



Lab Address: - # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

Method

REPORT

: Mrs. RUPANI AKHILA Name Sample ID : A0590258 Age/Gender : 23 Years/Female Reg. No : 0312407270009

SPP Code Referred by : Dr. SELF : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Jul-2024 09:24 AM

Primary Sample : Whole Blood Received On : 27-Jul-2024 01:04 PM Sample Tested In : Citrated Plasma Reported On : 27-Jul-2024 04:13 PM

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

Results

HAEMATOLOGY

COAGULATION PROFILE-II Units

Ref. Range

Activated Partial Thromboplastin Time (APTT/PTTK)						
Patient Value	35.80	sec	26-40	Photo Optical Clot Detection		
Control Value	33.00	Sec		Agglutination		
PROTHROMBIN TIME (P TIME)						
PT-Patient Value	14.4	Secs	10-15	Photo Optical Clot Detection		
PT-Mean Control Value	13.00	Seconds		Detection		
PT Ratio	1.11					
PT INR	1.20		0.9-1.2			

Interpretation:

Test Name

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

*** End Of Report ***



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REPORT

Name : Mrs. RUPANI AKHILA Sample ID : A0590257

 Age/Gender
 : 23 Years/Female
 Reg. No
 : 0312407270009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Jul-2024 09:24 AM Primary Sample : Whole Blood Received On : 27-Jul-2024 01:04 PM

Sample Tested In : Whole Blood EDTA Reported On : 27-Jul-2024 02:42 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)	9.1	g/dL	12-15	Cynmeth Method	
Haematocrit (HCT)	28.8	%	40-50	Calculated	
RBC Count	3.51	10^12/L	3.8-4.8	Cell Impedence	
MCV	80	fl	81-101	Calculated	
MCH	25.8	pg	27-32	Calculated	
MCHC	31.5	g/dL	32.5-34.5	Calculated	
RDW-CV	17.4	%	11.6-14.0	Calculated	
Platelet Count (PLT)	380	10^9/L	150-410	Cell Impedance	
Total WBC Count	7.1	10^9/L	4.0-10.0	Impedance	
Differential Leucocyte Count (DC)					
Neutrophils	70	%	40-70	Cell Impedence	
Lymphocytes	25	%	20-40	Cell Impedence	
Monocytes	03	%	2-10	Microscopy	
Eosinophils	02	%	1-6	Microscopy	
Basophils	00	%	1-2	Microscopy	
Absolute Neutrophils Count	4.97	10^9/L	2.0-7.0	Impedence	
Absolute Lymphocyte Count	1.78	10^9/L	1.0-3.0	Impedence	
Absolute Monocyte Count	0.21	10^9/L	0.2-1.0	Calculated	
Absolute Eosinophils Count	0.14	10^9/L	0.02-0.5	Calculated	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
Morphology	Anisocytos	is with Microcy	tic hypochromic anemia	PAPs Staining	
Don to advantagland and Cod Construction					

Result rechecked and verified for abnormal cases

*** End Of Report ***

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REPORT

Name : Mrs. RUPANI AKHILA Sample ID : A0590255 Age/Gender : 23 Years/Female Reg. No : 0312407270009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Jul-2024 09:24 AM

Primary Sample : Whole Blood Received On : 27-Jul-2024 01:04 PM Sample Tested In : Serum Reported On : 27-Jul-2024 03:21 PM

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

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Results	Units	Ref. Range	Method		
0.69	mg/dL	0.60-1.10	Jaffes Kinetic		
17.2	mg/dL	12.8-42.8	Calculated		
8.04	mg/dL	7.0-18.0	Calculated		
11.65		6 - 22			
2.89	mg/dL	2.6-6.0	Uricase		
144	mmol/L	135-150	ISE Direct		
4.0	mmol/L	3.5-5.0	ISE Direct		
102	mmol/L	94-110	ISE Direct		
	0.69 17.2 8.04 11.65 2.89 144 4.0	0.69 mg/dL 17.2 mg/dL 8.04 mg/dL 11.65 2.89 mg/dL 144 mmol/L 4.0 mmol/L	Results Units Ref. Range 0.69 mg/dL 0.60-1.10 17.2 mg/dL 12.8-42.8 8.04 mg/dL 7.0-18.0 11.65 6 - 22 2.89 mg/dL 2.6-6.0 144 mmol/L 135-150 4.0 mmol/L 3.5-5.0	Results Units Ref. Range Method 0.69 mg/dL 0.60-1.10 Jaffes Kinetic 17.2 mg/dL 12.8-42.8 Calculated 8.04 mg/dL 7.0-18.0 Calculated 11.65 6 - 22 2.89 mg/dL 2.6-6.0 Uricase 144 mmol/L 135-150 ISE Direct 4.0 mmol/L 3.5-5.0 ISE Direct	

Interpretation

• The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

Excellence in riealth Gale

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REPORT

Name : Mrs. RUPANI AKHILA Sample ID : A0590255

Age/Gender : 23 Years/Female Reg. No : 0312407270009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Jul-2024 09:24 AM
Primary Sample : Whole Blood Received On : 27-Jul-2024 01:04 PM

Sample Tested In : Serum Reported On : 27-Jul-2024 03:16 PM Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Liver Function Test (LFT)					
Bilirubin(Total)	0.3	mg/dL	0.3-1.2	Diazo	
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.3	Diazo	
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated	
Aspartate Aminotransferase (AST/SGOT)	12	U/L	15-37	IFCC UV Assay	
Alanine Aminotransferase (ALT/SGPT)	10	U/L	0-55	IFCC with out (P-5-P)	
Alkaline Phosphatase(ALP)	108	U/L	30-120	Kinetic PNPP-AMP	
Gamma Glutamyl Transpeptidase (GGTP)	55	U/L	5-55	IFCC	
Protein - Total	6.6	g/dL	6.4-8.2	Biuret	
Albumin	4.0	g/dL	3.4-5.0	Bromocresol Green (BCG)	
Globulin	2.6	g/dL	2.0-4.2	Calculated	
A:G Ratio	1.54	%	0.8-2.0	Calculated	
SGOT/SGPT Ratio	1.20				

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.











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REPORT

Name : Mrs. RUPANI AKHILA Sample ID : A0590236

Age/Gender : 23 Years/Female Reg. No : 0312407270009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Jul-2024 09:24 AM
Primary Sample : Received On : 27-Jul-2024 01:04 PM

Sample Tested In : Urine Reported On : 27-Jul-2024 05:42 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 HAZY Clear

Chemical Examination

Negative Strip Reflectance Glucose Negative Protein (+) Negative Strip Reflectance Bilirubin (Bile) Negative Negative Strip Reflectance Urobilinogen Negative Negative Ehrlichs reagent Ketone Bodies Negative Negative Strip Reflectance Specific Gravity 1.025 1.000 - 1.030 Strip Reflectance Blood Negative Negative Strip Reflectance 5.0 - 8.5 6.0 Reaction (pH) Reagent Strip Reflectance

Nitrites Negative Negative Strip Reflectance

Leukocyte esterase Negative Negative Reagent Strip Reflectance

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-04 /hpf 00-05 Microscopy Nil Nil R.B.C. /hpf Microscopic **Epithelial Cells** 01-02 /hpf 00-05 Microscopic Absent Absent Casts Microscopic Crystals Absent Absent Microscopic Nil Nil Bacteria

Nil

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.

Absent

and drug toxicity

Correlate Clinically.

Budding Yeast Cells

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*** End Of Report ***







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Microscopy