

LABORATORY TEST REPORT










Name	: Mr. M ANIL KUMAR		
Sample ID	: A0787954		
Age/Gender	: 44 Years/Male	Reg. No	: 0312410260005
Referred by	: Dr. DURGA PRASAD T	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 12:50 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Oct-2024 02:17 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) (Method: Cymmeth Method)	14.8	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	45.7	%	40-50
 RBC Count (Method: Cell Impedance)	5.30	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	86	fl	81-101
 MCH (Method: Calculated)	27.8	pg	27-32
 MCHC (Method: Calculated)	32.3	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	15.3	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	178	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	5.0	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	56	%	40-70
 Lymphocytes (Method: Cell Impedance)	36	%	20-40
 Monocytes (Method: Microscopy)	06	%	2-10
 Eosinophils (Method: Microscopy)	02	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	2.8	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.8	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.3	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.1	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)

Anisocytosis with Normocytic normochromic



LABORATORY TEST REPORT

Name	: Mr. M ANIL KUMAR		
Sample ID	: A0787726, A0787725, A0787723		
Age/Gender	: 44 Years/Male	Reg. No	: 0312410260005
Referred by	: Dr. DURGA PRASAD T	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 12:50 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 26-Oct-2024 02:21 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 Fasting (F) **101** mg/dL 70-100
(Method: Hexokinase)

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

Glucose Post Prandial (PP) **102** 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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Creatinine **1.24** mg/dL 0.70-1.30
(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 ***



Dr. Vaishnavi
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MD BIOCHEMISTRY

Page 2 of 3










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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 12:50 PM
Sample Tested In	: Serum	Reported On	: 26-Oct-2024 02:21 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	160.5	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	510.2	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	34.6	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	Not Calculated	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	Not Calculated	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	125.9	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	4.64	%	0-4.0
 HDL / LDL Ratio	Not Calculated		
 LDL/HDL Ratio (Method: Calculated)	Not Calculated	%	0-3.5

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

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	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 be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

*** End Of Report ***



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Page 3 of 3