

**REPORT**

Name	: Mr. B VENKATESH	Sample ID	: A0287230
Age/Gender	: 55 Years/Male	Reg. No	: 0312406040025
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Jun-2024 10:38 AM
Primary Sample	: Whole Blood	Received On	: 04-Jun-2024 01:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 04-Jun-2024 02:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	11.8	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	36.3	%	40-50	Calculated
RBC Count	4.13	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	32.4	g/dL	32.5-34.5	Calculated
RDW-CV	14.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	245	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	6.9	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	4.83	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.38	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.41	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.28	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mr. B VENKATESH	Sample ID	: A0287229, A0287232
Age/Gender	: 55 Years/Male	Reg. No	: 0312406040025
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Jun-2024 10:38 AM
Primary Sample	: Whole Blood	Received On	: 04-Jun-2024 01:56 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 04-Jun-2024 05:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glucose Random (RBS)</b>	<b>239</b>	<b>mg/dL</b>	<b>70-140</b>	<b>Hexokinase (HK)</b>

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.

Test Name	Results	Units	Ref. Range	Method
<b>Uric Acid</b>	<b>3.7</b>	<b>mg/dL</b>	<b>3.5-7.2</b>	<b>Uricase</b>

**Interpretation:**

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)



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

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Blood Urea Nitrogen (BUN)-Serum</b>				
Blood Urea Nitrogen (BUN)	15	mg/dL	7.0-18.0	Calculated
Urea-Serum	31.0	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation

**Interpretation:**

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
  - Congestive heart failure
  - Excessive protein level in the gastrointestinal tract
  - Gastrointestinal bleeding
  - Hypovolemia (dehydration)
  - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
  - Liver failure
  - Low protein diet
  - Malnutrition

<b>Creatinine -Serum</b>	0.83	mg/dL	0.70-1.30	Sarcosine oxidase
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**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.

<b>Rheumatoid Factor, RA</b>	47.46	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.



*Dr. Vaishnavi*  
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**MD BIOCHEMISTRY**

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited