

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|------------------------|
| Name | : Mr. SUBHODIP | Sample ID | : A0590692 |
| Age/Gender | : 37 Years/Male | Reg. No | : 0312408090013 |
| Referred by | : Dr. T DURGA PRASAD | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 09-Aug-2024 11:31 AM |
| Primary Sample | : Whole Blood | Received On | : 09-Aug-2024 01:32 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 09-Aug-2024 02:43 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) | 13.2 | g/dL | 13-17 | Cynmeth Method |
| Haematocrit (HCT) | 41.9 | % | 40-50 | Calculated |
| RBC Count | 4.98 | 10 ¹² /L | 4.5-5.5 | Cell Impedence |
| MCV | 84 | fl | 81-101 | Calculated |
| MCH | 26.6 | pg | 27-32 | Calculated |
| MCHC | 31.6 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 13.9 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 155 | 10 ⁹ /L | 150-410 | Cell Impedence |
| Total WBC Count | 5.2 | 10 ⁹ /L | 4.0-10.0 | Impedence |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 65 | % | 40-70 | Cell Impedence |
| Lymphocytes | 30 | % | 20-40 | Cell Impedence |
| Monocytes | 03 | % | 2-10 | Microscopy |
| Eosinophils | 02 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 3.38 | 10 ⁹ /L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 1.56 | 10 ⁹ /L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.16 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.1 | 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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| Age/Gender | : 37 Years/Male | Reg. No | : 0312408090013 |
| Referred by | : Dr. T DURGA PRASAD | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 09-Aug-2024 11:31 AM |
| Primary Sample | : Whole Blood | Received On | : 09-Aug-2024 01:32 PM |
| Sample Tested In | : Serum | Reported On | : 09-Aug-2024 02:26 PM |
| Client Address | : Kimtee colony ,Gokul Nagar ,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|------------------|---------|-------|------------|---------|
| Uric Acid | 4.2 | mg/dL | 3.5-7.2 | Uricase |

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)



Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY