

REPORT

Name	: Mrs. RENUKA	Sample ID	: A0094023
Age/Gender	: 40 Years/Female	Reg. No	: 0312403190008
Referred by	: Dr. SHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Mar-2024 08:09 AM
Primary Sample	: Whole Blood	Received On	: 19-Mar-2024 12:21 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 19-Mar-2024 02:58 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
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Erythrocyte Sedimentation Rate (ESR) 8 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)	12.8	g/dL	12-15	Cynmeth Method
RBC Count	4.24	10 ¹² /L	4.5-5.5	Cell Impedance
Total WBC Count	9.4	10 ⁹ /L	4.0-10.0	Impedance
Platelet Count (PLT)	423	10 ⁹ /L	150-410	Cell Impedance
Haematocrit (HCT)	41.0	%	40-50	Calculated
MCV	97	fl	81-101	Calculated
MCH	30.3	pg	27-32	Calculated
MCHC	31.3	g/dL	32.5-34.5	Calculated
RDW-CV	15.1	%	11.6-14.0	Calculated

Differential Count by Flowcytometry /Microscopy

Neutrophils	65	%	40-70	Cell Impedance
Lymphocytes	25	%	20-40	Cell Impedance
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy

Smear

WBC	Within Normal Limits
RBC	Anisocytosis with Normocytic normochromic
Platelets	Thrombocytosis Microscopy



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MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 19-Mar-2024 12:21 PM
Sample Tested In	: Serum	Reported On	: 19-Mar-2024 03:50 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
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Calcium	8.6	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)
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Result rechecked and verified for abnormal cases

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	154	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	114	mg/dL	< 150	GPO-POD
Cholesterol-HDL	49	mg/dL	40-60	Direct
Cholesterol-LDL	82.1	mg/dL	< 100	Calculated
Cholesterol- VLDL	22.8	mg/dL	7-35	Calculated
Non HDL Cholesterol	105	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.14	%	0-4.0	Calculated
HDL / LDL Ratio	0.60			
LDL/HDL Ratio	1.68	%	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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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.81	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	16.5	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	7.71	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	9.52		6 - 22	
Uric Acid	2.58	mg/dL	2.6-6.0	Uricase
Sodium	142	mmol/L	136-145	ISE Direct
Potassium	3.8	mmol/L	3.5-5.1	ISE Direct
Chloride	104	mmol/L	98-108	ISE Direct
Liver Function Test (LFT)				
Bilirubin(Total)	1.2	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	1	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	18	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	19	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	79	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	6.9	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.38	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.95			

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

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

T3 (Triiodothyronine)	103.45	ng/dL	70-204	CLIA
T4 (Thyroxine)	6.8	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	1.95	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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REPORT

Name	: Mrs. RENUKA	Sample ID	: A0093871
Age/Gender	: 40 Years/Female	Reg. No	: 0312403190008
Referred by	: Dr. SHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Mar-2024 08:09 AM
Primary Sample	:	Received On	: 19-Mar-2024 12:23 PM
Sample Tested In	: Urine	Reported On	: 19-Mar-2024 02:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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HEALTH PROFILE A-1 PACKAGE

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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	HAZY	Clear

Chemical Examination

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	Strip Reflectance
Reaction (pH)	5.5	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	03-04	/hpf	00-05	Microscopy
R.B.C.	04-06	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent	Absent	Absent	Microscopic
Crystals	Absent	Absent	Absent	Microscopic
Bacteria	Nil	Nil	Nil	
Budding Yeast Cells	Nil	Nil	Absent	Microscopy

Correlate Clinically.

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*** End Of Report ***



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