

REPORT

Name	: Mrs. SAVITHRI	Sample ID	: A0590272
Age/Gender	: 35 Years/Female	Reg. No	: 0312407280017
Referred by	: Dr. V VEENA (M.B.B.S.,M.D. (Pulmonology))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jul-2024 02:04 PM
Primary Sample	: Whole Blood	Received On	: 28-Jul-2024 03:09 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Jul-2024 07:37 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)	11.5	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	32.8	%	40-50	Calculated
RBC Count	4.02	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	82	fl	81-101	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	13.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	323	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	6.4	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	60	%	40-70	Cell Impedence
Lymphocytes	32	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.84	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.05	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.38	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



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Referred by	: Dr. V VEENA (M.B.B.S.,M.D. (Pulmonology))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jul-2024 02:04 PM
Primary Sample	: Whole Blood	Received On	: 28-Jul-2024 03:09 PM
Sample Tested In	: Serum	Reported On	: 28-Jul-2024 05:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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)	26	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	11	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	37	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	16	U/L	5-55	IFCC
Protein - Total	7.2	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.2	g/dL	2.0-4.2	Calculated
A:G Ratio	1.25	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	2.36			

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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. SAVITHRI	Sample ID	: A0590169
Age/Gender	: 35 Years/Female	Reg. No	: 0312407280017
Referred by	: Dr. V VEENA (M.B.B.S.,M.D. (Pulmonology))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jul-2024 02:04 PM
Primary Sample	:	Received On	: 28-Jul-2024 03:09 PM
Sample Tested In	: Urine	Reported On	: 28-Jul-2024 04:51 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	Clear		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.020		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	01-02	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jul-2024 02:04 PM
Primary Sample	: Whole Blood	Received On	: 28-Jul-2024 03:09 PM
Sample Tested In	: Serum	Reported On	: 28-Jul-2024 08:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

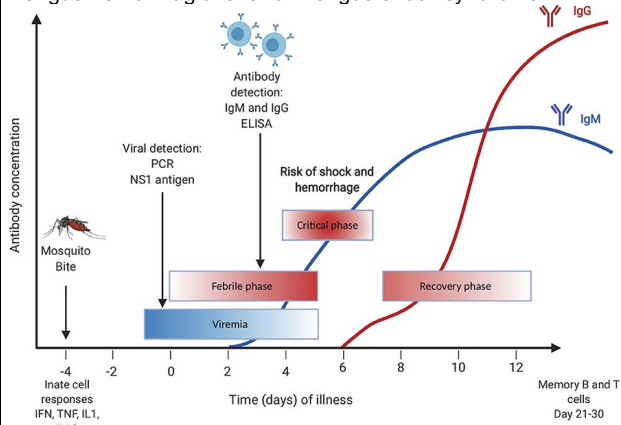
Test Name	Results	Units	Ref. Range	Method
Dengue NS1 Antigen	0.50	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Interpretation:

Result	Interpretation
Negative	No detectable dengue NS1 antigen. The result does not rule out dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal	Repeat sample after 1 week
Positive	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assays should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

Correlate Clinically.

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