

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. KIRAN BABU | | |
| Sample ID | : A0787806 | | |
| Age/Gender | : 33 Years/Male | Reg. No | : 0312410190063 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Oct-2024 07:08 PM |
| Primary Sample | : Whole Blood | Received On | : 19-Oct-2024 10:44 PM |
| Sample Tested In | : Serum | Reported On | : 20-Oct-2024 10:27 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

C-Reactive protein-(CRP) **148.0** 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 ***



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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT










| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. KIRAN BABU | | |
| Sample ID | : A0787804 | | |
| Age/Gender | : 33 Years/Male | Reg. No | : 0312410190063 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Oct-2024 07:08 PM |
| Primary Sample | : Whole Blood | Received On | : 19-Oct-2024 10:44 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 20-Oct-2024 07:03 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |













HAEMATOLOGY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

Complete Blood Picture(CBP)

| | | | |
|---|-------------|---------------------|-----------|
|  Haemoglobin (Hb) (Method: Cymeth Method) | 9.4 | g/dL | 13-17 |
|  Haematocrit (HCT) (Method: Calculated) | 29.9 | % | 40-50 |
|  RBC Count (Method: Cell Impedance) | 3.10 | 10 ¹² /L | 4.5-5.5 |
|  MCV (Method: Calculated) | 97 | fl | 81-101 |
|  MCH (Method: Calculated) | 30.5 | pg | 27-32 |
|  MCHC (Method: Calculated) | 31.5 | g/dL | 32.5-34.5 |
|  RDW-CV (Method: Calculated) | 21.8 | % | 11.6-14.0 |
|  Platelet Count (PLT) (Method: Cell Impedance) | 1204 | 10 ⁹ /L | 150-410 |
|  Total WBC Count (Method: Impedance) | 27.2 | 10 ⁹ /L | 4.0-10.0 |

Differential Leucocyte Count (DC)

| | | | |
|---|--------------|--------------------|----------|
|  Neutrophils (Method: Cell Impedance) | 70 | % | 40-70 |
|  Lymphocytes (Method: Cell Impedance) | 20 | % | 20-40 |
|  Monocytes (Method: Microscopy) | 06 | % | 2-10 |
|  Eosinophils (Method: Microscopy) | 04 | % | 1-6 |
|  Basophils (Method: Microscopy) | 00 | % | 1-2 |
|  Absolute Neutrophils Count (Method: Impedance) | 19.04 | 10 ⁹ /L | 2.0-7.0 |
|  Absolute Lymphocyte Count (Method: Impedance) | 5.44 | 10 ⁹ /L | 1.0-3.0 |
|  Absolute Monocyte Count (Method: Calculated) | 1.63 | 10 ⁹ /L | 0.2-1.0 |
|  Absolute Eosinophils Count (Method: Calculated) | 1.09 | 10 ⁹ /L | 0.02-0.5 |
|  Absolute Basophil ICount (Method: Calculated) | 0.00 | 10 ⁹ /L | 0.0-0.3 |

Morphology
(Method: PAPs Staining)

Normocytic Normochromic With Few Macrocytes And neutrophilic Leucocytosis&Marked Thrombocytosis With Giant Platelets



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MD PATHOLOGY

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. KIRAN BABU | | |
| Sample ID | : A0934177 | | |
| Age/Gender | : 33 Years/Male | Reg. No | : 0312410190063 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Oct-2024 07:08 PM |
| Primary Sample | : | Received On | : 19-Oct-2024 10:44 PM |
| Sample Tested In | : Urine | Reported On | : 20-Oct-2024 12:30 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


CLINICAL PATHOLOGY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

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> | 1.025 | 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> | 02-04 | /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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 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

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|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mr. KIRAN BABU | | |
| Sample ID | : A0787806 | | |
| Age/Gender | : 33 Years/Male | Reg. No | : 0312410190063 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 19-Oct-2024 07:08 PM |
| Primary Sample | : Whole Blood | Received On | : 19-Oct-2024 10:44 PM |
| Sample Tested In | : Serum | Reported On | : 20-Oct-2024 01:11 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

| | | | |
|---|------|-------|-----------|
|  Creatinine (Method: Jaffes Kinetic) | 0.84 | mg/dL | 0.70-1.30 |
|---|------|-------|-----------|

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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