

**REPORT**

Name	: Mr. RAVI VARMA	Sample ID	: A0934326
Age/Gender	: 30 Years/Male	Reg. No	: 0312409150019
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 10:00 AM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 01:50 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2024 02:11 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)	15.1	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	40.6	%	40-50	Calculated
RBC Count	4.66	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	87	fl	81-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	33.0	g/dL	32.5-34.5	Calculated
RDW-CV	13.4	%	11.6-14.0	Calculated
Platelet Count (PLT)	286	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	8.3	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	52	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	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	<b>3.32</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.5	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	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

Result rechecked and verified for abnormal cases

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

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Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 10:00 AM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 01:50 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 06:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.5	mg/dL	0.1-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	22	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	38	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	116	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	38	U/L	15-85	IFCC
Protein - Total	7.3	g/dL	6.4-8.2	Biuret
Albumin	4.2	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.1	g/dL	2.0-4.2	Calculated
A:G Ratio	1.35	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.58			

**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.

Correlate Clinically.

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



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