

REPORT

Name	: Mrs. D MAMATHA	Sample ID	: 24864532
Age/Gender	: 27 Years/Female	Reg. No	: 0312405070024
Referred by	: Dr. ASHOK KUMAR SINGH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-May-2024 11:49 AM
Primary Sample	: Whole Blood	Received On	: 07-May-2024 01:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-May-2024 03:56 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	B			Tube Agglutination
Rh Typing	Positive			Tube Agglutination
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	11.7	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	33.7	%	40-50	Calculated
RBC Count	3.89	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	87	fl	81-101	Calculated
MCH	30.0	pg	27-32	Calculated
MCHC	34.7	g/dL	32.5-34.5	Calculated
RDW-CV	13.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	217	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	6.1	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	66	%	40-70	Cell Impedance
Lymphocytes	31	%	20-40	Cell Impedance
Monocytes	02	%	2-10	Microscopy
Eosinophils	01	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	4.03	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	1.89	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.12	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.06	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	: Mrs. D MAMATHA	Sample ID	: 24864533, 24864531
Age/Gender	: 27 Years/Female	Reg. No	: 0312405070024
Referred by	: Dr. ASHOK KUMAR SINGH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-May-2024 11:49 AM
Primary Sample	: Whole Blood	Received On	: 07-May-2024 01:20 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 07-May-2024 03:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	74	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.

Urea-Serum	20.5	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
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Interpretation:

- Catabolism of proteins and amino acids results in the formation of urea, which is predominantly cleared from the body by the kidneys.
- Increased urea with normal creatinine concentrations indicates a pre-renal increase in urea which may be due to a high protein diet, increased protein catabolism, reabsorption of blood proteins after GI haemorrhage, glucocorticoid treatment, dehydration or decreased perfusion of the kidneys.
- An increase in both urea and creatinine concentrations may indicate an obstructive post-renal condition such as malignancy, nephrolithiasis or prostatism.
- A low urea and increased creatinine may indicate acute tubular necrosis, low protein intake, starvation or severe liver disease.

Creatinine -Serum	0.64	mg/dL	0.60-1.10	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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referred by	: Dr. ASHOK KUMAR SINGH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-May-2024 11:49 AM
Primary Sample	: Whole Blood	Received On	: 07-May-2024 01:20 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 07-May-2024 03:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	4.00	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL))	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. D MAMATHA	Sample ID	: A0094086
Age/Gender	: 27 Years/Female	Reg. No	: 0312405070024
Referred by	: Dr. ASHOK KUMAR SINGH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-May-2024 11:49 AM
Primary Sample	:	Received On	: 07-May-2024 01:20 PM
Sample Tested In	: Urine	Reported On	: 07-May-2024 04:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

SURGICAL PROFILE-II

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	1.010	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	5.5	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	01-02	/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



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-May-2024 11:49 AM
Primary Sample	: Whole Blood	Received On	: 07-May-2024 01:19 PM
Sample Tested In	: Serum	Reported On	: 07-May-2024 07:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation
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The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases

*** End Of Report ***

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MD, MICROBIOLOGIST

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

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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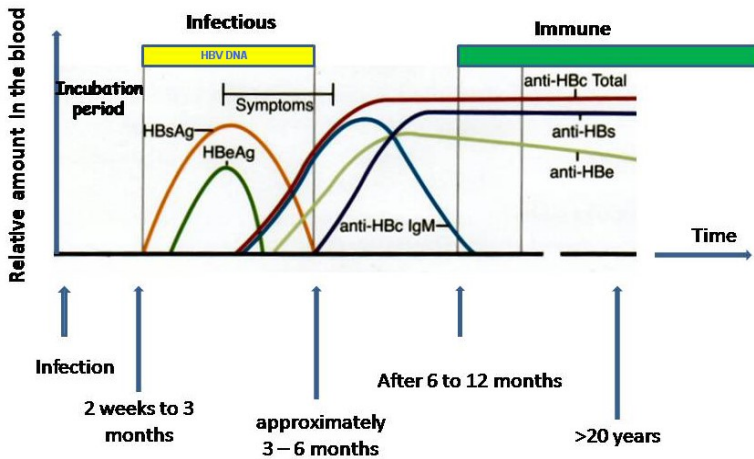
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

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Sample Tested In	: Serum	Reported On	: 07-May-2024 07:10 PM
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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
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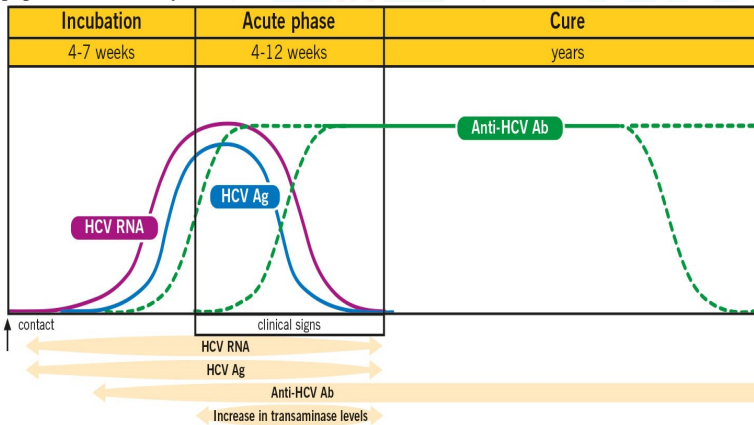
Hepatitis C Virus Antibody	0.26	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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Interpretation:

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

*** End Of Report ***

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Primary Sample	: Whole Blood	Received On	: 07-May-2024 01:19 PM
Sample Tested In	: Serum	Reported On	: 07-May-2024 07:00 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.26	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
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