

**REPORT**

Name	: Dr. VASEEM QURESHI	Sample ID	: A0933999
Age/Gender	: 42 Years/Male	Reg. No	: 0312409060023
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Sep-2024 01:18 PM
Primary Sample	: Whole Blood	Received On	: 06-Sep-2024 04:59 PM
Sample Tested In	: Serum	Reported On	: 06-Sep-2024 06:27 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	0.8	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

**Estimated Glomerular Filtration Rate (eGFR):**

GFR by MDRD Formula                      111                      mL/min/1.73m<sup>2</sup> 74 - 138                      Calculated

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



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

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Primary Sample	: Whole Blood	Received On	: 06-Sep-2024 04:59 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Sep-2024 05:26 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)	15.7	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	44.1	%	40-50	Calculated
RBC Count	5.30	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	83	fl	81-101	Calculated
MCH	29.7	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	<b>14.2</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	191	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	7.2	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	60	%	40-70	Cell Impedence
Lymphocytes	30	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	4.32	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.16	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.43	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.29	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



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
Rheumatoid Factor, RA	5.28	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 \*\*\*

Laboratory is NABL Accredited



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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Creatinine -Serum	0.89	mg/dL	0.70-1.30	Jaffes Kinetic
Urea-Serum	26.2	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	12.24	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	13.75		6 - 22	
Uric Acid	5.7	mg/dL	3.5-7.2	Uricase
Sodium	144	mmol/L	135-150	ISE Direct
Potassium	4.2	mmol/L	3.5-5.0	ISE Direct
Chloride	100	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.

Correlate Clinically.

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



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