

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. HARINATH Sample ID : 24864335

Age/Gender : 68 Years/Male Reg. No : 0312404270004

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Apr-2024 09:49 AM Primary Sample : Whole Blood Received On : 27-Apr-2024 12:45 PM

Sample Tested In : Serum Reported On : 27-Apr-2024 06:10 PM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method

C-Reactive protein-(CRP) 28.7 mg/L Upto:6.0 Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Excellence In Health Care



DR. VAISHNAVI MD BIOCHEMISTRY



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Name : Mr. HARINATH Sample ID : 24864354
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Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Apr-2024 09:49 AM

Primary Sample : Whole Blood Received On : 27-Apr-2024 05:45 PM
Sample Tested In : Whole Blood EDTA Reported On : 27-Apr-2024 06:39 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)	11.9	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	37.5	%	40-50	Calculated
RBC Count	4.34	10^12/L	4.5-5.5	Cell Impedence
MCV	86	fl	81-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	31.7	g/dL	32.5-34.5	Calculated
RDW-CV	15.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	186	10^9/L	150-410	Cell Impedance
Total WBC Count	5.7	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	68	%	40-70	Cell Impedence
Lymphocytes	27	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.88	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.54	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.17	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.11	10^9/L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytos	is with Normoc	ytic normochromic	PAPs Staining
Erythrocyte Sedimentation Rate (ESR)	19		14 or less	Westergren method







Swornabala - M DR.SWARNA BALA MD PATHOLOGY



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CLINICAL BIOCHEMISTRY					
Test Name Results Units Ref. Range Method					
Uric Acid	5.1	mg/dL	3.5-7.2	Uricase	

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough if it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)



Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited











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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	99	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	162	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	24.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	32.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	57	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.36	%	0-4.0	Calculated
HDL / LDL Ratio	1.71			
LDL/HDL Ratio	0.59	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders 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

Correlate Clinically.

Result rechecked and verified for abnormal cases

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*** End Of Report ***







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