



Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name : Mr. KHALED
Sample ID : A0787891
Age/Gender : 27 Years/Male

Reg. No : 0312410230020

Referred by : Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))

SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood

Collected On : 23-Oct-2024 10:03 AM Received On : 23-Oct-2024 12:48 PM

Sample Tested In : Whole Blood EDTA

Reported On : 23-Oct-2024 02:17 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Report Status : Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	6	mm/hr	10 or less

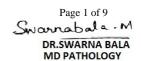
Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.













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Sample ID : A0787891
Age/Gender : 27 Years/Male

Reg. No : 0312410230020

Referred by : Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))

SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Collected On : 23-Oct-2024 10:03 AM Received On : 23-Oct-2024 12:48 PM

Primary Sample : Whole Blood Sample Tested In : Whole Blood EDTA

Reported On : 23-Oct-2024 01:04 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Report Status : Final Report

HAEMATOLOGY

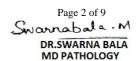
HEALTH PROFILE A-1 PACKAGE

HEALTH PROFILE A-1 PACKAGE					
Test Name	Results	Units	Biological Reference Interval		
Complete Blood Count (CBC)					
Haemoglobin (Hb) (Method: Cynmeth Method)	16.1	g/dL	13-17		
RBC Count (Method: Cell Impedence)	<u>5.65</u>	10^12/L	4.5-5.5		
Total WBC Count (Method: Impedance)	7.2	10^9/L	4.0-10.0		
Platelet Count (PLT) (Method: Cell Impedance)	243	10^9/L	150-410		
Haematocrit (HCT)	46.4	%	40-50		
MCV (Method: Calculated)	82	fl	81-101		
MCH (Method: Calculated)	28.6	pg	27-32		
MCHC (Method: Calculated)	34.0	g/dL	32.5-34.5		
RDW-CV (Method: Calculated)	14.4	%	11.6-14.0		
Differential Count by Flowcytometry /Mi	croscopy				
Neutrophils (Method: Cell Impedence)	70	%	40-70		
Lymphocytes (Method: Cell Impedence)	20	%	20-40		
Monocytes (Method: Microscopy)	06	%	2-10		
Eosinophils (Method: Microscopy)	04	%	1-6		
Basophils (Method: Microscopy)	00	%	1-2		
Smear					
WBC	Within Nor	mal Limits			
RBC	Normocytic	normochromic	;		
Platelets (Method: Microscopy)	Adequate.				











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REPORT LABORATORY TEST

Name : Mr. KHALED Sample ID : A0787389

> Reg. No : 0312410230020

Age/Gender : 27 Years/Male Referred by : Dr. G.BALA RAJU. M.D. (GENERAL MEDICINE))

SPP Code : SPL-CV-172

Referring Customer

: V CARE MEDICAL DIAGNOSTICS Collected On

: 23-Oct-2024 10:03 AM Received On : 23-Oct-2024 12:48 PM

Primary Sample

Sample Tested In : Urine Reported On

: 23-Oct-2024 02:13 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name Results Units **Biological Reference Interval**

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

HAZY **Appearance** Clear

Chemical Examination

Glucose Negative Negative Protein Absent Negative

Negative Negative Bilirubin (Bile)

Urobilinogen Negative Negative Ketone Bodies Negative Negative

Specific Gravity 1.005 1.000 - 1.030

Negative Negative Blood Reaction (pH) 6.5 5.0 - 8.5

Negative **Nitrites** Negative Negative Negative Leukocyte esterase

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-04 /hpf 00-05 R.B.C. Nil Nil /hpf 02-03 00-05 **Epithelial Cells** /hpf Casts Absent Absent Absent Absent Crystals Bacteria Nil Nil **Budding Yeast Cells** Nil Absent







Page 3 of 9 Swarnabala-M DR.SWARNA BALA MD PATHOLOGY





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LABORATORY TEST REPORT

Name : Mr. KHALED Sample ID : A0787896

Age/Gender : 27 Years/Male

Referred by : Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE))

. DI. G.BALA RASO. W.D. (GENERAL W

Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood

Sample Tested In : Plasma-NaF(F)

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Reg. No : 0312410230020

SPP Code : SPL-CV-172

Collected On : 23-Oct-2024 10:03 AM Received On : 23-Oct-2024 12:48 PM

Reported On : 23-Oct-2024 02:43 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

mg/dL

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F)

Interpretation of Plasma Glucose based on ADA guidelines 2018

interpretation of Figure States on Fibri guidennes 2010							
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)			

93

Reference: Diabetes care 2018:41(suppl.1):S13-S27

*** End Of Report ***

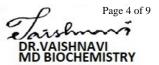


70-100













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LABORATORY TEST REPORT

Name : Mr. KHALED
Sample ID : A0787893
Age/Gender : 27 Years/Ma

: 27 Years/Male Reg. No : 0312410230020

Referred by : Dr. G.BALA RAJU. M.D.(GENERAL MEDICINE)) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Oct-2024 10:03 AM
Primary Sample : Whole Blood Received On : 23-Oct-2024 12:48 PM
Sample Tested In : Serum Reported On : 23-Oct-2024 02:55 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY					
HEALTH PROFILE A-1 PACKAGE					
Test Name	Results	Units	Biological Reference Interval		
Calcium (Method: Arsenazo)	9.1	mg/dL	8.5-10.1		

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a
 free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower
 Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

*** End Of Report ***

Excellence In Health Care













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Reg. No : 0312410230020

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Referring Customer: V CARE MEDICAL DIAGNOSTICS Primary Sample : Whole Blood

Received On : 23-Oct-2024 12:48 PM Reported On : 23-Oct-2024 02:55 PM

Sample Tested In : Serum Client Address

: Kimtee colony ,Gokul Nagar,Tarnaka

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE					
Test Name	Results	Units	Biological Reference Interval		
Lipid Profile					
Cholesterol Total (Method: CHOD-POD)	<u>210</u>	mg/dL	< 200		
Triglycerides-TGL (Method: GPO-POD)	148	mg/dL	< 150		
Cholesterol-HDL (Method: Direct)	43	mg/dL	40-60		
© Cholesterol-LDL (Method: Calculated)	<u>137.4</u>	mg/dL	< 100		
© Cholesterol- VLDL (Method: Calculated)	29.6	mg/dL	7-35		
Non HDL Cholesterol	<u>167</u>	mg/dL	< 130		
© Cholesterol Total /HDL Ratio	<u>4.88</u>	%	0-4.0		
HDL / LDL Ratio	0.31				
LDL/HDL Ratio	3.2	%	0-3.5		

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol	Non HDL Cholesterol in (mg/dL)		
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130		
Above Optimal				100-129	130 - 159		
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189		
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219		
Very High		>or=500		Adult: >or=190	>=220		
Note: LDL cholesterol cannot b	oe calculated if triglyceride is	Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL					











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REPORT LABORATORY TEST

Name : Mr. KHALED Sample ID : A0787893 Age/Gender : 27 Years/Male

Sample Tested In

Reg. No : 0312410230020

Referred by : Dr. G.BALA RAJU. M.D. (GENERAL MEDICINE)) SPP Code

: SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS

: Serum

Collected On : 23-Oct-2024 10:03 AM

Received On

Primary Sample : Whole Blood

: 23-Oct-2024 12:48 PM Reported On : 23-Oct-2024 02:55 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total)	1.0	mg/dL	0.1-1.2
Bilirubin (Direct) (Method: Diaze)	0.2	mg/dL	0.0 - 0.3
Bilirubin (Indirect)	0.8	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT)	20	U/L	15-37
Alanine Aminotransferase (ALT/SGPT)	20	U/L	0-55
Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	90	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP)	42	U/L	15-85
Protein - Total (Method: Biuret)	7.9	g/dL	6.4-8.2
Method: Bromocresol Green (BCG))	4.5	g/dL	3.4-5.0
Globulin (Method: Calculated)	3.4	g/dL	2.0-4.2
A:G Ratio (Method: Calculated)	1.32	%	0.8-2.0
SGOT/SGPT Ratio	1.00		

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.

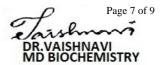
Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

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.













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Primary Sample : Whole Blood

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Sample Tested In : Serum

Reported On : 23-Oct-2024 02:55 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

HEACHT KOTTEE A-TT ACKAGE						
Test Name	Results	Units	Biological Reference Interval			
Kidney Profile-KFT						
Creatinine (Method: Jaffes Kinetic)	0.87	mg/dL	0.70-1.30			
Urea-Serum (Method: Calculated)	12.9	mg/dL	12.8-42.8			
Blood Urea Nitrogen (BUN)	<u>6.03</u>	mg/dL	7.0-18.0			
BUN / Creatinine Ratio	6.93		6 - 22			
Uric Acid (Method: Uricase)	4.4	mg/dL	3.5-7.2			
Sodium (Method: ISE Direct)	141	mmol/L	135-150			
Potassium (Method: ISE Direct)	4.2	mmol/L	3.5-5.0			
Chloride (Method: ISE Direct)	103	mmol/L	94-110			

Interpretation:

• The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.













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Name : Mr. KHALED Sample ID : A0787893 Age/Gender : 27 Years/Male

: 0312410230020 Reg. No

Biological Reference Interval

Referred by : Dr. G.BALA RAJU. M.D. (GENERAL MEDICINE)) SPP Code : SPL-CV-172

Results

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Oct-2024 10:03 AM Primary Sample : Whole Blood Received On : 23-Oct-2024 12:48 PM Sample Tested In : 23-Oct-2024 08:52 PM : Serum Reported On

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE Units

Thyroid Profile-I(TFT)			
T3 (Triiodothyronine)	106.29	ng/dL	70-204
T4 (Thyroxine) (Method: CLIA)	<u>12.9</u>	μg/dL	3.2-12.6
TSH -Thyroid Stimulating Hormone	2.09	μIU/mL	0.35-5.5

Pregnancy & Cord Blood

Test Name

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 Trimeste	r :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.







