

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

: A0933679

REPORT

Name : Mrs. SHUBHA KARTICK Sample ID

Age/Gender : 49 Years/Female Reg. No : 0312409030037

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 03-Sep-2024 07:08 PM

Primary Sample : Whole Blood Received On : 03-Sep-2024 10:53 PM Sample Tested In : Serum Reported On : 04-Sep-2024 12:11 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

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Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	5.8	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

*** End Of Report ***



DR. VAISHNAVI MD BIOCHEMISTRY



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Primary Sample : Whole Blood Received On : 03-Sep-2024 10:53 PM Sample Tested In : Whole Blood EDTA Reported On : 03-Sep-2024 11:03 PM

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HAEMATOLOGY					
Test Name	Results	Units	Ref. Range	Method	
COMPLETE BLOOD COUNT (CBC)					
Haemoglobin (Hb)	11.2	g/dL	12-15	Cynmeth Method	
RBC Count	4.20	10^12/L	3.8-4.8	Cell Impedence	
Haematocrit (HCT)	37.3	%	40-50	Calculated	
MCV	89	fl	81-101	Calculated	
MCH	26.7	pg	27-32	Calculated	
MCHC	30.1	g/dL	32.5-34.5	Calculated	
RDW-CV	13.8	%	11.6-14.0	Calculated	
Platelet Count (PLT)	338	10^9/L	150-410	Cell Impedance	
Total WBC Count	8.9	10^9/L	4.0-10.0	Impedance	
Neutrophils	70	%	40-70	Cell Impedence	
Absolute Neutrophils Count	6.23	10^9/L	2.0-7.0	Impedence	
Lymphocytes	21	%	20-40	Cell Impedence	
Absolute Lymphocyte Count	1.87	10^9/L	1.0-3.0	Impedence	
Monocytes	06	%	2-10	Microscopy	
Absolute Monocyte Count	0.53	10^9/L	0.2-1.0	Calculated	
Eosinophils	03	%	1-6	Microscopy	
Absolute Eosinophils Count	0.27	10^9/L	0.02-0.5	Calculated	
Basophils	00	%	1-2	Microscopy	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
<u>Morphology</u>					
WBC	Within Normal Limits				
RBC	Normocytic normochromic				
Platelets	Adequate.			Microscopy	
Result rechecked and verified for ab	normal cases				

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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HAEMATOLOGY					
Test Name	Results	Units	Ref. Range	Method	
Erythrocyte Sedimentation Rate (ESR)	17	mm/hr	10 or less	Westergren method	









Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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SPP Code

Collected On

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Test Name	Results	Units	Ref. Range	Method	

Uric Acid 4.7 2.6-6.0 Uricase mg/dL

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 if 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 8.83 IU/mL <20.0 Immunoturbidometry

Interpretataion:

• 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 rhematoid 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.

Result rechecked and verified for abnormal cases

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*** End Of Report ***







