

REPORT

Name	: Mr. K KUMARA SWAMY	Sample ID	: 24864309
Age/Gender	: 65 Years/Male	Reg. No	: 0312404250009
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Apr-2024 07:28 AM
Primary Sample	:	Received On	: 25-Apr-2024 12:54 PM
Sample Tested In	: Urine	Reported On	: 25-Apr-2024 03:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
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Fasting Urine Glucose	Negative		Negative	Automated Strip Test
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Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Apr-2024 07:28 AM
Primary Sample	: Whole Blood	Received On	: 25-Apr-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Apr-2024 01:14 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)	13.8	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	39.5	%	40-50	Calculated
RBC Count	4.20	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	94	fl	81-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.9	g/dL	32.5-34.5	Calculated
RDW-CV	14.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	181	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	3.9	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	2.73	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	0.78	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.23	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.16	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 and Mild Leucopenia			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Apr-2024 07:28 AM
Primary Sample	: Whole Blood	Received On	: 25-Apr-2024 12:54 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 25-Apr-2024 05:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	75	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)	87	mg/dL	70-140	Hexokinase (HK)
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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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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	2.6	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.7	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	1.9	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	264	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	77	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)	94	U/L	15-85	IFCC
Protein - Total	5.5	g/dL	6.4-8.2	Biuret
Albumin	2.8	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.7	g/dL	2.0-4.2	Calculated
A:G Ratio	1.04	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	3.43			

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.



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CLINICAL PATHOLOGY

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				
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	01-02	/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.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



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