

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|-------------------------|
| Name | : Baby. P SRAVYA | Sample ID | : A0012996 |
| Age/Gender | : 10 Years/Female | Reg. No | : 0312401290009 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-Jan-2024 09: 32 AM |
| Primary Sample | : Whole Blood | Received On | : 29-Jan-2024 12: 38 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 29-Jan-2024 04: 42 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) | 5.8 | g/dL | 11.5-15.5 | Cynmeth Method |
| Haematocrit (HCT) | 18.5 | % | 35-45 | Calculated |
| RBC Count | 1.97 | 10 ¹² /L | 4.5-5.5 | Cell Impedence |
| MCV | 94 | fl | 77-95 | Calculated |
| MCH | 29.3 | pg | 25-33 | Calculated |
| MCHC | 31.2 | g/dL | 31-37 | Calculated |
| RDW-CV | 25.1 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 80 | 10 ⁹ /L | 170-450 | Cell Impedence |
| Total WBC Count | 4.3 | 10 ⁹ /L | 5.0-13.0 | Impedence |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 83 | % | 43-64 | Cell Impedence |
| Lymphocytes | 08 | % | 25-48 | Cell Impedence |
| Monocytes | 06 | % | 0-9 | Microscopy |
| Eosinophils | 03 | % | 0-7 | Microscopy |
| Basophils | 0 | % | 0-2 | Microscopy |
| Absolute Neutrophils Count | 3.57 | 10 ⁹ /L | 1.9-8.6 | Impedence |
| Absolute Lymphocyte Count | 0.34 | 10 ⁹ /L | 1.3-6.6 | Impedence |
| Absolute Monocyte Count | 0.26 | 10 ⁹ /L | 0.0- 1.2 | Calculated |
| Absolute Eosinophils Count | 0.13 | 10 ⁹ /L | 0.0-1.0 | Calculated |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Morphology | Pancytopenia. | | | PAPs Staining |

Advised further evaluation

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-Jan-2024 09: 32 AM |
| Primary Sample | : Whole Blood | Received On | : 29-Jan-2024 12: 38 PM |
| Sample Tested In | : Serum | Reported On | : 29-Jan-2024 04: 16 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------|---------|--------|------------|-------------------------------------|
| Kidney Profile-KFT | | | | |
| Creatinine -Serum | 0.52 | mg/dL | 0.52-0.69 | Sarcosine oxidase |
| Urea-Serum | 14.0 | mg/dL | 10.7-38.5 | Glutamate dehydrogenase+Calculation |
| Blood Urea Nitrogen (BUN) | 6.55 | mg/dL | 5.0-18.0 | Calculated |
| BUN / Creatinine Ratio | 12.60 | | 6 - 22 | |
| Uric Acid | 4.82 | mg/dL | 2.6-6.0 | Uricase |
| Sodium | 139 | mmol/L | 138-145 | ISE Direct |
| Potassium | 4.0 | mmol/L | 3.4-4.7 | ISE Direct |
| Chloride | 102 | mmol/L | 98-108 | ISE Direct |

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|---------|-------|------------|--------------------------|
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 14.1 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 11.5 | mg/dL | 0.0 - 0.2 | Diazo |
| Bilirubin (Indirect) | 2.6 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 131 | U/L | 5-40 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 43 | U/L | 0-55 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 178 | U/L | < 500 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 154 | U/L | 5-55 | IFCC |
| Protein - Total | 7.1 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 3.5 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 3.6 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 0.97 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 3.05 | | | |

- **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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY