

**REPORT**

Name	: Mr. S R SATHYA NANDAM	Sample ID	: A0934068
Age/Gender	: 78 Years/Male	Reg. No	: 0312409100002
Referred by	: Dr. S RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Sep-2024 08:41 AM
Primary Sample	: Whole Blood	Received On	: 10-Sep-2024 01:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Sep-2024 02:58 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)	<b>10.7</b>	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	<b>28.8</b>	%	40-50	Calculated
RBC Count	<b>3.34</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	86	fl	81-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	<b>14.6</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	176	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	<b>3.6</b>	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	63	%	40-70	Cell Impedence
Lymphocytes	27	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	2.27	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>0.97</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.22	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.14	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 with Mild Leucopenia			PAPs Staining



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mr. S R SATHYA NANDAM	Sample ID	: A0934066
Age/Gender	: 78 Years/Male	Reg. No	: 0312409100002
Referred by	: Dr. S RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Sep-2024 08:41 AM
Primary Sample	: Whole Blood	Received On	: 10-Sep-2024 01:08 PM
Sample Tested In	: Serum	Reported On	: 10-Sep-2024 04:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
Uric Acid	6.0	mg/dL	3.5-7.2	Uricase

**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 of 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)



<b>Creatinine -Serum</b>	<b>2.39</b>	<b>mg/dL</b>	<b>0.70-1.30</b>	<b>Jaffes Kinetic</b>
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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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

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



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