

REPORT

Name	: Mrs. G SUNITHA	Sample ID	: 24864320
Age/Gender	: 48 Years/Female	Reg. No	: 0312404260004
Referred by	: Dr. BALAJI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Apr-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Apr-2024 01:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Erythrocyte Sedimentation Rate (ESR)	6		10 or less	Westergren method
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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.

Complete Blood Count (CBC)

Haemoglobin (Hb)	12.1	g/dL	12-15	Cynmeth Method
RBC Count	4.20	10 ¹² /L	4.5-5.5	Cell Impedance
Total WBC Count	6.4	10 ⁹ /L	4.0-10.0	Impedance
Platelet Count (PLT)	288	10 ⁹ /L	150-410	Cell Impedance
Haematocrit (HCT)	36.8	%	40-50	Calculated
MCV	88	fl	81-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated

Differential Count by Flowcytometry /Microscopy

Neutrophils	63	%	40-70	Cell Impedance
Lymphocytes	30	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy

Smear

WBC	Within Normal Limits	
RBC	Normocytic normochromic	
Platelets	Adequate.	Microscopy



Swarnabala - M
DR. SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. G SUNITHA	Sample ID	: 24864321, 24864327, 248643
Age/Gender	: 48 Years/Female	Reg. No	: 0312404260004
Referred by	: Dr. BALAJI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Apr-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 26-Apr-2024 10:30 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Glucose Fasting (F) 85 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

Glucose Post Prandial (PP) 120 mg/dL 70-140 Hexokinase (HK)

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

- 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.

Calcium 9.6 mg/dL 8.5-10.1 o-cresolphthalein complexone (OCPC)

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
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MD BIOCHEMISTRY

REPORT

Name	: Mrs. G SUNITHA	Sample ID	: 24864319
Age/Gender	: 48 Years/Female	Reg. No	: 0312404260004
Referred by	: Dr. BALAJI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Apr-2024 09:21 AM
Primary Sample	: Whole Blood	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 26-Apr-2024 10:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	181	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	186	mg/dL	< 150	GPO-POD
Cholesterol-HDL	45	mg/dL	40-60	Direct
Cholesterol-LDL	98.8	mg/dL	< 100	Calculated
Cholesterol- VLDL	37.2	mg/dL	7-35	Calculated
Non HDL Cholesterol	136	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	4.02	%	0-4.0	Calculated
HDL / LDL Ratio	0.46			
LDL/HDL Ratio	2.2	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	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
Borderline 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



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Primary Sample	: Whole Blood	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 26-Apr-2024 10:30 PM
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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.95	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	18.5	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.63	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	9.08		6 - 22	
Uric Acid	3.7	mg/dL	2.6-6.0	Uricase
Sodium	136	mmol/L	136-145	ISE Direct
Potassium	4.0	mmol/L	3.5-5.1	ISE Direct
Chloride	100	mmol/L	98-108	ISE Direct
Liver Function Test (LFT)				
Bilirubin(Total)	0.4	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	21	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	25	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	87	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	7.4	g/dL	6.4-8.2	Biuret
Albumin	4.6	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.64	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.84			

Result rechecked and verified for abnormal cases

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Primary Sample	: Whole Blood	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 26-Apr-2024 02:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Thyroid Profile-I(TFT)

T3 (Triiodothyronine)	114.85	ng/dL	70-204	CLIA
T4 (Thyroxine)	7.1	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	3.81	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	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 Trimester :100-260 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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REPORT

Name	: Mrs. G SUNITHA	Sample ID	: 24864318
Age/Gender	: 48 Years/Female	Reg. No	: 0312404260004
Referred by	: Dr. BALAJI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Apr-2024 09:21 AM
Primary Sample	:	Received On	: 26-Apr-2024 12:51 PM
Sample Tested In	: Urine	Reported On	: 26-Apr-2024 02:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-1 PACKAGE

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	1.025	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	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
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Correlate Clinically.

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*** End Of Report ***



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