

**REPORT**

Name	: Mr. M DEVENDAR REDDY	Sample ID	: A0933581
Age/Gender	: 34 Years/Male	Reg. No	: 0312408240031
Referred by	: Dr. RAMAKRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Aug-2024 03:42 PM
Primary Sample	: Whole Blood	Received On	: 24-Aug-2024 11:21 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Aug-2024 11:52 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	14.4	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	47.3	%	40-50	Calculated
RBC Count	5.31	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	89	fl	81-101	Calculated
MCH	27.1	pg	27-32	Calculated
MCHC	32.5	g/dL	32.5-34.5	Calculated
RDW-CV	13.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	289	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	7.7	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	25	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.39	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.93	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.23	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.15	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic Normochromic			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mr. M DEVENDAR REDDY	Sample ID	: A0933582, A0933579
Age/Gender	: 34 Years/Male	Reg. No	: 0312408240031
Referred by	: Dr. RAMAKRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Aug-2024 03:42 PM
Primary Sample	: Whole Blood	Received On	: 24-Aug-2024 11:21 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 25-Aug-2024 10:11 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glucose Random (RBS)</b>	103	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.

<b>Creatinine -Serum</b>	1.35	mg/dL	0.70-1.30	Jaffes Kinetic
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**Interpretation:**

- This test is done to see how well your kidneys are working. Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**  
Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**  
Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

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Primary Sample	: Whole Blood	Received On	: 24-Aug-2024 11:17 PM
Sample Tested In	: Serum	Reported On	: 25-Aug-2024 01:35 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>VDRL- Syphilis Antibodies</b>	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases  
\*\*\* End Of Report \*\*\*

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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
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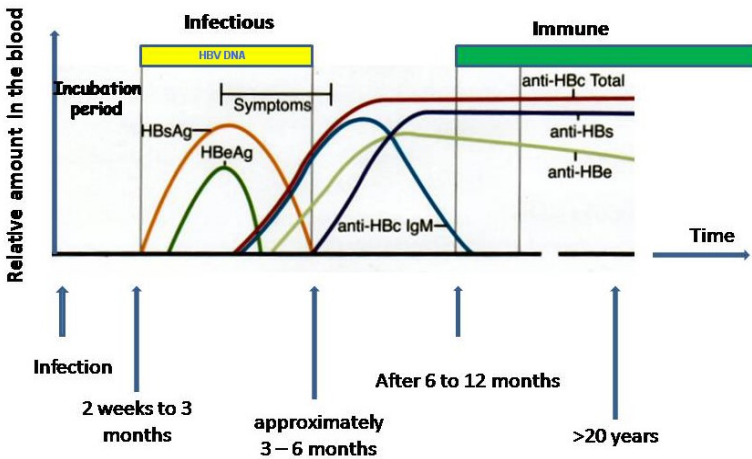
<b>Hepatitis B Surface Antigen (HBsAg)</b>	0.35	S/Co	<1.00 :Negative >1.00 :Positive	ELISA
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**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg 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 HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
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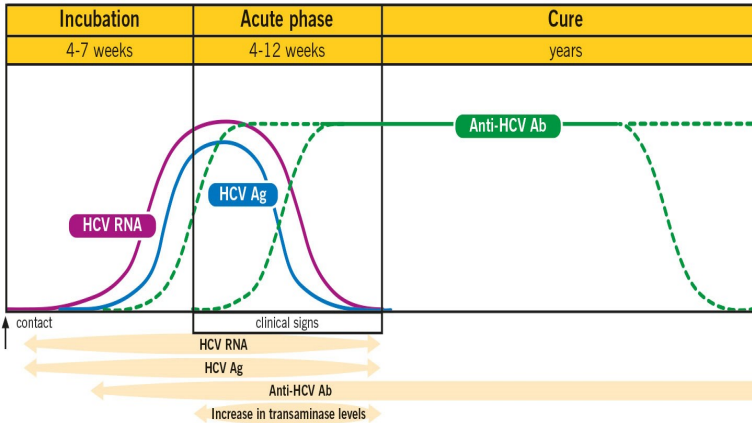
<b>Hepatitis C Virus Antibody</b>	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA
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**Interpretation:**

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV 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 HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

**Comments :-**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



**Note:**

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
<b>HIV (1&amp; 2) Antibody</b>	0.29	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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\*\*\* End Of Report \*\*\*



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