

REPORT

Name	: Mrs. SPANDANA	Sample ID	: 24864292
Age/Gender	: 26 Years/Female	Reg. No	: 0312404240053
Referred by	: Dr. VAMSHA SRI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Apr-2024 07:22 PM
Primary Sample	:	Received On	: 24-Apr-2024 10:47 PM
Sample Tested In	: Capillary Tube	Reported On	: 25-Apr-2024 09:50 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03 min 10 sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 30 sec	Minutes	3 - 7	Capillary Method



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SPANDANA	Sample ID	: 24864277
Age/Gender	: 26 Years/Female	Reg. No	: 0312404240053
Referred by	: Dr. VAMSHA SRI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Apr-2024 07: 22 PM
Primary Sample	: Whole Blood	Received On	: 24-Apr-2024 10: 45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Apr-2024 12:00 AM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	A			Tube Agglutination
Rh Typing	Positive			Tube Agglutination
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	10.5	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	34.6	%	40-50	Calculated
RBC Count	4.62	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	75	fl	81-101	Calculated
MCH	22.8	pg	27-32	Calculated
MCHC	30.4	g/dL	32.5-34.5	Calculated
RDW-CV	15.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	297	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	7.7	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	67	%	40-70	Cell Impedance
Lymphocytes	28	%	20-40	Cell Impedance
Monocytes	04	%	2-10	Microscopy
Eosinophils	01	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.16	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	2.16	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.31	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.08	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SPANDANA	Sample ID	: A0093211
Age/Gender	: 26 Years/Female	Reg. No	: 0312404240053
Referred by	: Dr. VAMSHA SRI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Apr-2024 07: 22 PM
Primary Sample	:	Received On	: 24-Apr-2024 10: 47 PM
Sample Tested In	: Urine	Reported On	: 24-Apr-2024 11: 38 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	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	1.020	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	03-04	/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



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Apr-2024 07: 22 PM
Primary Sample	: Whole Blood	Received On	: 24-Apr-2024 10: 47 PM
Sample Tested In	: Serum	Reported On	: 25-Apr-2024 12: 26 AM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation
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The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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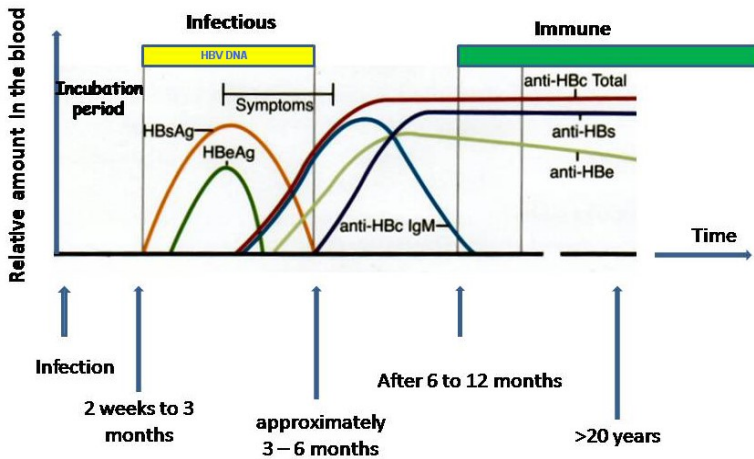
Hepatitis B Surface Antigen (HBsAg)	0.34	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

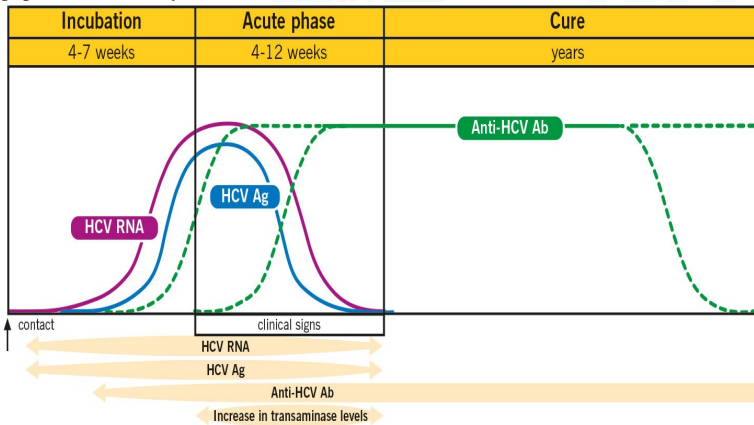
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation:

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

*** End Of Report ***

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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*** End Of Report ***



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