

REPORT

Name	: Mr. RAMULU	Sample ID	: A0933576
Age/Gender	: 64 Years/Male	Reg. No	: 0312408270021
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Aug-2024 11:21 AM
Primary Sample	: Whole Blood	Received On	: 27-Aug-2024 01:04 PM
Sample Tested In	: Serum	Reported On	: 27-Aug-2024 05:50 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)	282.8	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 ***



Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mr. RAMULU	Sample ID	: A0933572
Age/Gender	: 64 Years/Male	Reg. No	: 0312408270021
Referred by	: Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm))	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Aug-2024 11:21 AM
Primary Sample	: Whole Blood	Received On	: 27-Aug-2024 01:04 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Aug-2024 01:43 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)	11.9	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	41.6	%	40-50	Calculated
RBC Count	6.49	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	64	fl	81-101	Calculated
MCH	18.3	pg	27-32	Calculated
MCHC	28.5	g/dL	32.5-34.5	Calculated
RDW-CV	17.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	201	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	16.4	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	80	%	40-70	Cell Impedence
Lymphocytes	15	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	13.12	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.46	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.49	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.33	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic with Neutrophilic Leucocytosis			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mr. RAMULU	Sample ID	: A0933574, A0933576
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Aug-2024 11:21 AM
Primary Sample	: Whole Blood	Received On	: 27-Aug-2024 01:04 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 27-Aug-2024 03:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	162	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.

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN)	63	mg/dL	8.0-23.0	Calculated
Urea-Serum	134.0	mg/dL	17.1-49.2	Calculated

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
 - Congestive heart failure
 - Excessive protein level in the gastrointestinal tract
 - Gastrointestinal bleeding
 - Hypovolemia (dehydration)
 - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
 - Liver failure
 - Low protein diet
 - Malnutrition



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	1.78	mg/dL	0.70-1.30	Jaffes Kinetic

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.

Cholesterol Total	121	mg/dL	< 200	CHOD-POD
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Interpretations

The National Cholesterol Education Program's third Adult Treatment Panel (ATP III) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary

NCEP Recommendations	Adults:Cholesterol Total (mg/dL)	Children:Cholesterol Total (mg/dL)
Optimal	<200	<170
Borderline High	200-239	171-199
High	>or = 240	>or = 200

The determination of serum Cholesterol is considered to be significant in coronary artery disease. Hyperlipoproteinemias, hypothyroidism, nephrosis, diabetes mellitus and various liver diseases. Hypocholesterolemia (low serum cholesterol) is found in pernicious anemia, hemolytic jaundice, malnutrition, acute infections and hyperthyroidism. Normal cholesterol levels are affected by stress, age, hormonal balance and pregnancy.



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REPORT

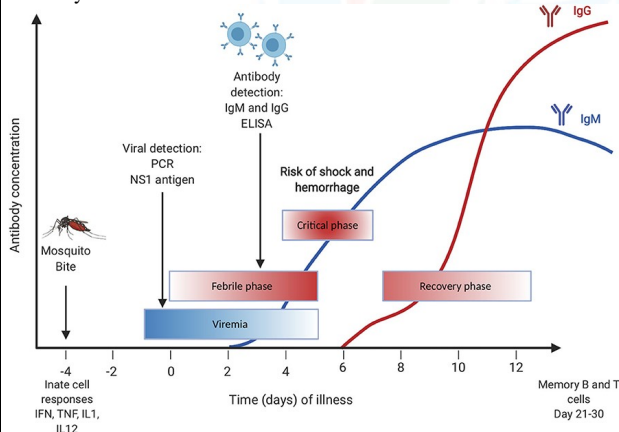
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IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Dengue Profile-Elisa				
Dengue IgG Antibody	0.17	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue IgM Antibody	0.19	S/CO	< 0.8 : Negative 0.8-1.1 : Equivocal ≥ 1.1 : Positive	ELISA
Dengue NS1 Antigen	0.21	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Interpretation:

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



- Note: 1. Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA
2. Cross reactivity is seen in the Flavivirus group between Dengue virus, Murray Valley encephalitis, Japanese encephalitis, Yellow fever & West Nile viruses

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST