

REPORT

Name	: Mrs. SUJATHA	Sample ID	: A0643538
Age/Gender	: 43 Years/Female	Reg. No	: 0312406240044
Referred by	: Dr. PRADEEP DESHPANDE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Jun-2024 11:34 AM
Primary Sample	:	Received On	: 24-Jun-2024 12:45 PM
Sample Tested In	: Urine	Reported On	: 24-Jun-2024 02:51 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

Fasting Urine Glucose	Negative		Negative	Automated Strip Test
------------------------------	----------	--	----------	----------------------

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. SUJATHA	Sample ID	: A0643536
Age/Gender	: 43 Years/Female	Reg. No	: 0312406240044
Referred by	: Dr. PRADEEP DESHPANDE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Jun-2024 11:34 AM
Primary Sample	: Whole Blood	Received On	: 24-Jun-2024 12:56 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Jun-2024 03:25 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)	9.4	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	31.6	%	40-50	Calculated
RBC Count	4.31	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	73	fl	81-101	Calculated
MCH	21.7	pg	27-32	Calculated
MCHC	29.6	g/dL	32.5-34.5	Calculated
RDW-CV	16.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	533	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	9.8	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	64	%	40-70	Cell Impedence
Lymphocytes	28	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6.27	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.74	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.59	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Microcytic hypochromic anemia with Thrombocytosis			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SUJATHA	Sample ID	: A0643537, A0643535
Age/Gender	: 43 Years/Female	Reg. No	: 0312406240044
Referred by	: Dr. PRADEEP DESHPANDE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Jun-2024 11:34 AM
Primary Sample	: Whole Blood	Received On	: 24-Jun-2024 12:56 PM
Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 24-Jun-2024 02:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	84	mg/dL	70-100	Hexokinase

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

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN)	8.65	mg/dL	7.0-18.0	Calculated
Urea-Serum	18.5	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

Creatinine -Serum	0.98	mg/dL	0.60-1.10	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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. SUJATHA	Sample ID	: A0643538
Age/Gender	: 43 Years/Female	Reg. No	: 0312406240044
Referred by	: Dr. PRADEEP DESHPANDE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Jun-2024 11:34 AM
Primary Sample	:	Received On	: 24-Jun-2024 12:45 PM
Sample Tested In	: Urine	Reported On	: 24-Jun-2024 01:08 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	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	1.005		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		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	02-03	/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 ***



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY