec-2023 09:38 PM Sample Tested In : Whole Blood EDTA Reported On : 26-Dec-2023 12:25 AM : Final Report Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status

HAEMATOLOGY

ANTE NATEL PROFILE-ELISA					
Test Name	Results	Units	Ref. Range	Method	
Blood Grouping (A B O)	0			Tube Agglutination	
Rh Typing	Positive			Tube Agglutination	
Complete Blood Count (CBC)					
Haemoglobin (Hb)	10.3	g/dL	12-15	Cynmeth Method	
RBC Count	3.42	10^12/L	4.5-5.5	Cell Impedence	
Total WBC Count	8.3	10^9/L	4.0-10.0	Impedance	
Platelet Count (PLT)	305	10^9/L	150-410	Cell Impedance	
Haematocrit (HCT)	32.1	%	40-50	Calculated	
MCV	94	fl	81-101	Calculated	
MCH	30.1	pg	27-32	Calculated	
MCHC	32.0	g/dL	32.5-34.5	Calculated	
RDW-CV	17.7	%	11.6-14.0	Calculated	
Differential Count by Flowcytomet	ry /Microscopy				
Neutrophils	58	%	40-70	Cell Impedence	
Lymphocytes	36	%	20-40	Cell Impedence	
Monocytes	03	%	2-10	Microscopy	
Eosinophils	03	%	1-6	Microscopy	
Basophils	0	%	1-2	Microscopy	
<u>Smear</u>					
WBC	Within Nor	mal Limits			
RBC	Anisocytos	Anisocytosis with Normocytic normochromic			
Platelets	Adequate.			Microscopy	







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY





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REPORT

Name: Mrs. J SWATHISample ID: A0012415, A0012418Age/Gender: 24 Years/FemaleReg. No: 0312312250042Referred by: Dr. Nivedita Ashrit MD (Obs/Gyn)SPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 25-Dec-2023 08:16 PM
Primary Sample : Whole Blood Received On : 25-Dec-2023 09:46 PM

Sample Tested In : Plasma-NaF(R), Serum Reported On : 25-Dec-2023 10:50 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

ANTE NATEL PROFILE-ELISA

Test Name Results Units Ref. Range Method

Glucose Random (RBS) 84 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200		>=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.

Creatinine - Serum 0.65 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 musle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR. VAISHNAVI MD BIOCHEMISTRY



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REPORT

Name : Mrs. J SWATHI Sample ID : A0012418

Age/Gender : 24 Years/Female Reg. No : 0312312250042 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 25-Dec-2023 08:16 PM Primary Sample : Whole Blood Received On : 25-Dec-2023 09:46 PM

Sample Tested In : Serum Reported On : 25-Dec-2023 10:50 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	113.88	ng/dL	70-204	CLIA	
T4 (Thyroxine)	11.1	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	4.75	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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: A0012418

REPORT

Name : Mrs. J SWATHI Sample ID

Age/Gender : 24 Years/Female Reg. No : 0312312250042

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 25-Dec-2023 08:16 PM Primary Sample : Whole Blood Received On : 25-Dec-2023 09:46 PM

Sample Tested In : Serum Reported On : 26-Dec-2023 12:24 AM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name Results Units Ref. Range Method

VDRL- Syphilis Antibodies Non Reactive Non Reactive Slide Flocculation

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).

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REPORT

Name: Mrs. J SWATHISample ID: A0012418Age/Gender: 24 Years/FemaleReg. No: 0312312250042Referred by: Dr. Nivedita Ashrit MD (Obs/Gyn)SPP Code: SPL-CV-172Referring Customer: V CARE MEDICAL DIAGNOSTICSCollected On: 25-Dec-2023 08:16 PM

Primary Sample : Whole Blood Received On : 25-Dec-2023 09:46 PM
Sample Tested In : Serum Reported On : 26-Dec-2023 12:24 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name Resu	ts Units	Ref. Range	Method
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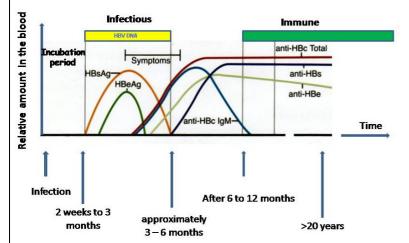
Hepatitis B Surface Antigen (HBsAg)0.21 S/Co <1.00 :Negative ELISA >1.00 :Positive

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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REPORT

Name : Mrs. J SWATHI Sample ID : A0012418

Age/Gender : 24 Years/Female Reg. No : 0312312250042

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Poferring Customer : V CAPE MEDICAL DIAGNOSTICS Collected On : 25 Dec 2023 08:14

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 25-Dec-2023 08:16 PM
Primary Sample : Whole Blood Received On : 25-Dec-2023 09:46 PM
Sample Tested In : Serum Reported On : 26-Dec-2023 12:24 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method

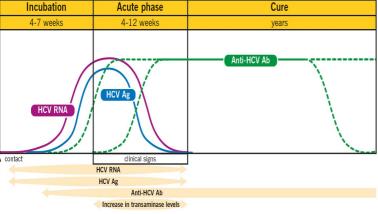
Hepatitis C Virus Antibody 0.28 S/Co < 1.00 : Negative ELISA > 1.00 : Positive

Interpretation:

- 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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Name : Mrs. J SWATHI Age/Gender : 24 Years/Female Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn)

Referring Customer: V CARE MEDICAL DIAGNOSTICS Primary Sample : Whole Blood

Sample Tested In : Serum Client Address

: Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0012418

: 0312312250042 Reg. No

SPP Code : SPL-CV-172

Collected On : 25-Dec-2023 08:16 PM Received On : 25-Dec-2023 09:46 PM

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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.31	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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*** End Of Report ***







