

REPORT

Name	: Mr. BHARATH	Sample ID	: 24864378
Age/Gender	: 37 Years/Male	Reg. No	: 0312405080001
Referred by	: Dr. ARUNA KUMARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2024 08:08 AM
Primary Sample	: Whole Blood	Received On	: 08-May-2024 12:49 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-May-2024 01:11 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)	15.2	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	45.1	%	40-50	Calculated
RBC Count	5.06	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	89	fl	81-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33.8	g/dL	32.5-34.5	Calculated
RDW-CV	13.4	%	11.6-14.0	Calculated
Platelet Count (PLT)	198	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	5.8	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	63	%	40-70	Cell Impedence
Lymphocytes	28	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.65	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.62	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.35	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	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. BHARATH	Sample ID	: 24864376, 24864375
Age/Gender	: 37 Years/Male	Reg. No	: 0312405080001
Referred by	: Dr. ARUNA KUMARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2024 08:08 AM
Primary Sample	: Whole Blood	Received On	: 08-May-2024 12:49 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 08-May-2024 01:36 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	81	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.

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN)	10.5	mg/dL	7.0-18.0	Calculated
Urea-Serum	22.7	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
 - Congestive heart failure
 - Excessive protein level in the gastrointestinal tract
 - Gastrointestinal bleeding
 - Hypovolemia (dehydration)
 - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
 - Liver failure
 - Low protein diet
 - Malnutrition



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.89	mg/dL	0.70-1.30	Sarcosine oxidase

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.

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY