

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. SANTOSH Sample ID : 24864115
Age/Gender : 36 Years/Male Reg. No : 0312405040007
Referred by : Dr. B MOHANTA SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-May-2024 09:58 AM

Primary Sample : Whole Blood Received On : 04-May-2024 09:38 AM Reported On : 04-May-2024 02:32 PM Reported On : 04-May-2024 02:32 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) | 10.6 | g/dL | 13-17 | Cynmeth Method | |
| Haematocrit (HCT) | 31.3 | % | 40-50 | Calculated | |
| RBC Count | 4.25 | 10^12/L | 4.5-5.5 | Cell Impedence | |
| MCV | 74 | fl | 81-101 | Calculated | |
| MCH | 24.9 | pg | 27-32 | Calculated | |
| MCHC | 32.0 | g/dL | 32.5-34.5 | Calculated | |
| RDW-CV | 14.1 | % | 11.6-14.0 | Calculated | |
| Platelet Count (PLT) | 170 | 10^9/L | 150-410 | Cell Impedance | |
| Total WBC Count | 9.6 | 10^9/L | 4.0-10.0 | Impedance | |
| 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 | 00 | % | 1-2 | Microscopy | |
| Absolute Neutrophils Count | 6.72 | 10^9/L | 2.0-7.0 | Impedence | |
| Absolute Lymphocyte Count | 1.92 | 10^9/L | 1.0-3.0 | Impedence | |
| Absolute Monocyte Count | 0.58 | 10^9/L | 0.2-1.0 | Calculated | |
| Absolute Eosinophils Count | 0.38 | 10^9/L | 0.02-0.5 | Calculated | |
| Absolute Basophil ICount | 0.00 | 10^9/L | 0.0-0.3 | Calculated | |
| Morphology | Anisocytosis with Microcytic hypochromic anemia | | | PAPs Staining | |







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name: Mr. SANTOSHSample ID: 24864107, 24864113Age/Gender: 36 Years/MaleReg. No: 0312405040007Referred by: Dr. B MOHANTASPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-May-2024 09:58 AM Primary Sample : Whole Blood Received On : 04-May-2024 12:53 PM

Sample Tested In : Plasma-NaF(R), Serum Reported On : 04-May-2024 02:58 PM

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

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|

Glucose Random (RBS) 87 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

| Diagnosis | 3 | 2hrsPlasma Glucose(mg/dL) | HbA1c(%) | RBS(mg/dL) |
|-------------|---------|------------------------------|----------|-------------------------|
| Prediabetes | | 140-199 | 5.7-6.4 | NA |
| Diabetes | > = 126 | > = 200 | I | >=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.

Excellence In Health Care











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REPORT

Name : Mr. SANTOSH Sample ID : 24864107, 24864113

Age/Gender : 36 Years/Male Reg. No : 0312405040007

Referred by : Dr. B MOHANTA SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-May-2024 09:58 AM

Primary Sample : Whole Blood

Primary Sample : Whole Blood Received On : 04-May-2024 12:53 PM Sample Tested In : Plasma-NaF(R), Serum Reported On : 04-May-2024 02:58 PM

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

| CLINICAL BIOCHEMISTRY | | | | |
|---------------------------------------|---------|-------|------------|--------------------------|
| Test Name | Results | Units | Ref. Range | Method |
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 0.3 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 0.1 | mg/dL | 0.0 - 0.5 | Diazo |
| Bilirubin (Indirect) | 0.2 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 20 | U/L | 5-40 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 15 | U/L | 0-55 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 52 | U/L | 40-150 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 16 | U/L | 15-85 | IFCC |
| Protein - Total | 6.6 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 3.6 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 3 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.2 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 1.33 | | | |

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.







DR.VAISHNAVI MD BIOCHEMISTRY



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REPORT

: Mr. SANTOSH Name Sample ID : 24864116 Age/Gender : 36 Years/Male Reg. No : 0312405040007 Referred by SPP Code : Dr. B MOHANTA : SPL-CV-172

: V CARE MEDICAL DIAGNOSTICS Referring Customer Collected On : 04-May-2024 09:58 AM Primary Sample : 04-May-2024 01:01 PM Received On

Sample Tested In : Urine Reported On : 04-May-2024 04:33 PM

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

CLINICAL PATHOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|

Complete Urine Analysis (CUE)

Physical Examination

Pale Yellow Colour Straw to light amber Appearance **HAZY** Clear

Chemical Examination

Negative Strip Reflectance Glucose Negative Protein Absent Negative Strip Reflectance Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Trace Negative Strip Reflectance Specific Gravity 1.030 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 5.0 - 8.5 6.0 Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-05 /hpf 00-05 Microscopy Nil Nil R.B.C. /hpf Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Absent Absent Casts Microscopic Crystals Absent Absent Microscopic Nil Nil Bacteria Nil Absent **Budding Yeast Cells** 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 ***







Swarnabala-M DR.SWARNA BALA MD PATHOLOGY