

**REPORT**

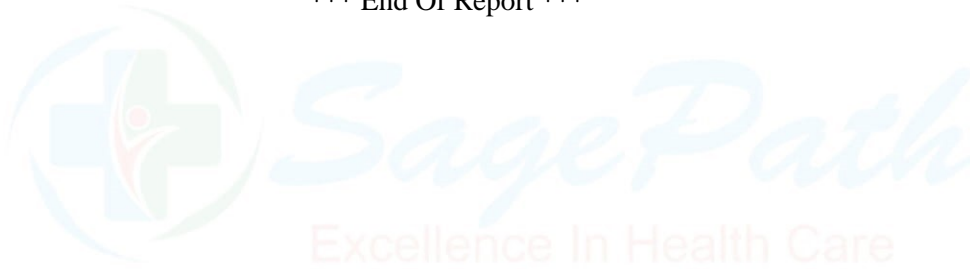
Name	: Mrs. SRILATHA	Sample ID	: A0013117
Age/Gender	: 30 Years/Female	Reg. No	: 0312401260042
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Jan-2024 09:41 AM
Primary Sample	: Whole Blood	Received On	: 26-Jan-2024 03:35 PM
Sample Tested In	: Citrated Plasma	Reported On	: 26-Jan-2024 06:19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Activated Partial Thromboplastin Time (APTT/PTTK)</b>				
Patient Value	37.30	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

**Comments:**APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

\*\*\* End Of Report \*\*\*



*Swannabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

**REPORT**

Name	: Mrs. SRILATHA	Sample ID	: A0013117
Age/Gender	: 30 Years/Female	Reg. No	: 0312401260042
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	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	: Citrated Plasma	Reported On	: 26-Jan-2024 06:19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>PROTHROMBIN TIME (P TIME)</b>				
PT-Patient Value	11.8	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	0.91			
PT INR	1.00		0.9-1.2	

**Interpretation :**

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

**Note**

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

\*\*\* End Of Report \*\*\*



*Swannabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

**REPORT**

Name	: Mrs. SRILATHA	Sample ID	: A0013116
Age/Gender	: 30 Years/Female	Reg. No	: 0312401260042
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	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 04:30 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	<b>8.6</b>	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>28.1</b>	%	40-50	Calculated
RBC Count	<b>3.56</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	<b>79</b>	fl	81-101	Calculated
MCH	<b>24.1</b>	pg	27-32	Calculated
MCHC	<b>30.6</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>14.8</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	<b>465</b>	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	<b>12.0</b>	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	<b>75</b>	%	40-70	Cell Impedence
Lymphocytes	<b>20</b>	%	20-40	Cell Impedence
Monocytes	<b>03</b>	%	2-10	Microscopy
Eosinophils	<b>02</b>	%	1-6	Microscopy
Basophils	<b>0</b>	%	1-2	Microscopy
Absolute Neutrophils Count	<b>9</b>	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>2.4</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	<b>0.36</b>	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	<b>0.24</b>	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis with microcytic hypochromic anemia and Neutrophilic Leucocytosis and Thrombocytosis			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. SRILATHA	Sample ID	: A0013118, A0013115, A00131
Age/Gender	: 30 Years/Female	Reg. No	: 0312401260042
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	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), Serum, Plasma-N	Reported On	: 26-Jan-2024 05:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glucose Fasting (F)</b>	80	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

<b>Creatinine -Serum</b>	0.72	mg/dL	0.60-1.10	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.

**Glucose Challenge Test (50 Gms of glucose):Pregnancy**

Glucose Challenge Test (GCT):	95	mg/dL	70 - 140	Hexokinase (HK)
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**Interpretation:**

- 50 grams glucose challenge test is a screening tool for gestational diabetes in pregnant women with no risk factors. GCT is done between 24 and 28 weeks of gestation.
- Plasma glucose level of > 140 mg/dL constitutes a positive screen and these women should be followed by a diagnostic oral glucose tolerance test(OGTT)
- This assay is a single step test procedure developed by Diabetes in Pregnancy Study Group India (DIPSI) to diagnose GDM. It has been approved by Ministry of Health, Government of India and is also recommended by WHO.

**Note: Sample collection done after 60 minutes of 50 grams of glucose load with approximately 450 mL of water.**

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
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