

REPORT

Name	: Mr. RAVI VARMA	Sample ID	: A0590850
Age/Gender	: 30 Years/Male	Reg. No	: 0312408150004
Referred by	: Dr. ARCHANA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Aug-2024 08:12 AM
Primary Sample	: Whole Blood	Received On	: 15-Aug-2024 03:45 PM
Sample Tested In	: Citrated Plasma	Reported On	: 15-Aug-2024 04:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
PROTHROMBIN TIME (P TIME)				
PT-Patient Value	14.3	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.10			
PT INR	1.00		0.9-1.2	

Interpretation :

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 ***



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. RAVI VARMA	Sample ID	: A0590848
Age/Gender	: 30 Years/Male	Reg. No	: 0312408150004
Referred by	: Dr. ARCHANA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Aug-2024 08:12 AM
Primary Sample	: Whole Blood	Received On	: 15-Aug-2024 03:45 PM
Sample Tested In	: Serum	Reported On	: 15-Aug-2024 05:49 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)	3.3	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	2.0	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	1.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	52	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	169	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	198	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	178	U/L	15-85	IFCC
Protein - Total	7.2	g/dL	6.4-8.2	Biuret
Albumin	3.6	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.6	g/dL	2.0-4.2	Calculated
A:G Ratio	1	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.31			

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. RAVI VARMA	Sample ID	: A0590859
Age/Gender	: 30 Years/Male	Reg. No	: 0312408150004
Referred by	: Dr. ARCHANA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Aug-2024 08:12 AM
Primary Sample	:	Received On	: 15-Aug-2024 03:45 PM
Sample Tested In	: Urine	Reported On	: 15-Aug-2024 05:05 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	1.025		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	7.0		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	03-05	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/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.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



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