

REPORT

Name	: Mr. M UPENDER REDDY	Sample ID	: A0013100
Age/Gender	: 58 Years/Male	Reg. No	: 0312401260008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jan-2024 09:41 AM
Primary Sample	:	Received On	: 26-Jan-2024 03:43 PM
Sample Tested In	: Urine	Reported On	: 26-Jan-2024 06:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Fasting Urine Glucose	Negative		Negative	Automated Strip Test
Protein - Random Urine	23	mg/dL	1-14	Pyrogallol Red
Creatinine - Random Urine	73.21	mg/dL	22-398	kinetic Jaffe reaction.
Protein/Creatinine Ratio	0.31		< 0.20	Calculated

Interpretation:

The urine protein test measures the amount of protein being excreted in the urine. Proteinuria is frequently seen in chronic diseases, such as diabetes and hypertension, with increasing amounts of protein in the urine reflecting increasing kidney damage. With early kidney damage, the affected person is often asymptomatic. As damage progresses, or if protein loss is severe, the person may develop symptoms such as edema, shortness of breath, nausea, and fatigue. Excess protein overproduction, as seen with multiple myeloma, lymphoma, and amyloidosis, can also lead to proteinuria. Creatinine, a byproduct of muscle metabolism, is normally released into the urine at a constant rate.

Result rechecked and verified for abnormal cases

*** End Of Report ***



Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. M UPENDER REDDY	Sample ID	: A0013096
Age/Gender	: 58 Years/Male	Reg. No	: 0312401260008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jan-2024 09:41 AM
Primary Sample	: Whole Blood	Received On	: 26-Jan-2024 03:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Jan-2024 04:28 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)	14.0	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	45.7	%	40-50	Calculated
RBC Count	5.58	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	82	fl	81-101	Calculated
MCH	25.0	pg	27-32	Calculated
MCHC	30.6	g/dL	32.5-34.5	Calculated
RDW-CV	15.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	300	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	7.9	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	68	%	40-70	Cell Impedence
Lymphocytes	27	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.37	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.13	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.24	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.16	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



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. M UPENDER REDDY	Sample ID	: A0013097, A0013098, A00130
Age/Gender	: 58 Years/Male	Reg. No	: 0312401260008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jan-2024 09:41 AM
Primary Sample	: Whole Blood	Received On	: 26-Jan-2024 03:35 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 26-Jan-2024 04:25 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	73	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)	199	mg/dL	70-140	Hexokinase (HK)
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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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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Blood Urea Nitrogen (BUN)-Serum				
Blood Urea Nitrogen (BUN)	15	mg/dL	7.0-18.0	Calculated
Urea-Serum	32.5	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

Creatinine -Serum	0.83	mg/dL	0.70-1.30	Sarcosine oxidase
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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 ***

Laboratory is NABL Accredited



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REPORT

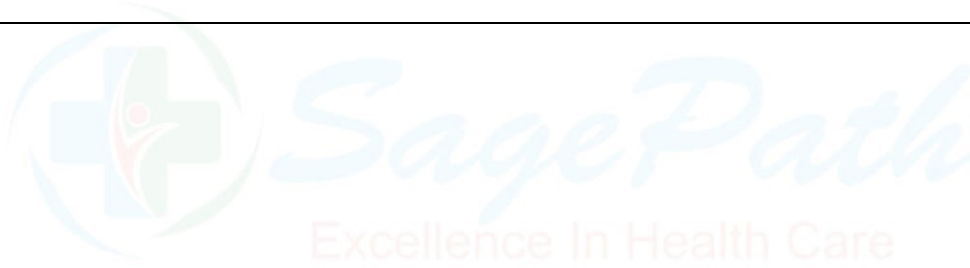
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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jan-2024 09: 41 AM
Primary Sample	: Whole Blood	Received On	: 26-Jan-2024 03: 35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Jan-2024 04: 31 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	7.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	159.94	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



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Primary Sample	:	Received On	: 26-Jan-2024 03:43 PM
Sample Tested In	: Urine	Reported On	: 26-Jan-2024 05:38 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	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		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	03-05	/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.

Correlate Clinically.

Result rechecked and verified for abnormal cases
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*** End Of Report ***



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