

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

REPORT						
Name	: Master. CHUNAKSH	Sample ID	: A0093842			
Age/Gender	: 8 Years/Male	Reg. No	: 0312403110063			
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172			
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Mar-2024 06:24 PM			
Primary Sample	: Whole Blood	Received On	: 11-Mar-2024 10:11 PM			
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Mar-2024 11:42 PM			
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report			

TDOSE INFOSYSTEMS PVT. LTD.

HAEMATOLOGY				
	SURG	ICAL PROF	ILE-II	
Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	А			Tube Agglutination
Rh Typing	Positive			Tube Agglutination
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	13.7	g/dL	11.5-15.5	Cynmeth Method
Haematocrit (HCT)	41.7	%	35-45	Calculated
RBC Count	5.26	10^12/L	4.5-5.5	Cell Impedence
MCV	79	fl	77-95	Calculated
MCH	26.0	pg	25-33	Calculated
МСНС	32.8	g/dL	31-37	Calculated
RDW-CV	12.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	319	10^9/L	170-450	Cell Impedance
Total WBC Count	7.5	10^9/L	5.0-13.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	51	%	41-63	Cell Impedence
Lymphocytes	41	%	25-48	Cell Impedence
Monocytes	06	%	0-9	Microscopy
Eosinophils	02	%	0-7	Microscopy
Basophils	0	%	0-2	Microscopy
Absolute Neutrophils Count	3.83	10^9/L	1.9-9.1	Impedence
Absolute Lymphocyte Count	3.08	10^9/L	1.0-6.2	Impedence
Absolute Monocyte Count	0.45	10^9/L	0.0- 1.2	Calculated
Absolute Eosinophils Count	0.15	10^9/L	0.0-1.0	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic	normochromic	blood picture	PAPs Staining



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Sagepath Labs Pvt. Ltd.

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			REPOR			
Vame	: Master. CHUN				mple ID	: A0093843, A0093841
Age/Gender	: 8 Years/Male				g. No	: 0312403110063
Referred by	: Dr. RADHIKA F				P Code	: SPL-CV-172
Referring Cus		CAL DIAGNOSTICS			llected On	: 11-Mar-2024 06:24 PM
Primary Samp		JAL DIAGNOSTICS			ceived On	: 11-Mar-2024 00:24 PM
• •						
Sample Teste					ported On	: 11-Mar-2024 10:53 PM
Client Addres	ss : Kimtee colony	, Gokul Nagar, Tarn	iaka	Re	port Status	: Final Report
		CLINICA		HEMIST	RY	
Test Name		Results	Units	Re	ef. Range	Method
Glucose Rar	ndom (RBS)	80	mg/dL	70)-140	Hexokinase (HK)
Interpretation o	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 2018:47	1(suppl.1):	S13-S27		
 The rand 	lom blood glucose if it is above 2	200 mg/dL and the patient l reach the fasting level or i				a, suggests diabetes mellitus.
• As a rule	e, two-nour glucose samples will					
Urea-Serum Interpretation: Catabolisr Increased	m of proteins and amino acids results i urea with normal creatinine concentrat	28.6 n the formation of urea, which ions indicates a pre-renal increa	mg/dL is predominan ase in urea whi	tly cleared fro	to a high protein diet, in	Glutamate dehydrogenase+Calculation eys. ncreased protein catabolism, reabsorption of blood
Urea-Serum Interpretation: • Catabolism • Increased proteins af • An increase	m of proteins and amino acids results i	28.6 n the formation of urea, which ions indicates a pre-renal increa eatment, dehydration or decreas ations may indicate an obstruct	mg/dL is predominan ase in urea whi sed perfusion o ive post-renal	tly cleared fro ich may be due of the kidneys. condition such	m the body by the kidne e to a high protein diet, in a as malignancy, nephroi	dehydrogenase+Calculation
Urea-Serum Interpretation: Catabolism Catabolism Increased proteins af An increase A low urea Creatinine -S	m of proteins and amino acids results i urea with normal creatinine concentrat fter GI haemorrhage, glucocorticoid tr se in both urea and creatinine concentr a and increased creatinine may indicate	28.6 n the formation of urea, which ions indicates a pre-renal increa eatment, dehydration or decreas ations may indicate an obstruct	mg/dL is predominan ase in urea whi sed perfusion o ive post-renal	tly cleared fro ich may be due of the kidneys. condition such arvation or sev	m the body by the kidne e to a high protein diet, in a as malignancy, nephroi	dehydrogenase+Calculation
Urea-Serum Interpretation: Catabolism Catabolism An increased proteins al An increase A low urea Creatinine -S Interpretation: This test is muscles. A higher Renal disea can cause e A lower ti Small statu	m of proteins and amino acids results i urea with normal creatinine concentrat fter GI haemorrhage, glucocorticoid tr se in both urea and creatinine concentr a and increased creatinine may indicate Serum s done to see how well your kidneys a than normal level may be due to: ases and insufficiency with decreased glue elevated serum creatinine. han normal level may be due to:	28.6 In the formation of urea, which ions indicates a pre-renal increase atternet, dehydration or decrease attorns may indicate an obstruct e acute tubular necrosis, low problem of the second struct	mg/dL is predominan ase in urea whi sed perfusion of ive post-renal otein intake, st mg/dL ical waste pro- obstruction, red e hepatic disea	tly cleared fro ich may be due of the kidneys. condition such arvation or sev 0. duct of creatine luced renal bloc	m the body by the kidne e to a high protein diet, in a as malignancy, nephroi vere liver disease. 52-0.69 c. Creatine is a chemical r od flow including congest	dehydrogenase+Calculation
Urea-Serum Interpretation: Catabolism Catabolism An increased proteins af A low urea A low urea Creatinine -S Interpretation: This test is muscles. A higher Renal diser can cause of A lower tf Small statt from decre	m of proteins and amino acids results i urea with normal creatinine concentrat fter GI haemorrhage, glucocorticoid tr se in both urea and creatinine concentr a and increased creatinine may indicate Serum s done to see how well your kidneys a than normal level may be due to: ases and insufficiency with decreased glue elevated serum creatinine. han normal level may be due to: ure, debilitation, decreased muscle mas	28.6 In the formation of urea, which ions indicates a pre-renal increase atternet, dehydration or decrease attorns may indicate an obstruct e acute tubular necrosis, low problem of the second struct	mg/dL is predominan ase in urea whi sed perfusion of ive post-renal otein intake, st mg/dL ical waste pro- obstruction, red e hepatic disea	tly cleared fro ich may be due of the kidneys. condition such arvation or sev 0. duct of creatine luced renal bloc use can cause le uced musle mas	m the body by the kidne e to a high protein diet, in a as malignancy, nephroi vere liver disease. 52-0.69 c. Creatine is a chemical r od flow including congest	dehydrogenase+Calculation eys. ncreased protein catabolism, reabsorption of blood lithiasis or prostatism. Sarcosine oxidase made by the body and is used to supply energy mainly to tive heart failure, shock, and dehydration; rhabdomyolysis



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	REPORT		
Name	: Master. CHUNAKSH	Sample ID	: A0093843, A0093841
Age/Gender	: 8 Years/Male	Reg. No	: 0312403110063
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Mar-2024 06:24 PM
Primary Sample	: Whole Blood	Received On	: 11-Mar-2024 10:11 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 11-Mar-2024 10:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
TSH -Thyroid Stimulating Hormone	3.96	µIU/mL	0.35-5.5	CLIA	

Pregnancy & Co	rd Blood	
		TSH (Thyroid Stimulating Hormone (μIU/mL)
First Trimester	: 0.24-2.99	
Second Trimester	r : 0.46-2.95	
Third Trimester	: 0.43-2.78	
Cord Blood	: 2.3-13.2	

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.





BIOCHEMISTRY



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			REPORT		
Name	: Master. CHUNAKSH			Sample ID	: A0093879
Age/Gender	: 8 Years/Male			Reg. No	: 0312403110063
Referred by	: Dr. RADHIKA REDDY			SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIA	V CARE MEDICAL DIAGNOSTICS			: 11-Mar-2024 06:24 PM
Primary Sample	:	:			: 11-Mar-2024 10:11 PM
Sample Tested In Client Address	: Urine	I Neger Tern	aka	Reported On	:11-Mar-2024 11:17 PM :Final Report
Cheft Address	: Kimtee colony ,Goku			Report Status	
Test Name		Results	ICAL PRO Units		Method
Test Name		Results	Units	Ref. Range	Method
Complete Urine A Physical Examinatio Colour		Pale Yellow		Straw to light ambe	r
Appearance		Clear		Clear	
Chemical Examination	<u>on</u>				
Glucose		Negative		Negative	Strip Reflectance
Protein		Absent		Negative	Strip Reflectance
Bilirubin (Bile)		Negative		Negative	Strip Reflectance
Urobilinogen		Negative		Negative	Ehrlichs reagent
Ketone Bodies		Negative		Negative	Strip Reflectance
Specific Gravity		1.030		1.000 - 1.030	Strip Reflectance
Blood		Negative		Negative	Strip Reflectance
Reaction (pH)		5.5 Ce		5.0 - 8.5	Reagent Strip Reflectance
Nitrites		Negative		Negative	Strip Reflectance
Leukocyte esterase		Negative		Negative	Reagent Strip Reflectance
Microscopic Examin	ation (Microscopy)				
PUS(WBC) Cells		02-03	/hpf	00-05	Microscopy
R.B.C.		Nil	/hpf	Nil	Microscopic
Epithelial Cells		01-02	/hpf	00-05	Microscopic
Casts		Absent		Absent	Microscopic
Crystals		Absent		Absent	Microscopic
Bacteria		Nil		Nil	
Budding Yeast Cells		Nil		Absent	Microscopy
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Name	: Master. CHUNAKSH	Sample ID	: A0093841		
Age/Gender	: 8 Years/Male	Reg. No	: 0312403110063		
Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172		
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Mar-2024 06:24 PM		
Primary Sample	: Whole Blood	Received On	: 11-Mar-2024 10:05 PM		
Sample Tested In	: Serum	Reported On	: 11-Mar-2024 11:17 PM		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report		
IMMUNOLOGY & SEROLOGY					

SURGICAL PROFILE-II

Units

Results

STEMS PVT. LTD.

Test Name

VDRL- Syphilis Antibodies Non Reactive

Non Reactive

Ref. Range

Slide Flocculation

Method

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).

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Referred by	: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172		
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Mar-2024 06:24 PM		
Primary Sample	: Whole Blood	Received On	: 11-Mar-2024 10:05 PM		
Sample Tested In	: Serum	Reported On	: 11-Mar-2024 11:58 PM		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report		

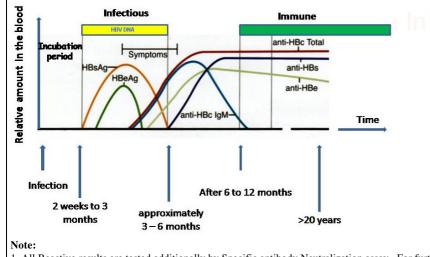
IMMUNOLOGY & SEROLOGY					
SURGICAL PROFILE-II					
Test Name	Results	Units	Ref. Range	Method	
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA	

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.

HBV antigens and antibodies in the blood

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.



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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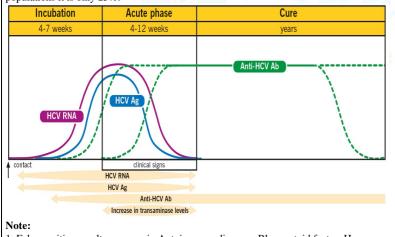
	IMMUNO	LOGY & SE	ROLOGY				
SURGICAL PROFILE-II							
Test Name	Results	Units	Ref. Range	Method			
Hepatitis C Virus Antibody	0.25	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA			

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.
- 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%.



1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti-idiotypes & Anti superoxide dismutase

*** End Of Report ***

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

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: 8 Years/Male	Reg. No	: 0312403110063
: Dr. RADHIKA REDDY	SPP Code	: SPL-CV-172
: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Mar-2024 06:24 PM
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: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
	: Master. CHUNAKSH : 8 Years/Male : Dr. RADHIKA REDDY : V CARE MEDICAL DIAGNOSTICS : Whole Blood : Serum	: Master. CHUNAKSH Sample ID : 8 Years/Male Reg. No : Dr. RADHIKA REDDY SPP Code : V CARE MEDICAL DIAGNOSTICS Collected On : Whole Blood Received On : Serum Reported On

IMMUNOLOGY & SEROLOGY SURGICAL PROFILE-II								
HIV (1& 2) Antibody	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA				
Correlate Clinically.								
Laboratory is NABL Accredited	*** End	Of Report *	**					





DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST