

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name: Mr. CHANDRASEKARSample ID: A0093805Age/Gender: 48 Years/MaleReg. No: 0312403090001Referred by: Dr. VAMSISPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 09-Mar-2024 07:37 AM
Primary Sample : Whole Blood Received On : 09-Mar-2024 01:02 PM
Sample Tested In : Whole Blood EDTA Reported On : 09-Mar-2024 03:15 PM

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

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method

Erythrocyte Sedimentation Rate (ESR) 6 10 or less Westergren method

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Complete Blood Count (CBC)

Haemoglobin (Hb)	14.7	g/dL	13-17	Cynmeth Method
RBC Count	5.07	10^12/L	4.5-5.5	Cell Impedence
Total WBC Count	5.3	10^9/L	4.0-10.0	Impedance
Platelet Count (PLT)	206	10^9/L	150-410	Cell Impedance
Haematocrit (HCT)	42.2	%	40-50	Calculated
MCV	83	fl	81-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	34.8	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated
Differential Count by Flowcytometry /Micros	сору			
Neutrophils	61	%	40-70	Cell Impedence
Lymphocytes	33	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
<u>Smear</u>				
WBC	Within norma	l limits.		
RBC	Normocytic n	ormochromic b	lood picture	
Platelets	Adequate			Microscopy







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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 : Mr. CHANDRASEKAR
 Sample ID
 : A0093806, A0093804

 Age/Gender
 : 48 Years/Male
 Reg. No
 : 0312403090001

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Primary Sample : Whole Blood Position Collected On : 09 Mar 2024 01:11 PM

Primary Sample : Whole Blood Received On : 09-Mar-2024 01:11 PM Sample Tested In : Plasma-NaF(F), Serum Reported On : 09-Mar-2024 04:36 PM

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

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 82 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

Calcium8.85mg/dL8.5-10.1o-cresolphthalein
complexone (OCPC)

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited







DR.VAISHNAVI MD BIOCHEMISTRY



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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	206	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	128	mg/dL	< 150	GPO-POD
Cholesterol-HDL	45	mg/dL	40-60	Direct
Cholesterol-LDL	135.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	25.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	161	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	4.58	%	0-4.0	Calculated
HDL / LDL Ratio	0.33			
LDL/HDL Ratio	3.01	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Trialveerides	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL











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CLINICAL BIOCHEMISTRY

Results Units Ref. Range

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.78	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	18.6	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.69	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	11.14		6 - 22	
Uric Acid	4.88	mg/dL	3.5-7.2	Uricase
Sodium	142	mmol/L	136-145	ISE Direct
Potassium	4.6	mmol/L	3.5-5.1	ISE Direct
Chloride	100	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 though 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.

Liver Function Test (LFT)

Bilirubin(Total)	0.8	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.7	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	17	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	10	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	77	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	15-85	IFCC
Protein - Total	6.4	g/dL	6.4-8.2	Biuret
Albumin	4.4	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2	g/dL	2.0-4.2	Calculated
A:G Ratio	2.2	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.70			







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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ret. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	124.56	ng/dL	70-204	CLIA	
T4 (Thyroxine)	9.5	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	2.99	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

T3 (Triiodothyronin	ie):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester	: 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trime	ster :100-260 ng/dL		Second Trimester: 0.46-2.95 μIU/mL
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng	g/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

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*** End Of Report ***







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