

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0286958
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	:	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Urine	Reported On	: 25-May-2024 04:31 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Microalbumin-Random Urine</b>	4.60	mg/L	Upto 30.0	Immunoturbidimetry

**Interpretation:**

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).



*Vaishnavi*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287046
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-May-2024 01:38 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
<b>COMPLETE BLOOD COUNT (CBC)</b>				
Haemoglobin (Hb)	11.7	g/dL	12-15	Cynmeth Method
RBC Count	4.52	10 <sup>12</sup> /L	4.5-5.5	Cell Impedance
Haematocrit (HCT)	35.3	%	40-50	Calculated
MCV	78	fl	81-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	33.1	g/dL	32.5-34.5	Calculated
RDW-CV	14.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	228	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	8.1	10 <sup>9</sup> /L	4.0-10.0	Impedance
Neutrophils	61	%	40-70	Cell Impedance
Absolute Neutrophils Count	4.94	10 <sup>9</sup> /L	2.0-7.0	Impedance
Lymphocytes	33	%	20-40	Cell Impedance
Absolute Lymphocyte Count	2.67	10 <sup>9</sup> /L	1.0-3.0	Impedance
Monocytes	04	%	2-10	Microscopy
Absolute Monocyte Count	0.32	10 <sup>9</sup> /L	0.2-1.0	Calculated
Eosinophils	02	%	1-6	Microscopy
Absolute Eosinophils Count	0.16	10 <sup>9</sup> /L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
<b>Morphology</b>				
WBC	Within Normal Limits			
RBC	Normocytic normochromic blood picture.			
Platelets	Adequate.			Microscopy
Erythrocyte Sedimentation Rate (ESR)	17		12 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.



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287046
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-May-2024 01:38 PM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------



*Swannabala - M*  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287044, A0287063, A02870
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D. (GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 25-May-2024 01:26 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

**Glucose Fasting (F)** **104** mg/dL 70-100 GOD-POD

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

**Glucose Post Prandial (PP)** **120** 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

- 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.

**Glycated Hemoglobin (HbA1c)** **6.3** % Non Diabetic:< 5.7  
Pre diabetic: 5.7-6.4  
Diabetic:>= 6.5 HPLC

**Mean Plasma Glucose** **134.11** mg/dL Calculated

**Interpretation:**

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY



**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287043
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Serum	Reported On	: 25-May-2024 02:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
<b>Lipid Profile</b>				
Cholesterol Total	184	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	172	mg/dL	< 150	GPO-POD
Cholesterol-HDL	48	mg/dL	40-60	Direct
Cholesterol-LDL	101.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	34.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	136	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.83	%	0-4.0	Calculated
HDL / LDL Ratio	0.47			
LDL/HDL Ratio	2.12	%	0-3.5	Calculated

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

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	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
High	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



*Dr. Vaishnavi*  
**DR.VAISHNAVI  
MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287043
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Serum	Reported On	: 25-May-2024 02:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Creatinine -Serum	0.73	mg/dL	0.60-1.10	Sarcosine oxidase
Urea-Serum	22.5	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	10.51	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	14.40		6 - 22	
Uric Acid	<b>6.3</b>	mg/dL	2.6-6.0	Uricase
Sodium	141	mmol/L	136-145	ISE Direct
Potassium	3.8	mmol/L	3.5-5.1	ISE Direct
Chloride	102	mmol/L	98-108	ISE Direct

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. B LAXMI	Sample ID	: A0287043
Age/Gender	: 55 Years/Female	Reg. No	: 0312405250008
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:05 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Serum	Reported On	: 25-May-2024 01:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SAGEPATH CARE 1.2**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	119.68	ng/dL	40-181	CLIA
<b>T4 (Thyroxine)</b>	7.8	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	11.32	µIU/mL	0.35-5.5	CLIA

**Pregnancy & Cord Blood**

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 Trimester :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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY