

REPORT

Name	: Mr. PURU RAVA	Sample ID	: A0287240
Age/Gender	: 44 Years/Male	Reg. No	: 0312406070073
Referred by	: Dr. V VEENA (M.B.B.S.,M.D. (Pulmonology))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jun-2024 08:27 PM
Primary Sample	: Whole Blood	Received On	: 07-Jun-2024 10:33 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Jun-2024 12:22 AM
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)	13.9	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	41.6	%	40-50	Calculated
RBC Count	4.75	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	88	fl	81-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.3	g/dL	32.5-34.5	Calculated
RDW-CV	13.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	326	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	10.9	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	73	%	40-70	Cell Impedance
Lymphocytes	20	%	20-40	Cell Impedance
Monocytes	04	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	7.96	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	2.18	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.44	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.33	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Neutrophilic Leucocytosis			PAPs Staining
Absolute Eosinophil Count	330	cells/ μ L	20-500	Cell counter/microscopy

Comments :

Absolute eosinophil count is increased in allergic or atopic disease, infectious disorders (including parasites), medications, immunologic reactions, skin disorders, pulmonary syndromes, rheumatologic diseases, myeloproliferative neoplasms and secondary to other malignancies.



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Jun-2024 08:27 PM
Primary Sample	: Whole Blood	Received On	: 07-Jun-2024 10:33 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 07-Jun-2024 11:15 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	406	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	1.27	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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY