

**LABORATORY TEST REPORT**

Name	: Mrs. ASHA		
Sample ID	: A0934667		
Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Serum	Reported On	: 24-Sep-2024 12:00 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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**C-Reactive protein-(CRP)** **7.8** mg/L Upto:6.0

(Method: Immunoturbidimetry)

**Interpretation:**

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

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



Page 1 of 5  
*Dr. Vaishnavi*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

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Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Sep-2024 11:18 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
<b>Complete Blood Picture(CBP)</b>			
Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	<b>10.4</b>	g/dL	12-15
Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>35.4</b>	%	40-50
RBC Count <small>(Method: Cell Impedance)</small>	<b>3.55</b>	10 <sup>12</sup> /L	3.8-4.8
MCV <small>(Method: Calculated)</small>	100	fl	81-101
MCH <small>(Method: Calculated)</small>	29.4	pg	27-32
MCHC <small>(Method: Calculated)</small>	33.2	g/dL	32.5-34.5
RDW-CV <small>(Method: Calculated)</small>	<b>14.1</b>	%	11.6-14.0
Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	220	10 <sup>9</sup> /L	150-410
Total WBC Count <small>(Method: Impedance)</small>	9.1	10 <sup>9</sup> /L	4.0-10.0
<b>Differential Leucocyte Count (DC)</b>			
Neutrophils <small>(Method: Cell Impedance)</small>	65	%	40-70
Lymphocytes <small>(Method: Cell Impedance)</small>	30.	%	20-40
Monocytes <small>(Method: Microscopy)</small>	04	%	2-10
Eosinophils <small>(Method: Microscopy)</small>	01	%	1-6
Basophils <small>(Method: Microscopy)</small>	00	%	1-2
Absolute Neutrophils Count <small>(Method: Impedance)</small>	5.92	10 <sup>9</sup> /L	2.0-7.0
Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.73	10 <sup>9</sup> /L	1.0-3.0
Absolute Monocyte Count <small>(Method: Calculated)</small>	0.36	10 <sup>9</sup> /L	0.2-1.0
Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.09	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 <small>(Method: PAPS Staining)</small>	Anisocytosis with Normocytic hypochromic anemia		



**LABORATORY TEST REPORT**

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Age/Gender	: 40 Years/Female	Reg. No	: 0312409230036
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	:	Received On	: 23-Sep-2024 10:47 PM
Sample Tested In	: Urine	Reported On	: 23-Sep-2024 11:22 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	Clear		Clear

**Chemical Examination**

Glucose <small>(Method: Strip Reflectance)</small>	Negative		Negative
Protein <small>(Method: Strip Reflectance)</small>	Absent		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>	1.005		1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative		Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	5.5		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>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	01-02	/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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Sep-2024 06:01 PM
Primary Sample	: Whole Blood	Received On	: 23-Sep-2024 10:26 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 23-Sep-2024 11:58 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 75 mg/dL 70-140

(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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




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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	4.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	85.32	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

**NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.**

**INTERPRETATION**

**Method: Analyzer Fully automated HPLC platform.**

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243	POOR	9%
208		8%
172		7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

**NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely high results.**

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



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