



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 : Mrs. NAGA LAKSHMI

Sample ID : A0788007

Age/Gender : 45 Years/Female Reg. No : 0312410280056

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Oct-2024 07:41 PM
Primary Sample : Whole Blood Received On : 28-Oct-2024 11:20 PM

Primary Sample : Whole Blood : 28-Oct-2024 11:20 PM Sample Tested In : Serum : 29-Oct-2024 12:00 AM

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

4.51

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval	

mg/L

Upto:6.0

C-Reactive protein-(CRP)

<u>Interpretation</u>

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
MD BIOCHEMISTRY



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 : Mrs. NAGA LAKSHMI

Sample ID : A0788010

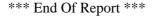
Age/Gender : 45 Years/Female Reg. No : 0312410280056

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Oct-2024 07:41 PM
Primary Sample : Whole Blood Received On : 28-Oct-2024 11:20 PM
Sample Tested In : Whole Blood EDTA Reported On : 28-Oct-2024 11:51 PM

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

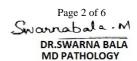
HAEMATOLOGY				
Test Name	Results	Units	Biological Reference Interval	
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	11.4	g/dL	12-15	
(Method: Cynmeth Method)	35.0	%	40-50	
(Method: Calculated)				
RBC Count (Method: Cell Impedence)	4.24	10^12/L	3.8-4.8	
MCV (Method: Calculated)	82	fl	81-101	
MCH (Method: Calculated)	27.0	pg	27-32	
MCHC (Method: Calculated)	32.6	g/dL	32.5-34.5	
® RDW-CV (Method: Calculated)	13.7	%	11.6-14.0	
Platelet Count (PLT) (Method: Cell Impedance)	229	10^9/L	150-410	
Total WBC Count (Method: Impedance)	6.0	10^9/L	4.0-10.0	
Differential Leucocyte Count (DC)				
Neutrophils (Method: Cell Impedence)	60	%	40-70	
Lymphocytes (Method: Cell Impedence)	32	%	20-40	
Monocytes (Method: Microscopy)	06	%	2-10	
Cosinophils (Method: Microscopy)	02	%	1-6	
Basophils (Method: Microscopy)	00	%	1-2	
Absolute Neutrophils Count Method: Impedence)	3.6	10^9/L	2.0-7.0	
Absolute Lymphocyte Count (Method: Impedence)	1.92	10^9/L	1.0-3.0	
(Method: Calculated)	0.36	10^9/L	0.2-1.0	
Absolute Eosinophils Count (Method: Calculated)	0.12	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 n	ormochromic v	with Adequate	















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LABORATORY TEST REPORT

Name : Mrs. NAGA LAKSHMI

Sample ID : A0788010

Age/Gender : 45 Years/Female Reg. No : 0312410280056

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Oct-2024 07:41 PM Primary Sample : Whole Blood Received On : 28-Oct-2024 11:20 PM

Sample Tested In : Whole Blood EDTA Received On : 28-Oct-2024 11:20 PM Reported On : 29-Oct-2024 12:34 AM

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

HAEMATOLOGY				
Test Name Result		Units	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	<u>11</u>	mm/hr	10 or less	











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LABORATORY TEST REPORT

Name : Mrs. NAGA LAKSHMI

Sample ID : A0787861

Age/Gender : 45 Years/Female Reg. No : 0312410280056

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Oct-2024 07:41 PM Primary Sample : Received On : 28-Oct-2024 11:20 PM

Sample Tested In : Urine Reported On : 29-Oct-2024 17:20 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 Negative Negative

Protein Absent Negative

(Method: Strip Reflectance)

Bilirubin (Bile)
(Method: Strip Reflectance)

Urobilinogen

Negative

Negative

Negative

Negative

(Method: Ehrlichs reagent)

Ketone Bodies

Negative

Negative

Specific Gravity
(Method: Strip Reflectance)

1.005

1.000 - 1.030

Blood Negative Negative

 Reaction (pH)
 5.5
 5.0 - 8.5

 (Method: Reagent Strip Reflectance)
 Negative
 Negative

Leukocyte esterase Negative Negative

Microscopic Examination (Microscopy)

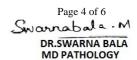
PUS(WBC) Cells 02-03 00-05 /hpf R.B.C. Nil Nil /hpf **Epithelial Cells** 03-04 /hpf 00-05 Absent Absent Casts Crystals Absent Absent Bacteria Nil Nil Nil **Budding Yeast Cells** Absent

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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LABORATORY TEST REPORT

Name : Mrs. NAGA LAKSHMI
Sample ID : A0788009, A0788007
Age/Gender : 45 Years/Female

Reg. No : 0312410280056

Referred by : Dr. SELF

SPP Code : SPL-CV-172

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

Collected On : 28-Oct-2024 07:41 PM Received On : 28-Oct-2024 11:20 PM

Sample Tested In : Plasma-NaF(R), Serum

Reported On : 29-Oct-2024 01:07 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name Results Units Biological Reference Interval

Glucose Random (RBS) 72 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes		140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200		>=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.

© Creatinine 0.66 mg/dL 0.60-1.10

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 musle mass.

0-55

Alanine Aminotransferase (ALT/SGPT) 8 U/L

Interpretation:

- Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before
 the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver
 cell integrity,
- ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.
- Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are typically at least 10 times above the
 normal range. Levels may reach values as high as 100 times the upper reference limit, although 20- to 50-fold elevations are most frequently encountered. In infectious hepatitis and other
 inflammatory conditions affecting the liver.







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REPORT LABORATORY TEST

Name : Mrs. NAGA LAKSHMI Sample ID : A0788009, A0788007 Age/Gender : 45 Years/Female

Reg. No : 0312410280056

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Collected On : 28-Oct-2024 07:41 PM : 28-Oct-2024 11:20 PM

Primary Sample : Whole Blood Received On

Sample Tested In : Plasma-NaF(R), Serum Reported On : 29-Oct-2024 01:07 AM

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

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
TSH -Thyroid Stimulating Hormone	2.11	μIU/mL	0.35-5.5	

Pregnancy & Co	rd Blood	
		TSH (Thyroid Stimulating Hormone (μIU/mL)
First Trimester	: 0.24-2.99	
Second Trimester	r: 0.46-2.95	
Third Trimester	: 0.43-2.78	
Cord Blood	: 2.3-13.2	

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

*** End Of Report ***





