

REPORT

Name	: Mrs. PRIYANKA	Sample ID	: A0012931
Age/Gender	: 24 Years/Female	Reg. No	: 0312401200036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	:	Received On	: 20-Jan-2024 03: 43 PM
Sample Tested In	: Capillary Tube	Reported On	: 20-Jan-2024 05: 45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03 min 30 sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 40 sec	Minutes	3 - 7	Capillary Method



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRIYANKA	Sample ID	: A0012913
Age/Gender	: 24 Years/Female	Reg. No	: 0312401200036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	: Whole Blood	Received On	: 20-Jan-2024 04: 10 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Jan-2024 04: 49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

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

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

*** End Of Report ***

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Primary Sample	: Whole Blood	Received On	: 20-Jan-2024 04: 10 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Jan-2024 04: 34 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)	11.9	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	36.7	%	40-50	Calculated
RBC Count	4.35	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	84	fl	81-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	32.6	g/dL	32.5-34.5	Calculated
RDW-CV	16.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	320	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	8.6	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6.02	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.72	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.52	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.34	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic			PAPs Staining



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRIYANKA	Sample ID	: A0012914, A0012912
Age/Gender	: 24 Years/Female	Reg. No	: 0312401200036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	: Whole Blood	Received On	: 20-Jan-2024 03: 43 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 20-Jan-2024 05: 26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	87	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.

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN)	8.70	mg/dL	7.0-18.0	Calculated
Urea-Serum	18.6	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
 - Congestive heart failure
 - Excessive protein level in the gastrointestinal tract
 - Gastrointestinal bleeding
 - Hypovolemia (dehydration)
 - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
 - Liver failure
 - Low protein diet
 - Malnutrition



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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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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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	: Whole Blood	Received On	: 20-Jan-2024 03: 43 PM
Sample Tested In	: Serum	Reported On	: 20-Jan-2024 05: 26 PM
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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)	24	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)	51	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	55	U/L	5-55	IFCC
Protein - Total	6.7	g/dL	6.4-8.2	Biuret
Albumin	4.3	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.4	g/dL	2.0-4.2	Calculated
A:G Ratio	1.79	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	2.18			

- **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.



Dr. Vaishnavi
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MD BIOCHEMISTRY

REPORT

Name	: Mrs. PRIYANKA	Sample ID	: 23802445
Age/Gender	: 24 Years/Female	Reg. No	: 0312401200036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	:	Received On	: 20-Jan-2024 03: 41 PM
Sample Tested In	: Urine	Reported On	: 20-Jan-2024 04: 15 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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	1.020		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	01-02	/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

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.

*** End Of Report ***

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Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2024 02: 28 PM
Primary Sample	: Whole Blood	Received On	: 20-Jan-2024 03: 43 PM
Sample Tested In	: Serum	Reported On	: 20-Jan-2024 06: 40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
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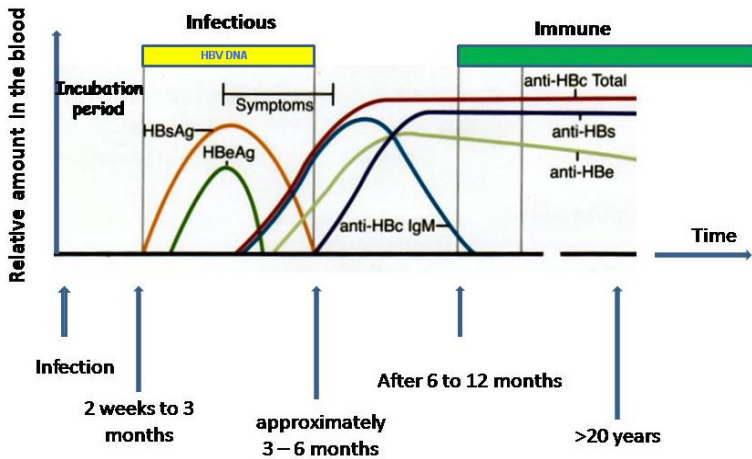
Hepatitis B Surface Antigen (HBsAg)	0.63	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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Interpretation:

- 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

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

REPORT

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Age/Gender	: 24 Years/Female	Reg. No	: 0312401200036
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
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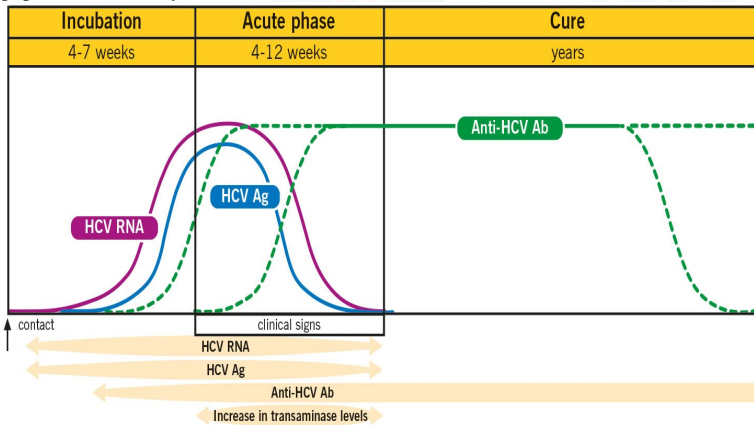
Hepatitis C Virus Antibody	0.32	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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Interpretation:

- 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.
- 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:

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

*** End Of Report ***

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Sample Tested In	: Serum	Reported On	: 20-Jan-2024 06: 40 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.23	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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*** End Of Report ***




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