

REPORT

Name	: Mr. MAHESWAR RAO	Sample ID	: 24864502
Age/Gender	: 35 Years/Male	Reg. No	: 0312405050033
Referred by	: Dr. RAJ KIRAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-May-2024 10:42 AM
Primary Sample	: Whole Blood	Received On	: 05-May-2024 02:38 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-May-2024 04:20 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)	14.4	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	42.3	%	40-50	Calculated
RBC Count	5.11	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	83	fl	81-101	Calculated
MCH	28.1	pg	27-32	Calculated
MCHC	34.0	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	228	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	7.7	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	22	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.39	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.69	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.46	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.15	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. MAHESWAR RAO	Sample ID	: 24864504, 24864501
Age/Gender	: 35 Years/Male	Reg. No	: 0312405050033
Referred by	: Dr. RAJ KIRAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-May-2024 10:42 AM
Primary Sample	: Whole Blood	Received On	: 05-May-2024 02:38 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 05-May-2024 03:37 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	76	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

- 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.

Creatinine -Serum	1.13	mg/dL	0.70-1.30	Sarcosine oxidase
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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 muscle mass.

Alanine Aminotransferase (ALT/SGPT)	16	U/L	0-55	IFCC with out (P-5-P)
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Interpretation :

- Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver cell integrity.
- ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.
- Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are typically at least 10 times above the normal range. Levels may reach values as high as 100 times the upper reference limit, although 20- to 50-fold elevations are most frequently encountered. In infectious hepatitis and other inflammatory conditions affecting the liver.

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



Dr. Vaishnavi
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MD BIOCHEMISTRY