



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. M RAMA DEVI Sample ID : A0093246

Age/Gender : 64 Years/Female Reg. No : 0312402150038

Referred by : Dr. V RAJALINGAM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 15-Feb-2024 11:00 AM
Primary Sample : Received On : 15-Feb-2024 01:06 PM

Sample Tested In : Capillary Tube Reported On : 15-Feb-2024 02:57 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)	03:10	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	04:40	Minutes	3 - 7	Capillary Method

*** End Of Report ***





Swornabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name : Mrs. M RAMA DEVI Sample ID : A0093242
Age/Gender : 64 Years/Female Reg. No : 0312402150038
Referred by : Dr. V RAJALINGAM SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 15-Feb-2024 11:00 AM

Primary Sample : Whole Blood Received On : 15-Feb-2024 01:06 PM
Sample Tested In : Whole Blood EDTA Reported On : 15-Feb-2024 02:48 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)	12.1	g/dL	12-15	Cynmeth Method		
Haematocrit (HCT)	38.7	%	40-50	Calculated		
RBC Count	4.88	10^12/L	4.5-5.5	Cell Impedence		
MCV	80	fl	81-101	Calculated		
MCH	24.7	pg	27-32	Calculated		
MCHC	31.2	g/dL	32.5-34.5	Calculated		
RDW-CV	14.6	%	11.6-14.0	Calculated		
Platelet Count (PLT)	235	10^9/L	150-410	Cell Impedance		
Total WBC Count	6.1	10^9/L	4.0-10.0	Impedance		
Differential Leucocyte Count (DC)						
Neutrophils	66	%	40-70	Cell Impedence		
Lymphocytes	26	%	20-40	Cell Impedence		
Monocytes	05	%	2-10	Microscopy		
Eosinophils	03	%	1-6	Microscopy		
Basophils	00	%	1-2	Microscopy		
Absolute Neutrophils Count	4.03	10^9/L	2.0-7.0	Impedence		
Absolute Lymphocyte Count	1.59	10^9/L	1.0-3.0	Impedence		
Absolute Monocyte Count	0.31	10^9/L	0.2-1.0	Calculated		
Absolute Eosinophils Count	0.18	10^9/L	0.02-0.5	Calculated		
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated		
Morphology	Normocytic	normochromic	blood picture.	PAPs Staining		







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY





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REPORT

Name: Mrs. M RAMA DEVISample ID: A0093244, A0093245Age/Gender: 64 Years/FemaleReg. No: 0312402150038Referred by: Dr. V RAJALINGAMSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 15-Feb-2024 11:00 AM Primary Sample : Whole Blood Received On : 15-Feb-2024 01:02 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 15-Feb-2024 04:33 PM

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

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 75 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		>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP) 100 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis		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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- $\bullet~$ 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.

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. M RAMA DEVI Sample ID : A0093241

Age/Gender : 64 Years/Female Reg. No : 0312402150038

Referred by : Dr. V RAJALINGAM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 15-Feb-2024 11:00 AM
Primary Sample : Whole Blood Received On : 15-Feb-2024 01:06 PM

Sample Tested In : Serum Reported On : 15-Feb-2024 06:35 PM

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

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method

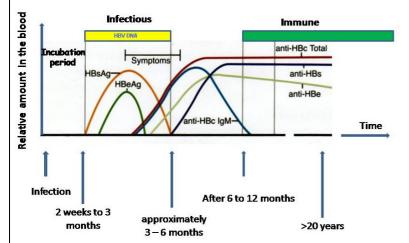
Hepatitis B Surface Antigen (HBsAg) 0.32 S/Co <1.00 :Negative ELISA >1.00 :Positive

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

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST





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Referred by : Dr. V RAJALINGAM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 15-Feb-2024 11:00 AM
Primary Sample : Whole Blood Received On : 15-Feb-2024 01:06 PM

Sample Tested In : Serum Reported On : 15-Feb-2024 06:39 PM

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

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

VIIVAE GONEELIING							
Test Name	Results	Units	Ref. Range	Method			
Hepatitis C Virus Antibody	0.30	S/Co	< 1.00 : Negative	ELISA			
ricpatitis o virus Alltibody	0.50	5,00	< 1.00 . Negative				

Interpretation:

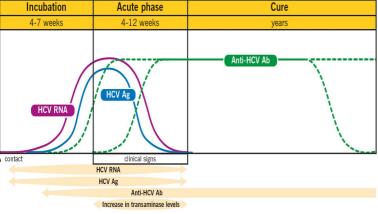
1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.

> 1.00 : Positive

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

*** End Of Report ***

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Primary Sample : Whole Blood Received On : 15-Feb-2024 01:06 PM Sample Tested In : Serum Reported On : 15-Feb-2024 06:37 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	0.42	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA		

Correlate Clinically.

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*** End Of Report ***









