

REPORT

Name	: Mrs. PRAVALIKA	Sample ID	: A0643718
Age/Gender	: 30 Years/Female	Reg. No	: 0312407240028
Referred by	: Dr. HARITHA	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 24-Jul-2024 12:41 PM
Primary Sample	:	Received On	: 24-Jul-2024 04:01 PM
Sample Tested In	: Capillary Tube	Reported On	: 24-Jul-2024 04:15 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03:10	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05:20	Minutes	3 - 7	Capillary Method

*** End Of Report ***



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRAVALIKA	Sample ID	: A0643720
Age/Gender	: 30 Years/Female	Reg. No	: 0312407240028
Referred by	: Dr. HARITHA	SPP Code	: SPL-ST5-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 24-Jul-2024 12:41 PM
Primary Sample	: Whole Blood	Received On	: 24-Jul-2024 04:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Jul-2024 04:15 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)	11.0	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	30.7	%	40-50	Calculated
RBC Count	3.66	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	84	fl	81-101	Calculated
MCH	30.0	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	16.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	245	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	10.8	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	73	%	40-70	Cell Impedence
Lymphocytes	23	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	7.88	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.48	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.22	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.22	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic with Neutrophilic Leucocytosis			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRAVALIKA	Sample ID	: A0643720, A0643719
Age/Gender	: 30 Years/Female	Reg. No	: 0312407240028
Referred by	: Dr. HARITHA	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 24-Jul-2024 12:41 PM
Primary Sample	: Whole Blood	Received On	: 24-Jul-2024 04:01 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 24-Jul-2024 07:08 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	16	mm/hr	10 or less	Westergren method
Coombs Test - Indirect	Negative		Negative	Column agglutination

Comments

- Indirect Coomb's test (ICT) is used to detect various incomplete IgG antibodies in the serum.

This test is used for

- ABO Compatability testing
- Alloantibodies in Immune Hemolytic anemias
- Unexpected antibodies screening and detection
- Antenatal antibody screening

Method : Column agglutination



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. PRAVALIKA	Sample ID	: A0643719
Age/Gender	: 30 Years/Female	Reg. No	: 0312407240028
Referred by	: Dr. HARITHA	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 24-Jul-2024 12:41 PM
Primary Sample	: Whole Blood	Received On	: 24-Jul-2024 04:01 PM
Sample Tested In	: Serum	Reported On	: 24-Jul-2024 07:08 PM
Client Address	: Kimtee Colony ,Gokul Nagar ,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Blood Urea Nitrogen (BUN)-Serum				
Blood Urea Nitrogen (BUN)	7.0	mg/dL	7.0-18.0	Calculated
Urea-Serum	14.9	mg/dL	12.8-42.8	Calculated

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

0.66 mg/dL 0.60-1.10 Jaffes Kinetic

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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. PRAVALIKA	Sample ID	: A0643719
Age/Gender	: 30 Years/Female	Reg. No	: 0312407240028
Referred by	: Dr. HARITHA	SPP Code	: SPL-STS-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 24-Jul-2024 12:41 PM
Primary Sample	: Whole Blood	Received On	: 24-Jul-2024 04:01 PM
Sample Tested In	: Serum	Reported On	: 25-Jul-2024 01:09 AM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

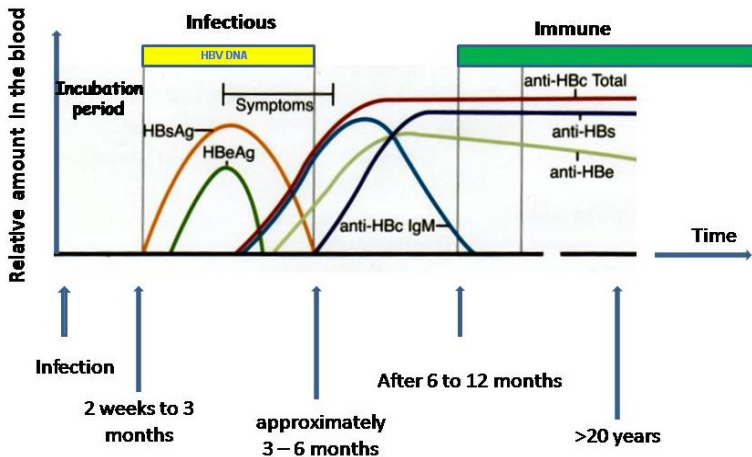
Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

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

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST