

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. ABDUL AZIZ | Sample ID | : A0934027 |
| Age/Gender | : 71 Years/Male | Reg. No | : 0312409060004 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 06-Sep-2024 08:48 AM |
| Primary Sample | : Whole Blood | Received On | : 06-Sep-2024 12:37 PM |
| Sample Tested In | : Serum | Reported On | : 06-Sep-2024 03:19 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) | 1.6 | 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

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. ABDUL AZIZ | Sample ID | : A0934029 |
| Age/Gender | : 71 Years/Male | Reg. No | : 0312409060004 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 06-Sep-2024 08:48 AM |
| Primary Sample | : Whole Blood | Received On | : 06-Sep-2024 12:37 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 06-Sep-2024 01:59 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|---|-----------|-------|------------|-------------------|
| Erythrocyte Sedimentation Rate (ESR) | 41 | mm/hr | 30 or less | Westergren method |
|---|-----------|-------|------------|-------------------|

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

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|--------------------|---------------------------------------|---------------|------------------------|
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| Sample Tested In | : Whole Blood EDTA | Reported On | : 06-Sep-2024 01:24 PM |
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HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

Complete Blood Count (CBC)

| | | | | |
|----------------------|-------------|---------------------|-----------|----------------|
| Haemoglobin (Hb) | 12.8 | g/dL | 13-17 | Cynmeth Method |
| RBC Count | 5.58 | 10 ¹² /L | 4.5-5.5 | Cell Impedance |
| Total WBC Count | 5.6 | 10 ⁹ /L | 4.0-10.0 | Impedance |
| Platelet Count (PLT) | 154 | 10 ⁹ /L | 150-410 | Cell Impedance |
| Haematocrit (HCT) | 44.4 | % | 40-50 | Calculated |
| MCV | 80 | fl | 81-101 | Calculated |
| MCH | 23.0 | pg | 27-32 | Calculated |
| MCHC | 28.9 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 15.1 | % | 11.6-14.0 | Calculated |

Differential Count by Flowcytometry /Microscopy

| | | | | |
|-------------|----|---|-------|----------------|
| Neutrophils | 70 | % | 40-70 | Cell Impedance |
| Lymphocytes | 22 | % | 20-40 | Cell Impedance |
| Monocytes | 06 | % | 2-10 | Microscopy |
| Eosinophils | 02 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |

Smear

| | |
|-----------|---|
| WBC | Within Normal Limits |
| RBC | Anisocytosis with Normocytic normochromic |
| Platelets | Adequate. Microscopy |



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

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| Name | : Mr. ABDUL AZIZ | Sample ID | : A0934030, A0934027 |
| Age/Gender | : 71 Years/Male | Reg. No | : 0312409060004 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 06-Sep-2024 08:48 AM |
| Primary Sample | : Whole Blood | Received On | : 06-Sep-2024 12:37 PM |
| Sample Tested In | : Plasma-NaF(F), Serum | Reported On | : 06-Sep-2024 03:19 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|----------------------------|------------|--------------|---------------|-------------------|
| Glucose Fasting (F) | 113 | mg/dL | 70-100 | Hexokinase |

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

| | | | | |
|------------------------------|-------------|--------------|-----------------|---------------------------|
| Rheumatoid Factor, RA | 3.28 | IU/mL | <20.0 | Immunoturbidometry |
|------------------------------|-------------|--------------|-----------------|---------------------------|

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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|----------------|-----|-------|----------|----------|
| Calcium | 8.7 | mg/dL | 8.5-10.1 | Arsenazo |
|----------------|-----|-------|----------|----------|

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------|---------|-------|------------|------------|
| Lipid Profile | | | | |
| Cholesterol Total | 87 | mg/dL | < 200 | CHOD-POD |
| Triglycerides-TGL | 82 | mg/dL | < 150 | GPO-POD |
| Cholesterol-HDL | 51 | mg/dL | 40-60 | Direct |
| Cholesterol-LDL | 19.6 | mg/dL | < 100 | Calculated |
| Cholesterol- VLDL | 16.4 | mg/dL | 7-35 | Calculated |
| Non HDL Cholesterol | 36 | mg/dL | < 130 | Calculated |
| Cholesterol Total /HDL Ratio | 1.71 | % | 0-4.0 | Calculated |
| HDL / LDL Ratio | 2.60 | | | |
| LDL/HDL Ratio | 0.38 | % | 0-3.5 | Calculated |

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

| NCEP Recommendations | Cholesterol Total in (mg/dL) | Triglycerides in (mg/dL) | HDL Cholesterol (mg/dL) | LDL Cholesterol in (mg/dL) | Non HDL Cholesterol in (mg/dL) |
|----------------------|------------------------------------|--------------------------|-------------------------|-------------------------------------|--------------------------------|
| Optimal | Adult: < 200 Children: < 170 | < 150 | 40-59 | Adult:<100 Children: <110 | <130 |
| Above Optimal | ----- | ----- | | 100-129 | 130 - 159 |
| Borderline High | Adult: 200-239 Children:171-199 | 150-199 | | Adult: 130-159 Children: 111-129 | 160 - 189 |
| High | Adult:>or=240 Children:>or=200 | 200-499 | ≥ 60 | Adult:160-189 Children:>or=130 | 190 - 219 |
| Very High | ----- | >or=500 | | Adult: >or=190 ----- | >=220 |

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------|------------|--------|------------|----------------|
| Kidney Profile-KFT | | | | |
| Creatinine -Serum | 0.95 | mg/dL | 0.70-1.30 | Jaffes Kinetic |
| Urea-Serum | 32.5 | mg/dL | 17.1-49.2 | Calculated |
| Blood Urea Nitrogen (BUN) | 15.19 | mg/dL | 8.0-23.0 | Calculated |
| BUN / Creatinine Ratio | 15.99 | | 6 - 22 | |
| Uric Acid | 3.1 | mg/dL | 3.5-7.2 | Uricase |
| Sodium | 139 | mmol/L | 135-150 | ISE Direct |
| Potassium | 3.7 | mmol/L | 3.5-5.0 | ISE Direct |
| Chloride | 103 | mmol/L | 94-110 | ISE Direct |

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|------------|-------|------------|-------------------------|
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 0.9 | mg/dL | 0.2-1.2 | Diazo |
| Bilirubin (Direct) | 0.2 | mg/dL | 0.0 - 0.3 | Diazo |
| Bilirubin (Indirect) | 0.7 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 57 | U/L | 5-48 | IFCC UV Assay |
| Alanine Aminotransferase (ALT/SGPT) | 43 | U/L | 0-55 | IFCC with out (P-5-P) |
| Alkaline Phosphatase(ALP) | 196 | U/L | 30-120 | Kinetic PNPP-AMP |
| Gamma Glutamyl Transpeptidase (GGTP) | 104 | U/L | 15-85 | IFCC |
| Protein - Total | 5.4 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 3.5 | g/dL | 3.4-5.0 | Bromocresol Green (BCG) |
| Globulin | 1.9 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.84 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 1.33 | | | |

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.

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

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| Primary Sample | : Whole Blood | Received On | : 06-Sep-2024 12:37 PM |
| Sample Tested In | : Serum | Reported On | : 06-Sep-2024 02:30 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

Thyroid Profile-I(TFT)

| | | | | |
|---|--------|--------|----------|------|
| T3 (Triiodothyronine) | 152.64 | ng/dL | 40-181 | CLIA |
| T4 (Thyroxine) | 9.1 | µg/dL | 3.2-12.6 | CLIA |
| TSH -Thyroid Stimulating Hormone | 5.13 | µIU/mL | 0.35-5.5 | CLIA |

Pregnancy & Cord Blood

| T3 (Triiodothyronine): | T4 (Thyroxine) | TSH (Thyroid Stimulating Hormone) |
|---------------------------------------|-------------------------------|------------------------------------|
| First Trimester : 81-190 ng/dL | 15 to 40 weeks:9.1-14.0 µg/dL | First Trimester : 0.24-2.99 µIU/mL |
| Second&Third Trimester :100-260 ng/dL | | Second Trimester: 0.46-2.95 µIU/mL |
| | | Third Trimester : 0.43-2.78 µIU/mL |
| Cord Blood: 30-70 ng/dL | Cord Blood: 7.4-13.0 µg/dL | Cord Blood: : 2.3-13.2 µIU/mL |

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Correlate Clinically.

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*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY