

REPORT

Name	: Mrs. C VIJAYA LAKSMI	Sample ID	: A0093542
Age/Gender	: 43 Years/Female	Reg. No	: 0312403030040
Referred by	: Dr. SUDEER REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2024 09:21 AM
Primary Sample	:	Received On	: 03-Mar-2024 01:36 PM
Sample Tested In	: Capillary Tube	Reported On	: 03-Mar-2024 05:58 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

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Referred by	: Dr. SUDEER REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 03-Mar-2024 05:46 PM
Sample Tested In	: Serum	Reported On	: 04-Mar-2024 10:34 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Rheumatoid Factor, RA	16.98	IU/mL	<20.0	Immunoturbidometry

Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.



Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 03-Mar-2024 01:36 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Mar-2024 05:20 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)	B			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 .



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HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	13.7	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	42.2	%	40-50	Calculated
RBC Count	4.96	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	85	fl	81-101	Calculated
MCH	27.7	pg	27-32	Calculated
MCHC	32.5	g/dL	32.5-34.5	Calculated
RDW-CV	13.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	373	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	8.5	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedance
Lymphocytes	22	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.95	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	1.87	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.43	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.26	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
Erythrocyte Sedimentation Rate (ESR)	8		10 or less	Westergren method



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Name	: Mrs. C VIJAYA LAKSMI	Sample ID	: A0093538, A0093539
Age/Gender	: 43 Years/Female	Reg. No	: 0312403030040
Referred by	: Dr. SUDEER REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 03-Mar-2024 01:36 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 03-Mar-2024 06:25 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	89	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.

Kidney Profile-KFT

Creatinine -Serum	0.99	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	18.8	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.79	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	8.88		6 - 22	
Uric Acid	4.8	mg/dL	2.6-6.0	Uricase
Sodium	139	mmol/L	136-145	ISE Direct
Potassium	4.0	mmol/L	3.5-5.1	ISE Direct
Chloride	105	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.



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IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
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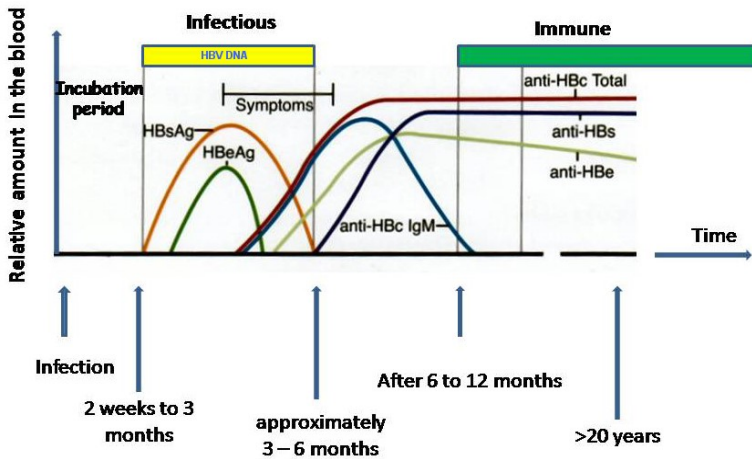
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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Interpretation:

- 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

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
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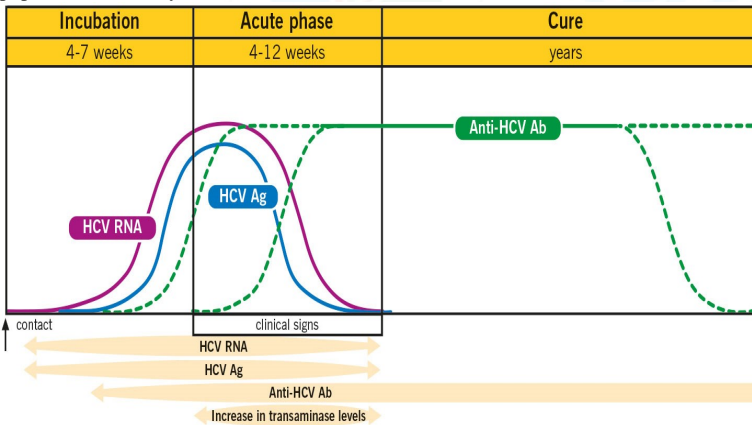
Hepatitis C Virus Antibody	0.48	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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Interpretation:

- 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

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.20	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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