

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|------------------------|
| Name | : Mrs. MARY | Sample ID | : 24864279 |
| Age/Gender | : 35 Years/Female | Reg. No | : 0312404240010 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 24-Apr-2024 09:36 AM |
| Primary Sample | : Whole Blood | Received On | : 24-Apr-2024 12:20 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 24-Apr-2024 01:29 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) | 6.6 | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | 23.5 | % | 40-50 | Calculated |
| RBC Count | 4.40 | 10 ¹² /L | 4.5-5.5 | Cell Impedence |
| MCV | 54 | fl | 81-101 | Calculated |
| MCH | 15.0 | pg | 27-32 | Calculated |
| MCHC | 28.0 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 20.5 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 288 | 10 ⁹ /L | 150-410 | Cell Impedence |
| Total WBC Count | 7.5 | 10 ⁹ /L | 4.0-10.0 | Impedence |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 70 | % | 40-70 | Cell Impedence |
| Lymphocytes | 24 | % | 20-40 | Cell Impedence |
| Monocytes | 03 | % | 2-10 | Microscopy |
| Eosinophils | 03 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 5.25 | 10 ⁹ /L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 1.8 | 10 ⁹ /L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.23 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.23 | 10 ⁹ /L | 0.02-0.5 | Calculated |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Morphology | Anisopoikilocytosis with Severe Microcytic hypochromic anemia | | | PAPs Staining |



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

| | | | |
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| Age/Gender | : 35 Years/Female | Reg. No | : 0312404240010 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 24-Apr-2024 09:36 AM |
| Primary Sample | : Whole Blood | Received On | : 24-Apr-2024 12:20 PM |
| Sample Tested In | : Plasma-NaF(F), Serum | Reported On | : 24-Apr-2024 01:52 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|----------------------------|---------|-------|------------|---------|
| Glucose Fasting (F) | 89 | mg/dL | 70-100 | GOD-POD |

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis | Fasting Plasma Glucose(mg/dL) | 2hrs Plasma 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

| | | | | |
|--------------------------|-----|-------|-------|----------|
| Cholesterol Total | 119 | mg/dL | < 200 | CHOD-POD |
|--------------------------|-----|-------|-------|----------|

Interpretations
The National Cholesterol Education Program's third Adult Treatment Panel (ATP III) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary

| NCEP Recommendations | Adults:Cholesterol Total (mg/dL) | Children:Cholesterol Total (mg/dL) |
|----------------------|-----------------------------------|-------------------------------------|
| Optimal | <200 | <170 |
| Borderline High | 200-239 | 171-199 |
| High | >or = 240 | >or = 200 |

The determination of serum Cholesterol is considered to be significant in coronary artery disease. Hyperlipoproteinemias, hypothyroidism, nephrosis, diabetes mellitus and various liver diseases. Hypocholesterolemia (low serum cholesterol) is found in pernicious anemia, hemolytic jaundice, malnutrition, acute infections and hyperthyroidism. Normal cholesterol levels are affected by stress, age, hormonal balance and pregnancy.



Dr. Vaishnavi
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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|---------|-------|------------|--------------------------|
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 0.5 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 0.1 | mg/dL | 0.0 - 0.2 | Diazo |
| Bilirubin (Indirect) | 0.4 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 20 | U/L | 5-40 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 9 | U/L | 0-55 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 42 | U/L | 40-150 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 13 | U/L | 5-55 | IFCC |
| Protein - Total | 7.6 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 3.9 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 3.7 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.05 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 2.22 | | | |

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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MD BIOCHEMISTRY