

**REPORT**

Name	: Mrs. ROOPA	Sample ID	: A0643771
Age/Gender	: 45 Years/Female	Reg. No	: 0312407060005
Referred by	: Dr. P S S KIRAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Jul-2024 08:39 AM
Primary Sample	: Whole Blood	Received On	: 06-Jul-2024 12:52 PM
Sample Tested In	: Citrated Plasma	Reported On	: 06-Jul-2024 06:16 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>PROTHROMBIN TIME (P TIME)</b>				
PT-Patient Value	15.9	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.22			
PT INR	1.30		0.9-1.2	

**Interpretation :**

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

**Note**

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. ROOPA	Sample ID	: A0643770
Age/Gender	: 45 Years/Female	Reg. No	: 0312407060005
Referred by	: Dr. P S S KIRAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Jul-2024 08:39 AM
Primary Sample	: Whole Blood	Received On	: 06-Jul-2024 12:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Jul-2024 01:36 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)	13.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>37.4</b>	%	40-50	Calculated
RBC Count	4.41	10 <sup>12</sup> /L	3.8-4.8	Cell Impedence
MCV	85	fl	81-101	Calculated
MCH	30.1	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	13.4	%	11.6-14.0	Calculated
Platelet Count (PLT)	180	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	5.2	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	60	%	40-70	Cell Impedence
Lymphocytes	35	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.12	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.82	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	<b>0.16</b>	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.1	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	Normocytic normochromic			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. ROOPA	Sample ID	: A0643769
Age/Gender	: 45 Years/Female	Reg. No	: 0312407060005
Referred by	: Dr. P S S KIRAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Jul-2024 08:39 AM
Primary Sample	: Whole Blood	Received On	: 06-Jul-2024 12:52 PM
Sample Tested In	: Serum	Reported On	: 06-Jul-2024 03:06 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Creatinine -Serum</b>	0.72	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.

Correlate Clinically.

Result rechecked and verified for abnormal cases  
Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*



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