

REPORT

Name	: Mr. K SRINIVASULU	Sample ID	: A0644014
Age/Gender	: 62 Years/Male	Reg. No	: 0312407160010
Referred by	: Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jul-2024 08:43 AM
Primary Sample	: Whole Blood	Received On	: 16-Jul-2024 12:33 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Jul-2024 12:45 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)	13.0	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	39.5	%	40-50	Calculated
RBC Count	5.11	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	77	fl	81-101	Calculated
MCH	25.4	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	244	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	6.3	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	57	%	40-70	Cell Impedence
Lymphocytes	37	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.59	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.33	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.25	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.13	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Primary Sample	: Whole Blood	Received On	: 16-Jul-2024 12:33 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Jul-2024 01:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	9	mm/hr	14 or less	Westergren method



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jul-2024 08:43 AM
Primary Sample	: Whole Blood	Received On	: 16-Jul-2024 12:41 PM
Sample Tested In	: Serum	Reported On	: 16-Jul-2024 03:38 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.96	mg/dL	0.70-1.30	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.

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Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	8.9	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	208.73	mg/dL		Calculated

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421		14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	117.54	ng/dL	40-181	CLIA
T4 (Thyroxine)	7.1	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	4.36	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.

Correlate Clinically.

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