

REPORT

Name	: Miss. SWETA	Sample ID	: A0451433
Age/Gender	: 25 Years/Female	Reg. No	: 0312408210046
Referred by	: Dr. TARUN RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Aug-2024 07:54 PM
Primary Sample	: Whole Blood	Received On	: 21-Aug-2024 10:35 PM
Sample Tested In	: Serum	Reported On	: 21-Aug-2024 11:59 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)	0.6	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

*** End Of Report ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 21-Aug-2024 10:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 21-Aug-2024 10:56 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)	11.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.6	%	40-50	Calculated
RBC Count	4.64	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	81	fl	81-101	Calculated
MCH	27.8	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	350	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	7.5	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.25	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.5	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.45	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.3	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

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 21-Aug-2024 10:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 01:01 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	5	mm/hr	10 or less	Westergren method



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Uric Acid	2.8	mg/dL	2.6-6.0	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)



Rheumatoid Factor, RA	0.97	IU/mL	<20.0	Immunoturbidometry
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Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

Correlate Clinically.

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*** End Of Report ***



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