

Lab Address: - # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

: Mr. BABU RAO CHUKKA Name Sample ID : A0286924

Age/Gender : 78 Years/Male Reg. No : 0312405230004 Referred by SPP Code : Dr. SELF : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 23-May-2024 09:04 AM

Primary Sample : Whole Blood Received On : 23-May-2024 01:00 PM

Sample Tested In : Whole Blood EDTA Reported On : 23-May-2024 01:22 PM Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name Results Units Ref. Range Method

Erythrocyte Sedimentation Rate (ESR) 28 30 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.

Complete Blood Count (CBC)

complete Bioda count (CBC)				
Haemoglobin (Hb)	13.5	g/dL	13-17	Cynmeth Method
RBC Count	4.65	10^12/L	4.5-5.5	Cell Impedence
Total WBC Count	9.5	10^9/L	4.0-10.0	Impedance
Platelet Count (PLT)	197	10^9/L	150-410	Cell Impedance
Haematocrit (HCT)	41.8	%	40-50	Calculated
MCV	90	fl	81-101	Calculated
MCH	29.0	pg	27-32	Calculated
MCHC	32.2	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Differential Count by Flowcytometry /Micro	oscopy			
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
Smear				



Within Normal Limits

Normocytic normochromic

Platelets

Adequate. Microscopy







Swarnabala-M DR.SWARNA BALA MD PATHOLOGY





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REPORT

Name : Mr. BABU RAO CHUKKA Sample ID : A0286925, A0286926, A02869

Age/Gender : 78 Years/Male Reg. No : 0312405230004

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-May-2024 09:04 AM Primary Sample : Whole Blood Received On : 23-May-2024 01:00 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP), Reported On : 23-May-2024 03:42 PM

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

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name Results Units Ref. Range Method

Glucose Fasting (F) 115mg/dL
70-100
GOD-POD

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

Glucose Post Prandial (PP) 134 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Calcium9.4mg/dL8.5-10.1o-cresolphthalein
complexone (OCPC)

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a
 free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower
 Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

*** End Of Report ***







DR. VAISHNAVI MD BIOCHEMISTRY





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REPORT

Name: Mr. BABU RAO CHUKKASample ID: A0286923Age/Gender: 78 Years/MaleReg. No: 0312405230004Referred by: Dr. SELFSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-May-2024 09:04 AM
Primary Sample : Whole Blood Received On : 23-May-2024 01:00 PM
Sample Tested In : Serum Reported On : 23-May-2024 03:42 PM

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

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	106	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	89	mg/dL	< 150	GPO-POD
Cholesterol-HDL	50	mg/dL	40-60	Direct
Cholesterol-LDL	38.2	mg/dL	< 100	Calculated
Cholesterol- VLDL	17.8	mg/dL	7-35	Calculated
Non HDL Cholesterol	56	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.12	%	0-4.0	Calculated
HDL / LDL Ratio	1.31			
LDL/HDL Ratio	0.76	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Trialycaridae	HDL Cholesterol (mg/dL)	LDL Cholesterol	Non HDL Cholesterol in (mg/dL)
Untimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
IIHIMN I	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190 	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL











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REPORT

Name : Mr. BABU RAO CHUKKA

Age/Gender : 78 Years/Male Referred by : Dr. SELF

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : A0286923

Reg. No : 0312405230004

SPP Code : SPL-CV-172

: 23-May-2024 09:04 AM Collected On

Received On : 23-May-2024 01:00 PM

: 23-May-2024 03:42 PM Reported On

: Final Report Report Status

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method

Prostate-specific Antigen (PSA) 5.35 CLIA ng/mL 0.0 - 4.0

Interpretation:

• PSA is a glycoprotein present in the cytoplasm of the epithelial cells and ducts of the prostate and in the prostatic carcinoma.

Increase PSA has been seen in:

- Prostatic cancers.
- Benign prostatic hyperplasia.
- Prostatitis.
- · Prostatic infarction.
- · In the case of rectal manipulation of the prostate

Note: This interval is not intended to be used as a reference for posttreatment follow-up and monitoring of patients.

Kid	nev	Profi	le-KFT

Creatinine -Serum	0.78	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	26.7	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	12.48	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	16.00		6 - 22	
Uric Acid	4.4	mg/dL	3.5-7.2	Uricase
Sodium	138	mmol/L	136-145	ISE Direct
Potassium	3.9	mmol/L	3.5-5.1	ISE Direct
Chloride	104	mmol/L	98-108	ISE Direct









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REPORT

Name: Mr. BABU RAO CHUKKASample IDAge/Gender: 78 Years/MaleReg. NoReferred by: Dr. SELFSPP Code

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : A0286923

i. No : 0312405230004 Code : SPL-CV-172

Collected On : 23-May-2024 09:04 AM

Reported On : 23-May-2024 03:42 PM

: 23-May-2024 01:00 PM

Report Status : Final Report

Received On

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.6	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.5	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	20	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	59	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	22	U/L	15-85	IFCC
Protein - Total	6.0	g/dL	6.4-8.2	Biuret
Albumin	3.7	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.3	g/dL	2.0-4.2	Calculated
A:G Ratio	1.61	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.67			

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited







DR.VAISHNAVI MD BIOCHEMISTRY



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Method

REPOR1

: Mr. BABU RAO CHUKKA Name Sample ID : A0286923

Age/Gender : 78 Years/Male Reg. No : 0312405230004

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-May-2024 09:04 AM Primary Sample : Whole Blood : 23-May-2024 01:00 PM Received On

Sample Tested In : Serum Reported On : 23-May-2024 05:32 PM

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

Results

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE Units

Ref. Range

			•		
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	115.85	ng/dL	40-181	CLIA	
T4 (Thyroxine)	9.6	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	5.49	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

Test Name

T3 (Triiodothyronine):		T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester	: 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimes	ster :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng	/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.













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: A0093332

REPORT

Name : Mr. BABU RAO CHUKKA Sample ID

Age/Gender : 78 Years/Male Reg. No : 0312405230004 : Dr. SELF SPP Code

Referred by : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-May-2024 09:04 AM Primary Sample Received On : 23-May-2024 12:52 PM

Sample Tested In : Urine Reported On 23-May-2024 02:22 PM

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

CLINICAL PATHOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name Results Units Ref. Range Method

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 Strip Reflectance Negative Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance Specific Gravity 1.025 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance

6.0 5.0 - 8.5Reaction (pH) Reagent Strip Reflectance **Nitrites**

Negative Negative Strip Reflectance

Negative Negative Reagent Strip Reflectance Leukocyte esterase

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-03 /hpf 00-05 Microscopy R.B.C. Nil /hpf Nil Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Casts Absent Absent Microscopic Absent Crystals Absent Microscopic

Bacteria Nil Nil

Nil Absent **Budding Yeast Cells** Microscopy

Correlate Clinically.

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*** End Of Report ***







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