

REPORT

Name	: Mr. SARAT CHANDRA PATRO	Sample ID	: A0287034
Age/Gender	: 62 Years/Male	Reg. No	: 0312405250009
Referred by	: Dr. R N V VAMSHI KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:38 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-May-2024 12:43 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)	14.2	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	44.4	%	40-50	Calculated
RBC Count	5.31	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	84	fl	81-101	Calculated
MCH	26.8	pg	27-32	Calculated
MCHC	32.0	g/dL	32.5-34.5	Calculated
RDW-CV	14.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	269	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	9.6	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	26	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	6.72	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.5	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.19	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.19	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. SARAT CHANDRA PATRO	Sample ID	: A0287045, A0287034, A02870
Age/Gender	: 62 Years/Male	Reg. No	: 0312405250009
Referred by	: Dr. R N V VAMSHI KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:38 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Plasma-NaF(F), Whole Blood EDT	Reported On	: 25-May-2024 03:12 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	145	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

Glycated Hemoglobin (HbA1c)	8.3	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	191.51	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



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. SARAT CHANDRA PATRO	Sample ID	: A0287045, A0287034, A02870
Age/Gender	: 62 Years/Male	Reg. No	: 0312405250009
Referred by	: Dr. R N V VAMSHI KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:38 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Plasma-NaF(F), Whole Blood EDT	Reported On	: 25-May-2024 03:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
25 - Hydroxy Vitamin D	31.59	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

Interpretation:

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- people who don't get much exposure to the sun
- older adults
- people with obesity.
- dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

TSH -Thyroid Stimulating Hormone 2.32 µIU/mL 0.35-5.5 CLIA

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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

REPORT

Name	: Mr. SARAT CHANDRA PATRO	Sample ID	: A0287033
Age/Gender	: 62 Years/Male	Reg. No	: 0312405250009
Referred by	: Dr. R N V VAMSHI KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:38 AM
Primary Sample	: Whole Blood	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Serum	Reported On	: 25-May-2024 03:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	243	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	638	mg/dL	< 150	GPO-POD
Cholesterol-HDL	35	mg/dL	40-60	Direct
Cholesterol-LDL	Not Calculated	mg/dL	< 100	Calculated
Cholesterol- VLDL	Not Calculated	mg/dL	7-35	Calculated
Non HDL Cholesterol	208	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	6.94	%	0-4.0	Calculated
HDL / LDL Ratio	Not Calculated			
LDL/HDL Ratio	Not Calculated	%	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	: Mr. SARAT CHANDRA PATRO	Sample ID	: A0287054
Age/Gender	: 62 Years/Male	Reg. No	: 0312405250009
Referred by	: Dr. R N V VAMSHI KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-May-2024 08:38 AM
Primary Sample	:	Received On	: 25-May-2024 12:08 PM
Sample Tested In	: Urine	Reported On	: 25-May-2024 02:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(++)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.005		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY