

REPORT

Name	: Miss. NAUSHEEN NAAZ	Sample ID	: A0590461
Age/Gender	: 19 Years/Female	Reg. No	: 0312408030005
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Aug-2024 08:56 AM
Primary Sample	: Whole Blood	Received On	: 03-Aug-2024 06:57 PM
Sample Tested In	: Citrated Plasma	Reported On	: 03-Aug-2024 09:10 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Activated Partial Thromboplastin Time (APTT/PTTK)				
Patient Value	36.70	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

Comments:APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

*** End Of Report ***



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Miss. NAUSHEEN NAAZ	Sample ID	: A0590458
Age/Gender	: 19 Years/Female	Reg. No	: 0312408030005
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Aug-2024 08:56 AM
Primary Sample	: Whole Blood	Received On	: 03-Aug-2024 06:57 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Aug-2024 08:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Interim

HAEMATOLOGY (PRELIMINARY REPORT)

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	11.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	33.5	%	40-50	Calculated
RBC Count	4.06	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	83	fl	81-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	33.3	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	48	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	4.6	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	39.7	%	40-70	Cell Impedence
Lymphocytes	53.5	%	20-40	Cell Impedence
Monocytes	6.8	%	2-10	Microscopy
Absolute Neutrophils Count	1.83	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.46	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.31	10 ⁹ /L	0.2-1.0	Calculated

Final report will be released on 03-08-2024

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Aug-2024 08:56 AM
Primary Sample	: Whole Blood	Received On	: 03-Aug-2024 06:57 PM
Sample Tested In	: Serum	Reported On	: 03-Aug-2024 08:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.65	mg/dL	0.60-1.10	Jaffes Kinetic
Urea-Serum	15.2	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	7.1	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	10.92		6 - 22	
Uric Acid	3.15	mg/dL	2.6-6.0	Uricase
Sodium	138	mmol/L	135-150	ISE Direct
Potassium	4.1	mmol/L	3.5-5.0	ISE Direct
Chloride	99	mmol/L	94-110	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 through 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.

*** End Of Report ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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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)	150	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	137	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	60	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	64	U/L	5-55	IFCC
Protein - Total	6.0	g/dL	6.4-8.2	Biuret
Albumin	3.7	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.3	g/dL	2.0-4.2	Calculated
A:G Ratio	1.61	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.09			

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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

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*** End Of Report ***



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