

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

REPORT

Name: Mr. M D PRASAD RAOSample ID: 24864215Age/Gender: 67 Years/MaleReg. No: 0312404210010Referred by: Dr. SELFSPP Code: SPL-CV-172Referring Customer: V CARE MEDICAL DIAGNOSTICSCollected On: 21-Apr-2024 09:42 AM

Primary Sample : Whole Blood EDTA Received On : 21-Apr-2024 09:42 AM

Received On : 21-Apr-2024 09:42 AM

Reported On : 21-Apr-2024 05:49 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

HAEMATOLOGY HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	13.1	g/dL	13-17	Cynmeth Method
RBC Count	4.65	10^12/L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	42.2	%	40-50	Calculated
MCV	91	fl	81-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	31.0	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	223	10^9/L	150-410	Cell Impedance
Total WBC Count	6.8	10^9/L	4.0-10.0	Impedance
Neutrophils	64	%	40-70	Cell Impedence
Absolute Neutrophils Count	4.35	10^9/L	2.0-7.0	Impedence
Lymphocytes	30	%	20-40	Cell Impedence
Absolute Lymphocyte Count	2.04	10^9/L	1.0-3.0	Impedence
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.27	10^9/L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.14	10^9/L	0.02-0.5	Calculated
Basophils	0	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
<u>Morphology</u>				
WBC	Within Norm	al Limits		
RBC	Normocytic i	normochromic		
Platelets	Adequate.			Microscopy

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.

14 or less





Erythrocyte Sedimentation Rate (ESR)



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Westergren method



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REPORT

Name : Mr. M D PRASAD RAO

Age/Gender : 67 Years/Male

Referred by : Dr. SELF

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24864215

Reg. No : 0312404210010

SPP Code : SPL-CV-172

Collected On : 21-Apr-2024 09:42 AM

Received On : 21-Apr-2024 02:48 PM

Reported On : 21-Apr-2024 05:49 PM

Report Status : Final Report

HAEMATOLOGY

HEALTH PROFILE A-2 PACKAGE

Test Name Results Units Ref. Range Method









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REPORT

Name : Mr. M D PRASAD RAO Sample ID : 24864216, 24864217, 248642

Age/Gender : 67 Years/Male Reg. No : 0312404210010

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM
Primary Sample : Whole Blood Received On : 21-Apr-2024 02:48 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP), Reported On : 21-Apr-2024 04:19 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 106 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) 140 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.

Glycated Hemoglobin (HbA1c) 6.9 % Non Diabetic: < 5.7 HPLC

Pre diabetic: 5.7-6.4 Diabetic:>= 6.5

Mean Plasma Glucose 151.33 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

Calcium8.6mg/dL8.5-10.1o-cresolphthalein
complexone (OCPC)









Result rechecked and verified for abnormal cases Laboratory is NABL Accredited



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REPORT

Name : Mr. M D PRASAD RAO Sample ID : 24864214

Age/Gender : 67 Years/Male Reg. No : 0312404210010 Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM

Primary Sample : Whole Blood : 21-Apr-2024 02:48 PM Sample Tested In : Serum : Reported On : 21-Apr-2024 04:19 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	143	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	69	mg/dL	< 150	GPO-POD
Cholesterol-HDL	48	mg/dL	40-60	Direct
Cholesterol-LDL	81.2	mg/dL	< 100	Calculated
Cholesterol- VLDL	13.8	mg/dL	7-35	Calculated
Non HDL Cholesterol	95	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.98	%	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 discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Trialveerides	HDL Cholesterol (mg/dL)	I DI Cholesterol	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
Rorderline 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







DR.VAISHNAVI MD BIOCHEMISTRY



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REPORT

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Age/Gender: 67 Years/MaleReg. No: 0312404210010Referred by: Dr. SELFSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM

Primary Sample : Whole Blood Page 12 Apr 2024 02:48 PM

Primary Sample : Whole Blood Received On : 21-Apr-2024 02:48 PM Sample Tested In : Serum Reported On : 21-Apr-2024 04:19 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.83	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	29.7	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	13.88	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	16.72		6 - 22	
Uric Acid	5.0	mg/dL	3.5-7.2	Uricase
Sodium	139	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)	0.4	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	26	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	19	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	50	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	19	U/L	15-85	IFCC
Protein - Total	6.9	g/dL	6.4-8.2	Biuret
Albumin	3.7	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.2	g/dL	2.0-4.2	Calculated
A:G Ratio	1.16	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.37			

*** End Of Report ***

Laboratory is NABL Accredited







DR.VAISHNAVI MD BIOCHEMISTRY



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Method

REPORT

: Mr. M D PRASAD RAO Name Sample ID : 24864214

Age/Gender : 67 Years/Male Reg. No : 0312404210010

Referred by SPP Code : Dr. SELF : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM

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Results

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE Units

Ref. Range

			•		
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	125.62	ng/dL	40-181	CLIA	
T4 (Thyroxine)	8.0	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	4.77	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

Test Name

T3 (Triiodothyronine	yronine): T4 (Thyroxine) TSH (Thyroid Stimulating Hormone		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 Trimes	ster :100-260 ng/dL	60 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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: 24864214

REPORT

Name : Mr. M D PRASAD RAO Sample ID

Age/Gender : 67 Years/Male Reg. No : 0312404210010

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM

Primary Sample : Whole Blood Received On : 21-Apr-2024 02:48 PM Sample Tested In : Serum Reported On : 21-Apr-2024 04:19 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Ref. Range	Method	
Iron Profile-I					
Iron(Fe)	54	μg/dL	65-175	Ferene	
Total Iron Binding Capacity (TIBC)	439	μg/dL	250-450	Ferene	
Transferrin	306.99	mg/dL	215-365	Calculated	
Iron Saturation((% Transferrin Saturation)	12.3	%	20-50	Calculated	
Unsaturated Iron Binding Capacity (UIBC)	385	μg/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 MD BIOCHEMISTRY





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REPORT

Name : Mr. M D PRASAD RAO Sample ID : 24864158

Age/Gender : 67 Years/Male Reg. No : 0312404210010 Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 21-Apr-2024 09:42 AM

Primary Sample : Received On : 21-Apr-2024 02:48 PM Sample Tested In : Urine Reported On : 21-Apr-2024 06:38 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-2 PACKAGE

Test Name Results Units Ref. Range Method

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance Clear Clear

Chemical Examination

Negative Glucose Negative Strip Reflectance Protein Absent Strip Reflectance Negative 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 Strip Reflectance Blood Negative Negative 6.0 5.0 - 8.5Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Absent

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-04 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Casts Absent Absent Microscopic Absent Absent Crystals Microscopic Bacteria Nil Nil

Nil

Result rechecked and verified for abnormal cases

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*** End Of Report ***



Budding Yeast Cells

Correlate Clinically.





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Microscopy