

REPORT

Name	: Mrs. K SEETHA KUMARI	Sample ID	: A0287173
Age/Gender	: 73 Years/Female	Reg. No	: 0312406030008
Referred by	: Dr. K S RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jun-2024 10:33 AM
Primary Sample	: Whole Blood	Received On	: 03-Jun-2024 01:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Jun-2024 03:01 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
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Erythrocyte Sedimentation Rate (ESR)	47		30 or less	Westergren method
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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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Primary Sample	: Whole Blood	Received On	: 03-Jun-2024 01:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Jun-2024 02:12 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
Complete Blood Count (CBC)				
Haemoglobin (Hb)	8.2	g/dL	12-15	Cynmeth Method
RBC Count	3.96	10 ¹² /L	4.5-5.5	Cell Impedance
Total WBC Count	10.0	10 ⁹ /L	4.0-10.0	Impedance
Platelet Count (PLT)	348	10 ⁹ /L	150-410	Cell Impedance
Haematocrit (HCT)	28.3	%	40-50	Calculated
MCV	71	fl	81-101	Calculated
MCH	20.7	pg	27-32	Calculated
MCHC	29.0	g/dL	32.5-34.5	Calculated
RDW-CV	18.8	%	11.6-14.0	Calculated
Differential Count by Flowcytometry /Microscopy				
Neutrophils	70	%	40-70	Cell Impedance
Lymphocytes	25	%	20-40	Cell Impedance
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Smear				
WBC	Within Normal Limits			
RBC	Anisocytosis with Microcytic hypochromic anemia			
Platelets	Adequate.			Microscopy



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Name	: Mrs. K SEETHA KUMARI	Sample ID	: A0287174, A0287171, A02871
Age/Gender	: 73 Years/Female	Reg. No	: 0312406030008
Referred by	: Dr. K S RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jun-2024 10:33 AM
Primary Sample	: Whole Blood	Received On	: 03-Jun-2024 01:44 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 03-Jun-2024 03:36 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	101	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)
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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.

Rheumatoid Factor, RA	176	IU/mL	<20.0	Immunoturbidometry
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Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

Result rechecked and verified for abnormal cases

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jun-2024 10:33 AM
Primary Sample	: Whole Blood	Received On	: 03-Jun-2024 01:44 PM
Sample Tested In	: Serum	Reported On	: 03-Jun-2024 03:36 PM
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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Calcium	8.5	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)
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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 ***

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Primary Sample	: Whole Blood	Received On	: 03-Jun-2024 01:44 PM
Sample Tested In	: Serum	Reported On	: 03-Jun-2024 03:16 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	125	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	67	mg/dL	< 150	GPO-POD
Cholesterol-HDL	43	mg/dL	40-60	Direct
Cholesterol-LDL	68.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	13.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	82	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.91	%	0-4.0	Calculated
HDL / LDL Ratio	0.63			
LDL/HDL Ratio	1.6	%	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

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.60	mg/dL	0.60-1.20	Sarcosine oxidase
Urea-Serum	18.1	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.46	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	14.10		6 - 22	
Uric Acid	3.6	mg/dL	2.6-6.0	Uricase
Sodium	139	mmol/L	136-145	ISE Direct
Potassium	3.8	mmol/L	3.5-5.1	ISE Direct
Chloride	103	mmol/L	98-108	ISE Direct

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	33	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	27	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	92	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	6	U/L	5-55	IFCC
Protein - Total	6.9	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1.38	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.22			

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
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Thyroid Profile-I(TFT)

T3 (Triiodothyronine)	128.47	ng/dL	40-181	CLIA
T4 (Thyroxine)	8.5	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	15.345	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.



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REPORT

Name	: Mrs. K SEETHA KUMARI	Sample ID	: A0287182
Age/Gender	: 73 Years/Female	Reg. No	: 0312406030008
Referred by	: Dr. K S RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Jun-2024 10:33 AM
Primary Sample	:	Received On	: 03-Jun-2024 01:32 PM
Sample Tested In	: Urine	Reported On	: 03-Jun-2024 03:20 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
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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	Negative	Strip Reflectance
Bilirubin (Bile)	Negative	Negative	Strip Reflectance
Urobilinogen	Negative	Negative	Ehrlichs reagent
Ketone Bodies	Negative	Negative	Strip Reflectance
Specific Gravity	1.030	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	7.5	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	02-03	/hpf	00-05	Microscopic
Casts	Absent	Absent	Absent	Microscopic
Crystals	Absent	Absent	Absent	Microscopic
Bacteria	Nil	Nil	Nil	
Budding Yeast Cells	Nil	Absent	Absent	Microscopy

Correlate Clinically.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



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