

REPORT

Name	: Mrs. E S JYOTHI ARUNA KUMARI	Sample ID	: A0286801
Age/Gender	: 51 Years/Female	Reg. No	: 0312405170009
Referred by	: Dr. VISHNU RAO	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 17-May-2024 09:18 AM
Primary Sample	: Whole Blood	Received On	: 17-May-2024 01:43 PM
Sample Tested In	: Serum	Reported On	: 17-May-2024 03:04 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	73.82	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. E S JYOTHI ARUNA KUMARI	Sample ID	: A0286804
Age/Gender	: 51 Years/Female	Reg. No	: 0312405170009
Referred by	: Dr. VISHNU RAO	SPP Code	: SPL-ST5-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 17-May-2024 09:18 AM
Primary Sample	: Whole Blood	Received On	: 17-May-2024 01:26 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-May-2024 01:56 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)	8.9	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	27.4	%	40-50	Calculated
RBC Count	3.43	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	25.9	pg	27-32	Calculated
MCHC	32.4	g/dL	32.5-34.5	Calculated
RDW-CV	15.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	463	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	10.2	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	74	%	40-70	Cell Impedence
Lymphocytes	21	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	7.55	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.14	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.31	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	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 and Mild Neutrophilic Leucocytosis and Thrombocytosis			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.98	mg/dL	0.60-1.10	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.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



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