

**REPORT**

Name	: Mrs. RABIA KHAN	Sample ID	: A0643843
Age/Gender	: 37 Years/Female	Reg. No	: 0312407100011
Referred by	: Dr. WASEEM QURESHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jul-2024 11:19 AM
Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:38 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Jul-2024 04:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Blood Grouping (A B O)</b>	B			Tube Agglutination
<b>Rh Typing</b>	Positive			Tube Agglutination

**Comments:**

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

**Note:** Both Forward and Reverse Grouping Performed .

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

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Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:38 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Jul-2024 01:09 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)	11.4	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	31.5	%	40-50	Calculated
RBC Count	3.93	10 <sup>12</sup> /L	3.8-4.8	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	29.0	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	13.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	181	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	8.1	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	67	%	40-70	Cell Impedence
Lymphocytes	29	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.43	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.35	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.16	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.16	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

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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:38 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 10-Jul-2024 01:29 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY****GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Ref. Range	Method
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<b>Glucose Random (RBS)</b>	125	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

- 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.

Result rechecked and verified for abnormal cases

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**DR. VAISHNAVI**  
MD BIOCHEMISTRY

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Referred by	: Dr. WASEEM QURESHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jul-2024 11:19 AM
Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 10-Jul-2024 04:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	118.65	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	7.9	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	1.39	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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*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**



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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 10-Jul-2024 08:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
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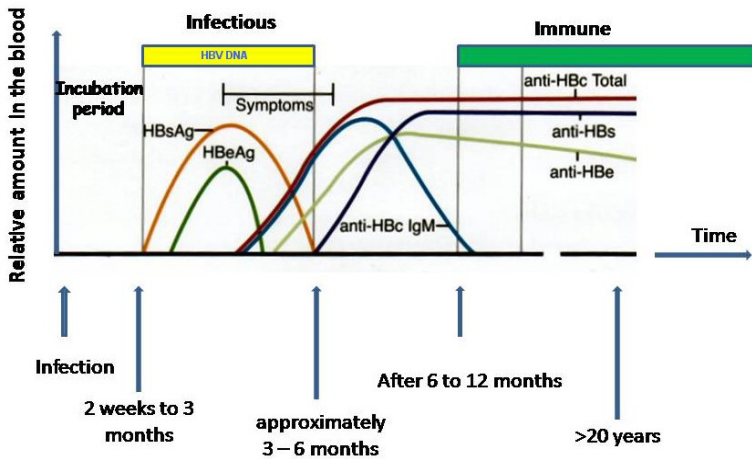
<b>Hepatitis B Surface Antigen (HBsAg)</b>	0.35	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 10-Jul-2024 07:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
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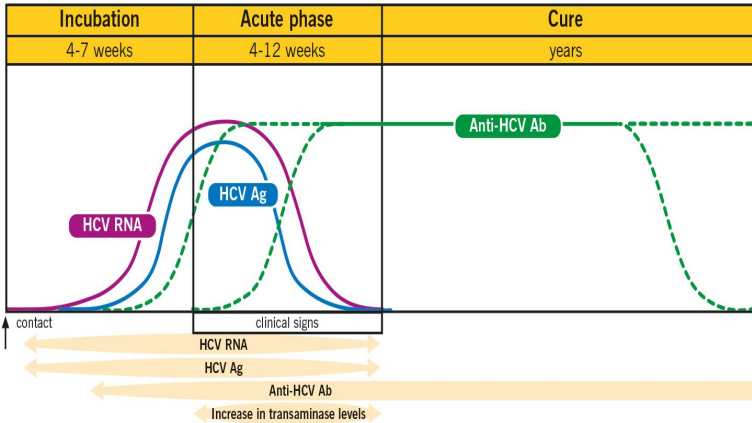
<b>Hepatitis C Virus Antibody</b>	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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**Interpretation:**

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

**Comments :-**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



**Note:**

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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Primary Sample	: Whole Blood	Received On	: 10-Jul-2024 12:51 PM
Sample Tested In	: Serum	Reported On	: 10-Jul-2024 07:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
<b>HIV (1&amp; 2) Antibody</b>	0.32	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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



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