

REPORT

Name	: Mr. B RAMESH	Sample ID	: A0590772
Age/Gender	: 28 Years/Male	Reg. No	: 0312408110008
Referred by	: Dr. L V PRASAD HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Aug-2024 10:21 AM
Primary Sample	: Whole Blood	Received On	: 11-Aug-2024 11:13 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Aug-2024 11:59 AM
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)	15.1	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	45.5	%	40-50	Calculated
RBC Count	5.66	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	26.6	pg	27-32	Calculated
MCHC	33.1	g/dL	32.5-34.5	Calculated
RDW-CV	13.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	206	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	5.9	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	60	%	40-70	Cell Impedence
Lymphocytes	34	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.54	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.01	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.24	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.12	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. B RAMESH	Sample ID	: A0590773
Age/Gender	: 28 Years/Male	Reg. No	: 0312408110008
Referred by	: Dr. L V PRASAD HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Aug-2024 10:21 AM
Primary Sample	: Whole Blood	Received On	: 11-Aug-2024 11:13 AM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 11-Aug-2024 01:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Ref. Range	Method
-----------	---------	-------	------------	--------

Glucose Random (RBS)	85	mg/dL	70-140	Hexokinase (HK)
-----------------------------	----	-------	--------	-----------------

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

Excellence In Health Care



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. B RAMESH	Sample ID	: A0590771
Age/Gender	: 28 Years/Male	Reg. No	: 0312408110008
Referred by	: Dr. L V PRASAD HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Aug-2024 10:21 AM
Primary Sample	: Whole Blood	Received On	: 11-Aug-2024 11:13 AM
Sample Tested In	: Serum	Reported On	: 11-Aug-2024 01:30 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	0.96	mg/dL	0.70-1.30	Jaffes Kinetic
Urea-Serum	25.7	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	11.99	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	12.49		6 - 22	
Uric Acid	6.96	mg/dL	3.5-7.2	Uricase
Sodium	139	mmol/L	135-150	ISE Direct
Potassium	3.8	mmol/L	3.5-5.0	ISE Direct
Chloride	102	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 ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. B RAMESH	Sample ID	: A0590771
Age/Gender	: 28 Years/Male	Reg. No	: 0312408110008
Referred by	: Dr. L V PRASAD HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Aug-2024 10:21 AM
Primary Sample	: Whole Blood	Received On	: 11-Aug-2024 11:13 AM
Sample Tested In	: Serum	Reported On	: 11-Aug-2024 01:30 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)	0.8	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.6	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	24	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	48	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	98	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	19	U/L	15-85	IFCC
Protein - Total	7.8	g/dL	6.4-8.2	Biuret
Albumin	3.9	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.9	g/dL	2.0-4.2	Calculated
A:G Ratio	1	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.50			

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	: Mr. B RAMESH	Sample ID	: A0590771
Age/Gender	: 28 Years/Male	Reg. No	: 0312408110008
Referred by	: Dr. L V PRASAD HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Aug-2024 10:21 AM
Primary Sample	: Whole Blood	Received On	: 11-Aug-2024 11:13 AM
Sample Tested In	: Serum	Reported On	: 11-Aug-2024 01:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
HIV 1 & 2 Ab-Chromatography				
HIV - I Results	Non Reactive		Non Reactive	Immuno Chromatography
HIV - II Results	Non Reactive		Non Reactive	Immuno Chromatography

Comments

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1 / 2 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 HIV 1 / 2.
- HIV 1 & 2 Antibodies is a rapid screening test for the qualitative detection of antibodies to HIV-1 & HIV-2 in Human serum/Plasma.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels. "
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports indeterminate should be repeated with a second sample taken 14 - 28 days. In case the serological results continue to be indeterminate the sample should be subject to western blot for confirmation.
- **Disclaimer: This test is only a screening method for detection of (HIV 1 & 2 Antibody). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR is recommended.**

Correlate Clinically.

Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST