

REPORT

Name	: Miss. BHARGAVI ARUN KUMAR	Sample ID	: A0590861
Age/Gender	: 17 Years/Female	Reg. No	: 0312408150012
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	: 15-Aug-2024 12:06 PM
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
Activated Partial Thromboplastin Time (APTT/PTTK)				
Patient Value	38.60	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



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Miss. BHARGAVI ARUN KUMAR	Sample ID	: A0590862
Age/Gender	: 17 Years/Female	Reg. No	: 0312408150012
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	: 15-Aug-2024 12:06 PM
Primary Sample	: Whole Blood	Received On	: 15-Aug-2024 03:49 PM
Sample Tested In	: Serum	Reported On	: 15-Aug-2024 04:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	12.03	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Result rechecked and verified for abnormal cases

*** End Of Report ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Miss. BHARGAVI ARUN KUMAR	Sample ID	: A0590864
Age/Gender	: 17 Years/Female	Reg. No	: 0312408150012
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	: 15-Aug-2024 12:06 PM
Primary Sample	: Whole Blood	Received On	: 15-Aug-2024 03:49 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Aug-2024 08:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

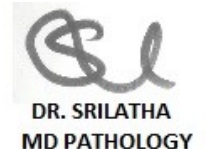
HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.1	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	36.4	%	40-50	Calculated
RBC Count	4.55	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	25.7	pg	27-32	Calculated
MCHC	32.1	g/dL	32.5-34.5	Calculated
RDW-CV	13.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	92	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	8.0	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	56	%	40-70	Cell Impedence
Lymphocytes	32	%	20-40	Cell Impedence
Monocytes	8	%	2-10	Microscopy
Eosinophils	4	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	4.48	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.56	10 ⁹ /L	1.0-6.2	Impedence
Absolute Monocyte Count	0.64	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.32	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	-			PAPs Staining

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Laboratory is NABL Accredited



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.5	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	32	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	31	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	66	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	7.1	g/dL	6.4-8.2	Biuret
Albumin	3.3	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.8	g/dL	2.0-4.2	Calculated
A:G Ratio	0.87	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.03			

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.

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