


LABORATORY TEST REPORT

Name	: Mrs. NARLAPURAM SWARUPA		
Sample ID	: A0934496		
Age/Gender	: 45 Years/Female	Reg. No	: 0312409200040
Referred by	: Dr. LIZA RAJASHEKAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 11:38 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:49 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Sep-2024 01:58 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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**Complete Blood Picture(CBP)**

Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	<b>9.2</b>	g/dL	12-15
Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>33.4</b>	%	40-50
RBC Count <small>(Method: Cell Impedance)</small>	4.07	10 <sup>12</sup> /L	3.8-4.8
MCV <small>(Method: Calculated)</small>	82	fl	81-101
MCH <small>(Method: Calculated)</small>	<b>22.5</b>	pg	27-32
MCHC <small>(Method: Calculated)</small>	<b>27.4</b>	g/dL	32.5-34.5
RDW-CV <small>(Method: Calculated)</small>	<b>16.1</b>	%	11.6-14.0
Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	388	10 <sup>9</sup> /L	150-410
Total WBC Count <small>(Method: Impedance)</small>	<b>17.4</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

Neutrophils <small>(Method: Cell Impedance)</small>	<b>75</b>	%	40-70
Lymphocytes <small>(Method: Cell Impedance)</small>	20	%	20-40
Monocytes <small>(Method: Microscopy)</small>	03	%	2-10
Eosinophils <small>(Method: Microscopy)</small>	02	%	1-6
Basophils <small>(Method: Microscopy)</small>	0	%	1-2
Absolute Neutrophils Count <small>(Method: Impedance)</small>	<b>13.05</b>	10 <sup>9</sup> /L	2.0-7.0
Absolute Lymphocyte Count <small>(Method: Impedance)</small>	<b>3.48</b>	10 <sup>9</sup> /L	1.0-3.0
Absolute Monocyte Count <small>(Method: Calculated)</small>	0.52	10 <sup>9</sup> /L	0.2-1.0
Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.35	10 <sup>9</sup> /L	0.02-0.5
Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /L	0.0-0.3

Morphology  
(Method: PAPS Staining) Anisocytosis with Microcytic hypochromic anemia with Neutrophilic Leucocytosis


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

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Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**LABORATORY TEST REPORT**

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 11:38 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:49 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Sep-2024 02:03 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	<b>29</b>	mm/hr	10 or less



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*Swarnabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. NARLAPURAM SWARUPA		
Sample ID	: A0934458		
Age/Gender	: 45 Years/Female	Reg. No	: 0312409200040
Referred by	: Dr. LIZA RAJASHEKAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 11:38 AM
Primary Sample	:	Received On	: 20-Sep-2024 01:09 PM
Sample Tested In	: Urine	Reported On	: 20-Sep-2024 01:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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**Complete Urine Analysis (CUE)**

Physical Examination

Colour	Pale Yellow		Straw to light amber
Appearance	HAZY		Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative		Negative
Protein <small>(Method: Strip Reflectance)</small>	(+)		Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative		Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative		Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative		Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.015		1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative		Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0		5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative		Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative		Negative


Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	03-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	02-03	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

**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.



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Referred by	: Dr. LIZA RAJASHEKAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 11:38 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:53 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 20-Sep-2024 04:06 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 124 mg/dL 70-140

(Method: Hexokinase (HK))

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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

 Creatinine -Serum 0.63 mg/dL 0.60-1.10

(Method: Jaffes Kinetic)

**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.


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

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*Dr. Vaishnavi*  
DR. VAISHNAVI  
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
<b>Liver Function Test (LFT)</b>			
Bilirubin(Total) <small>(Method: Diazo)</small>	0.54	mg/dL	0.3-1.2
Bilirubin (Direct) <small>(Method: Diazo)</small>	0.08	mg/dL	0.0 - 0.3
Bilirubin (Indirect) <small>(Method: Calculated)</small>	0.46	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) <small>(Method: IFCC UV Assay)</small>	9.4	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) <small>(Method: IFCC with out (P-S-P))</small>	7.7	U/L	0-55
Alkaline Phosphatase(ALP) <small>(Method: Kinetic PNPP-AMP)</small>	92.8	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) <small>(Method: IFCC)</small>	23.3	U/L	5-55
Protein - Total <small>(Method: Biuret)</small>	6.82	g/dL	6.4-8.2
Albumin <small>(Method: Bromocresol Green (BCG) )</small>	3.4	g/dL	3.4-5.0
Globulin <small>(Method: Calculated)</small>	3.42	g/dL	2.0-4.2
A:G Ratio <small>(Method: Calculated)</small>	0.99	%	0.8-2.0
SGOT/SGPT Ratio	1.22		

**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.


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

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*Dr. Vaishnavi*  
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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:53 PM
Sample Tested In	: Serum	Reported On	: 20-Sep-2024 07:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
Rheumatoid Factor IgM Antibody <small>(Method: ELISA)</small>	<b>2.51</b>	S/Co	Negative~: <0.8 Equivocal : 0.8 - 1.2 Positive~: >1.2

**Interpretation:**

- Rheumatoid factors (RF) are a heterogeneous group of autoantibodies that are associated with the diagnosis of rheumatoid arthritis (RA), but can also be found in other inflammatory rheumatic and nonrheumatic conditions. Three isotypes namely RF IgA, RF IgM and RF IgG are described. The specificity and predictive value of the RF test may be increased by simultaneously measuring the three RF isotypes.
- RF is an antibody (IgM, IgG and IgA) that is directed toward antigenic determinants present on human and animal IgG and along with IgG forms an immune complex that contribute to the disease process.
- More than 75% of patients with Rheumatoid Arthritis show presence of IgM Isotype.
- Patients with various nonrheumatoid diseases characterized by chronic inflammation may test positive for RF. These diseases include systemic lupus erythematosus, polymyositis, tuberculosis, syphilis, viral hepatitis, infectious mononucleosis, and influenza. RF factor antibodies have been observed in asymptomatic individuals, specially in persons above 60 years of age or older.
- The test results must be interpreted in conjunction with the patient clinical information and other laboratory results.

Correlate Clinically.

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

