

REPORT

Name	: Mrs. P VASUNDARA DEVI	Sample ID	: A0934235
Age/Gender	: 66 Years/Female	Reg. No	: 0312409130015
Referred by	: Dr. SELF	SPP Code	: SPL-ST5-554
Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 13-Sep-2024 10:01 AM
Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Serum	Reported On	: 13-Sep-2024 07:06 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Bicarbonate (HCO₃)-Serum	25.3	mEq/L	22.0 - 29.0	Enzymatic Endpoint

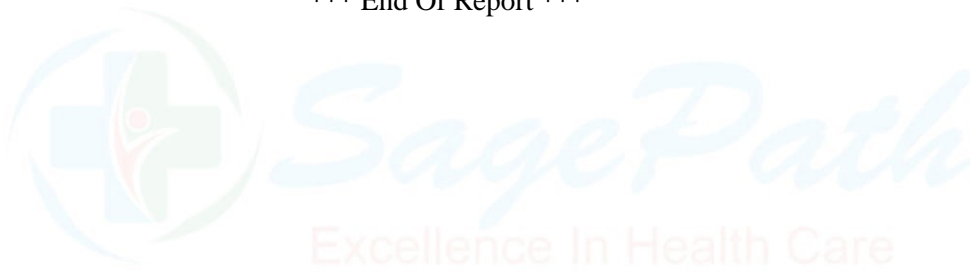
Interpretation:

Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

Increased Levels

- Acute Metabolic alkalosis
- Chronic Metabolic alkalosis

*** End Of Report ***



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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Sep-2024 03:42 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)	10.6	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.0	%	40-50	Calculated
RBC Count	4.19	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	27.0	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	15.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	311	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	11.8	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	8.26	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.36	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.71	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.47	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Mild Leucocytosis			PAPs Staining



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. P VASUNDARA DEVI	Sample ID	: A0933692
Age/Gender	: 66 Years/Female	Reg. No	: 0312409130015
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS TS	Collected On	: 13-Sep-2024 10:01 AM
Primary Sample	:	Received On	: 13-Sep-2024 01:48 PM
Sample Tested In	: Urine	Reported On	: 13-Sep-2024 02:34 PM
Client Address	: Kimtee Colony ,Gokul Nagar,Tarnaka.	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.010		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	02-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Calcium	8.75	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.

Phosphorus(PO4)	4.67	mg/dL	2.5-4.9	Phosphomolybdate UV
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Interpretation:

- This will give an idea of renal and bone diseases.

Increased Phosphorus Or Hyperphosphatemia:

- Renal diseases with increased blood urea (BUN) and creatinine.
- Hypoparathyroidism with raised phosphate and decreased calcium. But renal function will be normal.
- Liver diseases and cirrhosis.
- Acromegaly.
- Increased dietary intake.
- Sarcoidosis.
- Acidosis
- Hemolytic anemia.

Decreased Level Of Phosphorus Or Hypophosphatemia:

- Decreased intestinal absorption.
- Rickets (Vit.D deficiency)
- Vomiting and severe diarrhea
- Severe malnutrition and malabsorption.
- Acute alcoholism.



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Test Name	Results	Units	Ref. Range	Method
Iron Profile-II				
Ferritin	97.9	ng/mL	10-291	CLIA
Iron(Fe)	41	µg/dL	50-170	Ferrozine
Total Iron Binding Capacity (TIBC)	468	µg/dL	250-450	Ferrozine
Transferrin	327.27	mg/dL	250-380	Calculated
Iron Saturation((% Transferrin Saturation)	8.76	%	15-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	427	ug/dL	110-370	FerroZine

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

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Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	2.57	mg/dL	0.55-1.02	Jaffes Kinetic
Urea-Serum	72.4	mg/dL	17.1-49.2	Calculated
Blood Urea Nitrogen (BUN)	33.85	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	13.17		6 - 22	
Uric Acid	6.84	mg/dL	2.6-6.0	Uricase
Sodium	138	mmol/L	135-150	ISE Direct
Potassium	4.0	mmol/L	3.5-5.0	ISE Direct
Chloride	99	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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