


LABORATORY TEST REPORT

Name	: Mrs. PRIYANKA		
Sample ID	: A0934532		
Age/Gender	: 26 Years/Female	Reg. No	: 0312409210025
Referred by	: Dr. RAJESHWARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Sep-2024 12:13 PM
Primary Sample	: Whole Blood	Received On	: 21-Sep-2024 01:41 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 21-Sep-2024 04:29 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>	12.1	g/dL	12-15
Haematocrit (HCT) <small>(Method: Calculated)</small>	41.0	%	40-50
RBC Count <small>(Method: Cell Impedance)</small>	5.00	10 ¹² /L	3.8-4.8
MCV <small>(Method: Calculated)</small>	80	fl	81-101
MCH <small>(Method: Calculated)</small>	23.6	pg	27-32
MCHC <small>(Method: Calculated)</small>	29.5	g/dL	32.5-34.5
RDW-CV <small>(Method: Calculated)</small>	14.9	%	11.6-14.0
Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	410	10 ⁹ /L	150-410
Total WBC Count <small>(Method: Impedance)</small>	12.6	10 ⁹ /L	4.0-10.0


Differential Leucocyte Count (DC)

Neutrophils <small>(Method: Cell Impedance)</small>	66	%	40-70
Lymphocytes <small>(Method: Cell Impedance)</small>	26	%	20-40
Monocytes <small>(Method: Microscopy)</small>	06	%	2-10
Eosinophils <small>(Method: Microscopy)</small>	02	%	1-6
Basophils <small>(Method: Microscopy)</small>	00	%	1-2
Absolute Neutrophils Count <small>(Method: Impedance)</small>	8.32	10 ⁹ /L	2.0-7.0
Absolute Lymphocyte Count <small>(Method: Impedance)</small>	3.28	10 ⁹ /L	1.0-3.0
Absolute Monocyte Count <small>(Method: Calculated)</small>	0.76	10 ⁹ /L	0.2-1.0
Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.25	10 ⁹ /L	0.02-0.5
Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology
(Method: PAPS Staining) Anisocytosis With Microcytic Hypochromic With Mild leucocytosis



LABORATORY TEST REPORT

Name	: Mrs. PRIYANKA		
Sample ID	: A0934557		
Age/Gender	: 26 Years/Female	Reg. No	: 0312409210025
Referred by	: Dr. RAJESHWARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Sep-2024 12:13 PM
Primary Sample	:	Received On	: 21-Sep-2024 01:51 PM
Sample Tested In	: Urine	Reported On	: 21-Sep-2024 03:28 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>	1.030		1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative		Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.5		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. RAJESHWARI	Received On	: 21-Sep-2024 01:41 PM
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Reported On	: 21-Sep-2024 04:02 PM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Plasma-NaF(R)		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		



CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 79 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.


*** End Of Report ***

Excellence In Health Care



DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Sep-2024 12:13 PM
Primary Sample	: Whole Blood	Received On	: 21-Sep-2024 01:51 PM
Sample Tested In	: Serum	Reported On	: 21-Sep-2024 04:01 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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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) <small>(Method: CLIA)</small>	147.06	ng/dL	70-204
 T4 (Thyroxine) <small>(Method: CLIA)</small>	11.6	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	4.09	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL


Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.



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MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 21-Sep-2024 01:51 PM
Sample Tested In	: Serum	Reported On	: 21-Sep-2024 06:33 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
VDRL- Syphilis Antibodies <small>(Method: Slide Flocculation)</small>	Non Reactive		Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***



Page 5 of 8


DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

LABORATORY TEST REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Sep-2024 12:13 PM
Primary Sample	: Whole Blood	Received On	: 21-Sep-2024 01:51 PM
Sample Tested In	: Serum	Reported On	: 21-Sep-2024 08:05 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

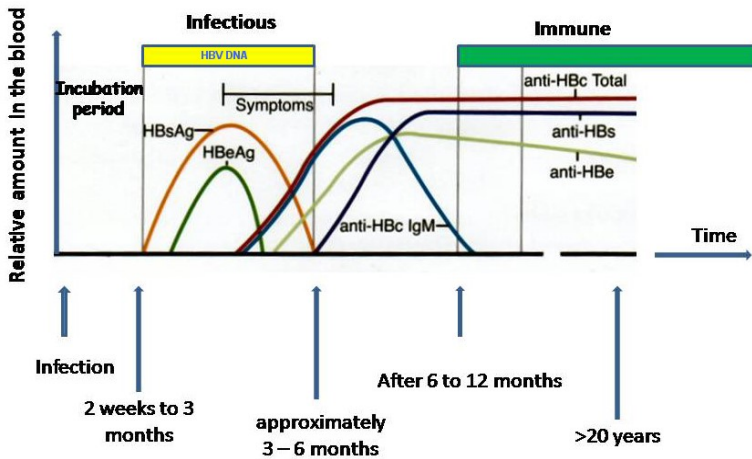
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) <small>(Method: ELISA)</small>	0.39	S/Co	<1.00 :Negative >1.00 :Positive

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood




Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 21-Sep-2024 01:51 PM
Sample Tested In	: Serum	Reported On	: 21-Sep-2024 07:57 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

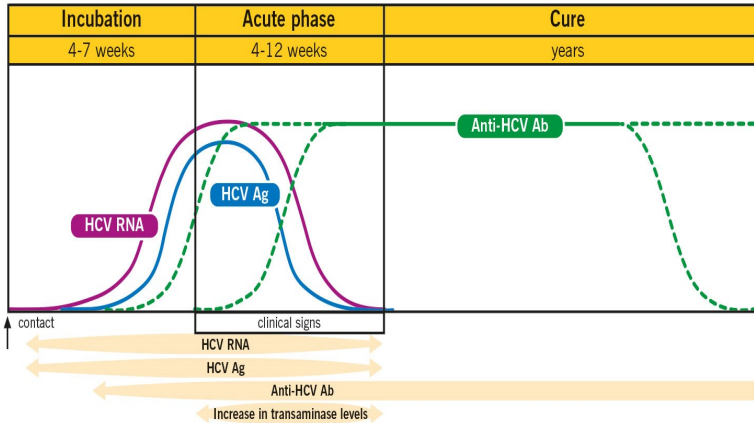
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody <small>(Method: ELISA)</small>	0.29	S/Co	< 1.00 : Negative > 1.00 : Positive

Interpretation:

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection


*** End Of Report ***



Page 7 of 8


DR. RUTURAJ MANIKLAL KOLHAPURE
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Sample Tested In	: Serum	Reported On	: 21-Sep-2024 07:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody <small>(Method: ELISA)</small>	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***