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

REPORT

Name	: Mrs. SANTHI JYOTHIRMAI	Sample ID	: A0094097
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	:	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Urine	Reported On	: 27-Mar-2024 05:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
Fasting Urine Glucose	+		Negative	Automated Strip Test

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. SANTHI JYOTHIRMAI	Sample ID	: A0094156
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	: Whole Blood	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Mar-2024 03:48 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)	12.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**38.1**	%	40-50	Calculated
RBC Count	4.91	10^12/L	4.5-5.5	Cell Impedence
MCV	**78**	fl	81-101	Calculated
MCH	**25.0**	pg	27-32	Calculated
MCHC	**32.2**	g/dL	32.5-34.5	Calculated
RDW-CV	**16.2**	%	11.6-14.0	Calculated
Platelet Count (PLT)	376	10^9/L	150-410	Cell Impedance
Total WBC Count	**10.6**	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	56	%	40-70	Cell Impedence
Lymphocytes	37	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.94	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**3.92**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.42	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.32	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic and Leucocytosis			PAPs Staining
Erythrocyte Sedimentation Rate (ESR)	10		12 or less	Westergren method

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. SANTHI JYOTHIRMAI	Sample ID	: A0094157, A0094158, A00941
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	: Whole Blood	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 27-Mar-2024 02:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	72	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	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

Glucose Post Prandial (PP)	101	mg/dL	70-140	Hexokinase (HK)

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	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. SANTHI JYOTHIRMAI	Sample ID	: A0094157, A0094158, A00941
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	: Whole Blood	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 27-Mar-2024 02:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.63	mg/dL	0.60-1.10	Sarcosine oxidase

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

Glycated Hemoglobin (HbA1c)	6.0	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	125.5	mg/dL		Calculated

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Result rechecked and verified for abnormal cases

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. SANTHI JYOTHIRMAI	Sample ID	: A0094155
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	: Whole Blood	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Serum	Reported On	: 27-Mar-2024 03:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	156	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	128	mg/dL	< 150	GPO-POD
Cholesterol-HDL	49	mg/dL	40-60	Direct
Cholesterol-LDL	81.4	mg/dL	< 100	Calculated
Cholesterol- VLDL	25.6	mg/dL	7-35	Calculated
Non HDL Cholesterol	107	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.18	%	0-4.0	Calculated
HDL / LDL Ratio	0.60			
LDL/HDL Ratio	1.66	%	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)	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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Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	: Whole Blood	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Serum	Reported On	: 27-Mar-2024 03:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	115.65	ng/dL	40-181	CLIA
T4 (Thyroxine)	9.6	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	4.01	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. SANTHI JYOTHIRMAI	Sample ID	: A0094097
Age/Gender	: 54 Years/Female	Reg. No	: 0312403270004
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Mar-2024 08:36 AM
Primary Sample	:	Received On	: 27-Mar-2024 01:18 PM
Sample Tested In	: Urine	Reported On	: 27-Mar-2024 05:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	(+)		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	1.010		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		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	03-05	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments : Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

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