

REPORT

Name	: Mr. S R SATHYA NANDAM	Sample ID	: A0094146
Age/Gender	: 78 Years/Male	Reg. No	: 0312403260024
Referred by	: Dr. RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 02:02 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 03:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Mar-2024 03:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	8.6	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	27.0	%	40-50	Calculated
RBC Count	3.19	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	85	fl	81-101	Calculated
MCH	26.9	pg	27-32	Calculated
MCHC	31.7	g/dL	32.5-34.5	Calculated
RDW-CV	16.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	233	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	5.9	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	59	%	40-70	Cell Impedence
Lymphocytes	29	%	20-40	Cell Impedence
Monocytes	08	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.48	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.71	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.47	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.24	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with microcytic hypochromic anemia			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 02:02 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 03:19 PM
Sample Tested In	: Serum	Reported On	: 26-Mar-2024 07:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	1.42	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	52.7	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	24.63	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	17.35		6 - 22	
Uric Acid	5.1	mg/dL	3.5-7.2	Uricase
Sodium	135	mmol/L	136-145	ISE Direct
Potassium	4.2	mmol/L	3.5-5.1	ISE Direct
Chloride	99	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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	19	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	10	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	117	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	29	U/L	15-85	IFCC
Protein - Total	4.9	g/dL	6.4-8.2	Biuret
Albumin	1.9	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3	g/dL	2.0-4.2	Calculated
A:G Ratio	0.63	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.90			

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



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