



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. SPANDANA Sample ID : 24864292 Age/Gender : 0312404240053 : 26 Years/Female Reg. No Referred by SPP Code : Dr. VAMSHA SRI : 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 U	nits	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03 min 10 sec M	linutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 30 sec M	linutes	3 - 7	Capillary Method





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# 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**

SURG	SICAL PRO	FILE-II	
sults	Units	Ref Range	

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	Α			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 Impedence
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 Impedence
Lymphocytes	28	%	20-40	Cell Impedence
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	Impedence
Absolute Lymphocyte Count	2.16	10^9/L	1.0-3.0	Impedence
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	Anisocytosi	s with Normocy	PAPs Staining	







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# REPORT

Name : Mrs. SPANDANA Sample ID : 24864290, 24864278 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 10:47 PM

Sample Tested In : Plasma-NaF(R), Serum Reported On : 24-Apr-2024 11:19 PM

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

### **CLINICAL BIOCHEMISTRY**

#### **SURGICAL PROFILE-II**

Test Name Results Units Ref. Range Method

Glucose Random (RBS) 78 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

III JI	*** 5	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200	1	>=200(with symptoms)

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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Urea-Serum23.5mg/dL12.8-42.8Glutamate<br/>dehydrogenase+Calculation

#### Interpretation:

- · Catabolism of proteins and amino acids results in the formation of urea, which is predominantly cleared from the body by the kidneys.
- Increased urea with normal creatinine concentrations indicates a pre-renal increase in urea which may be due to a high protein diet, increased protein catabolism, reabsorption of blood proteins after GI haemorrhage, glucocorticoid treatment, dehydration or decreased perfusion of the kidneys.
- An increase in both urea and creatinine concentrations may indicate an obstructive post-renal condition such as malignancy, nephrolithiasis or prostatism.
- · A low urea and increased creatinine may indicate acute tubular necrosis, low protein intake, starvation or severe liver disease.

Creatinine - Serum 0.75 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.







DR. VAISHNAVI MD BIOCHEMISTRY





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## 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

# **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 1.020 Specific Gravity 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

Numes 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 Absent Absent Crystals Microscopic Bacteria Nil Nil

Budding Yeast Cells Nil Absent Microscopy







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## REPORT

Name : Mrs. SPANDANA Sample ID : 24864278

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 10:47 PM

Sample Tested In : Serum Reported On : 25-Apr-2024 12:26 AM

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## **IMMUNOLOGY & SEROLOGY**

#### **SURGICAL PROFILE-II**

Test Name Results Units Ref. Range Method

VDRL- Syphilis Antibodies Non Reactive Non Reactive Slide Flocculation

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**

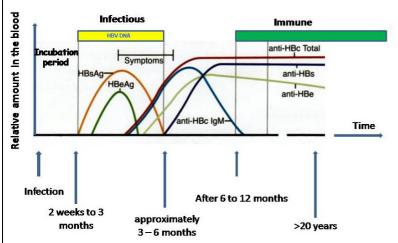
SONGICAL FROI ILL-II					
Test Name	Results	Units	Ref. Range	Method	
Hepatitis B Surface Antigen (HBsAg)	0.34	S/Co	<1.00 :Negative >1.00 :Positive	ELISA	

#### 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**

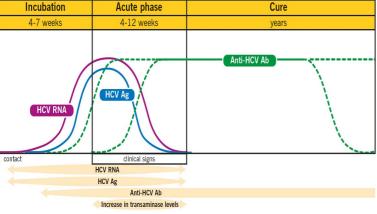
SUNGICAL FINOI ILL-II					
Test Name	Results	Units	Ref. Range	Method	
Hepatitis C Virus Antibody	0.21	S/Co	< 1.00 : Negative	ELISA	

#### Interpretation:

- 1. 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.
- 2. 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:

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

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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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