

REPORT

Name	: Mrs. RAKHEE THADISINA	Sample ID	: A0093821, A0093206
Age/Gender	: 47 Years/Female	Reg. No	: 0312403100002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Mar-2024 08:50 AM
Primary Sample	: Whole Blood	Received On	: 10-Mar-2024 02:35 PM
Sample Tested In	: Serum, Urine	Reported On	: 10-Mar-2024 07:27 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
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C-Reactive protein-(CRP)	4.08	mg/L	Upto:6.0	Immunoturbidimetry
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Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Microalbumin-Random Urine	12.65	mg/L	Upto 30.0	Immunoturbidimetry
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Interpretation:

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).

Estimated Glomerular Filtration Rate (eGFR):

GFR by MDRD Formula	112	mL/min/1.73m ²	74 - 129	Calculated
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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. RAKHEE THADISINA	Sample ID	: A0093822
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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Mar-2024 08:50 AM
Primary Sample	: Whole Blood	Received On	: 10-Mar-2024 02:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Mar-2024 10:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	36.9	%	40-50	Calculated
RBC Count	4.31	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	86	fl	81-101	Calculated
MCH	28.5	pg	27-32	Calculated
MCHC	33.3	g/dL	32.5-34.5	Calculated
RDW-CV	13.4	%	11.6-14.0	Calculated
Platelet Count (PLT)	296	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	8.8	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	58	%	40-70	Cell Impedance
Lymphocytes	35	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.1	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	3.08	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.44	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			PAPs Staining
Erythrocyte Sedimentation Rate (ESR)	9		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.



Swannabala - M
DR. SWARNA BALA
MD PATHOLOGY

REPORT

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Sample Tested In	: Plasma-NaF(F), Whole Blood EDT	Reported On	: 10-Mar-2024 07:27 PM
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CLINICAL BIOCHEMISTRY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Magnesium	1.94	mg/dL	1.8-2.4	Methylthymol blue (MTB)

Interpretation:

About one half of the body's magnesium is found in bone. The other half is found inside cells of body tissues and organs.

Magnesium is needed for many chemical processes in the body. It helps maintain normal muscle and nerve function, and keeps the bones strong. Magnesium is also needed for the heart to function normally and to help regulate blood pressure. Magnesium also helps the body control blood sugar level and helps support the body's defense (immune) system.

A high magnesium level may be due to:

- Diabetic ketoacidosis, a life-threatening problem in people with diabetes
- Loss of kidney function (acute or chronic renal failure)

A low magnesium level may be due to:

- Alcohol use disorder
- Hyperaldosteronism (adrenal gland produces too much of the hormone aldosterone)
- Hypercalcemia (high blood calcium level)
- Long-term (chronic) diarrhea

25 - Hydroxy Vitamin D	26.32	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA
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Interpretation:

1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.

2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.

3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.

4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- 1.people who don't get much exposure to the sun
- 2.older adults
- 3.people with obesity.
- 4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA



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CLINICAL BIOCHEMISTRY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Vitamin- B12 (cyanocobalamin)	417	pg/mL	200-911	CLIA

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include: Diseases that cause malabsorption

1. Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
2. Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

1. Liver disease (such as cirrhosis or hepatitis)
2. Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	143	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	177	mg/dL	< 150	GPO-POD
Cholesterol-HDL	40	mg/dL	40-60	Direct
Cholesterol-LDL	67.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	35.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	103	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.58	%	0-4.0	Calculated
HDL / LDL Ratio	0.59			
LDL/HDL Ratio	1.69	%	0-3.5	Calculated

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

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	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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HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.60	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	15.8	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	7.41	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	12.35		6 - 22	
Uric Acid	4.55	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	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 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.

Liver Function Test (LFT)

Bilirubin(Total)	0.4	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	23	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	21	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	74	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	6.6	g/dL	6.4-8.2	Biuret
Albumin	3.8	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.36	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.10			



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CLINICAL BIOCHEMISTRY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
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Thyroid Profile-I(TFT)

T3 (Triiodothyronine)	96.33	ng/dL	70-204	CLIA
T4 (Thyroxine)	8.1	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	0.80	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	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 Trimester :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/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.



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HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
Iron Profile-I				
Iron(Fe)	107	µg/dL	50-170	Ferene
Total Iron Binding Capacity (TIBC)	415	µg/dL	250-450	Ferene
Transferrin	290.21	mg/dL	250-380	Calculated
Iron Saturation((% Transferrin Saturation)	25.78	%	15-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	308	ug/dL	110-370	FerroZine

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.



Dr. Vaishnavi
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MD BIOCHEMISTRY

REPORT

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Primary Sample	:	Received On	: 10-Mar-2024 02:35 PM
Sample Tested In	: Urine	Reported On	: 10-Mar-2024 02:44 PM
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CLINICAL PATHOLOGY

HEALTH PACKAGE - B

Test Name	Results	Units	Ref. Range	Method
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose	Negative	Negative	Strip Reflectance
Protein	Trace	Negative	Strip Reflectance
Bilirubin (Bile)	Negative	Negative	Strip Reflectance
Urobilinogen	Negative	Negative	Ehrlichs reagent
Ketone Bodies	Negative	Negative	Strip Reflectance
Specific Gravity	1.020	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	6.5	5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative	Negative	Strip Reflectance
Leukocyte esterase	Negative	Negative	Reagent Strip Reflectance

Microscopic Examination (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

Correlate Clinically.

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*** End Of Report ***



Swannabala - M
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