

REPORT

Name	: Mrs. SAHITHI	Sample ID	: A0286781
Age/Gender	: 23 Years/Female	Reg. No	: 0312405150010
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-May-2024 10:18 AM
Primary Sample	:	Received On	: 15-May-2024 04:53 PM
Sample Tested In	: Capillary Tube	Reported On	: 15-May-2024 04:56 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03:10	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05:30	Minutes	3 - 7	Capillary Method



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SAHITHI	Sample ID	: A0286774
Age/Gender	: 23 Years/Female	Reg. No	: 0312405150010
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-May-2024 10:18 AM
Primary Sample	:	Received On	: 15-May-2024 11:44 AM
Sample Tested In	: Urine	Reported On	: 15-May-2024 03:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE TOLERANCE TEST (GTT): 3 SAMPLES

Test Name	Results	Units	Ref. Range	Method
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Fasting Urine Glucose	Negative		Negative	Automated Strip Test
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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. SAHITHI	Sample ID	: A0286777
Age/Gender	: 23 Years/Female	Reg. No	: 0312405150010
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-May-2024 10:18 AM
Primary Sample	: Whole Blood	Received On	: 15-May-2024 11:49 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-May-2024 12:58 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	O			Tube Agglutination
Rh Typing	Positive			Tube Agglutination
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	11.7	g/dL	12-15	Cynmeth Method
RBC Count	3.99	10 ¹² /L	4.5-5.5	Cell Impedance
Haematocrit (HCT)	34.8	%	40-50	Calculated
MCV	87	fl	81-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.5	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	303	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	14.6	10 ⁹ /L	4.0-10.0	Impedance
Neutrophils	77	%	40-70	Cell Impedance
Absolute Neutrophils Count	11.24	10 ⁹ /L	2.0-7.0	Impedance
Lymphocytes	17	%	20-40	Cell Impedance
Absolute Lymphocyte Count	2.48	10 ⁹ /L	1.0-3.0	Impedance
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.58	10 ⁹ /L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.29	10 ⁹ /L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology				
WBC	Neutrophilic Leucocytosis			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy



Swannabala - M
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MD PATHOLOGY

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HAEMATOLOGY

SURGICAL PROFILE

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	17		10 or less	Westergren method

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SAHITHI	Sample ID	: A0286776, A0286778, A02867
Age/Gender	: 23 Years/Female	Reg. No	: 0312405150010
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-May-2024 10:18 AM
Primary Sample	: Whole Blood	Received On	: 15-May-2024 03:33 PM
Sample Tested In	: Serum, Plasma-NaF(F), Plasma-N	Reported On	: 15-May-2024 05:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE TOLERANCE TEST (GTT): 3 SAMPLES

Test Name	Results	Units	Ref. Range	Method
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Creatinine -Serum	0.78	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.

TSH -Thyroid Stimulating Hormone	1.74	µIU/mL	0.35-5.5	CLIA
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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.

Glucose Fasting(GTT)	72	mg/dL	Refer Interpretation	Hexokinase (HK)
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Glucose 1st hour sample	109	mg/dL	Reference Interpretation	Hexokinase (HK)
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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 15-May-2024 03:33 PM
Sample Tested In	: Serum, Plasma-NaF(F), Plasma-N	Reported On	: 15-May-2024 05:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE TOLERANCE TEST (GTT): 3 SAMPLES

Test Name	Results	Units	Ref. Range	Method
Glucose 2nd hour sample	114	mg/dL	Refer Interpretation	Hexokinase (HK)

GTT Reference range (75 g Glucose Load)

Pregnancy	Non Pregnant and Males
Fasting: < 92 mg/dL	Fasting: 60-100 mg/dL
1st hour sample : < 180 mg/dL	1st hour sample : < 200 mg/dL
2nd hour sample: < 153 mg/dL	2nd hour sample: < 140 mg/dL

Interpretation of Plasma Glucose based on ADA guidelines 2018



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-May-2024 10:18 AM
Primary Sample	: Whole Blood	Received On	: 15-May-2024 11:49 AM
Sample Tested In	: Serum	Reported On	: 15-May-2024 12:06 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE

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).

Hepatitis B Surface Antigen(Rapid)	Negative	Negative	Immunochromatography
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- HBsAg(Rapid)Test is an in-Vitro immunochromatographic one step assay designed for qualitative determination of HBsAg in human serum or plasma.
- **Sensitivity:** This test can detect 1.0 ng/mL of HBsAg in human serum or plasma.
- Specimen found to be reactive by the above screening test must be confirmed by standard supplemental assay like ELISA, Neutralization test or PCR.
- False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor. This occurs in less than 1% of the samples tested.
- **Disclaimer:** This test is only a screening method for detection of (Hepatitis B Surface Antigen (HBsAg).Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR recommended."

Hepatitis C Virus (HCV Antibody)-Rapid	Non Reactive	Non Reactive	Immunochromatography
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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%.

Disclaimer: This test is only a screening method for detection of (HCV Antibody). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR is recommended.

HIV 1 & 2 Ab-Chromatography

HIV - I Results	Non Reactive	Non Reactive	Immuno Chromatography
HIV - II Results	Non Reactive	Non Reactive	Immuno Chromatography

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST