

REPORT

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|--------------------|--|---------------|------------------------|
| Name | : Mrs. A SATHYAVATHI | Sample ID | : A0287091 |
| Age/Gender | : 78 Years/Female | Reg. No | : 0312405290046 |
| Referred by | : Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm)) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-May-2024 11:48 AM |
| Primary Sample | : Whole Blood | Received On | : 29-May-2024 12:44 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 29-May-2024 05:17 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) | 9.2 | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | 29.2 | % | 40-50 | Calculated |
| RBC Count | 3.27 | 10 ¹² /L | 4.5-5.5 | Cell Impedence |
| MCV | 89 | fl | 81-101 | Calculated |
| MCH | 28.1 | pg | 27-32 | Calculated |
| MCHC | 31.5 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 16.9 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 282 | 10 ⁹ /L | 150-410 | Cell Impedence |
| Total WBC Count | 10.0 | 10 ⁹ /L | 4.0-10.0 | Impedence |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 70 | % | 40-70 | Cell Impedence |
| Lymphocytes | 20 | % | 20-40 | Cell Impedence |
| Monocytes | 06 | % | 2-10 | Microscopy |
| Eosinophils | 04 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 7 | 10 ⁹ /L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 2 | 10 ⁹ /L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.6 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.4 | 10 ⁹ /L | 0.02-0.5 | Calculated |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Morphology | Anisocytosis with Normocytic normochromic anemia | | | PAPs Staining |



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

| | | | |
|--------------------|--|---------------|------------------------|
| Name | : Mrs. A SATHYAVATHI | Sample ID | : A0287092, A0287094 |
| Age/Gender | : 78 Years/Female | Reg. No | : 0312405290046 |
| Referred by | : Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm)) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 29-May-2024 11:48 AM |
| Primary Sample | : Whole Blood | Received On | : 29-May-2024 12:55 PM |
| Sample Tested In | : Plasma-NaF(R), Serum | Reported On | : 29-May-2024 05:34 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|-----------------------------|-----------|--------------|---------------|------------------------|
| Glucose Random (RBS) | 89 | 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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

| | | | | |
|--------------------------|-------------|--------------|------------------|--------------------------|
| Creatinine -Serum | 5.78 | mg/dL | 0.60-1.20 | 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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MD BIOCHEMISTRY