

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
Sample Tested In	: Serum	Reported On	: 29-Oct-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)	4.51	mg/L	Upto:6.0
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(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 ***






















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
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Complete Blood Picture(CBP)

 Haemoglobin (Hb) (Method: Cymeth Method)	11.4	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	35.0	%	40-50
 RBC Count (Method: Cell Impedance)	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 Impedance)	60	%	40-70
 Lymphocytes (Method: Cell Impedance)	32	%	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)	3.6	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.92	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (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 normochromic with Adequate		

*** End Of Report ***



 Page 2 of 6
 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

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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	: 29-Oct-2024 12:34 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
 Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method)	11	mm/hr	10 or less



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 12:21 AM
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>	1.025	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>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	03-04	/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.


 Page 4 of 6
 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. NAGA LAKSHMI	Reg. No	: 0312410280056
Sample ID	: A0788009, A0788007	SPP Code	: SPL-CV-172
Age/Gender	: 45 Years/Female	Collected On	: 28-Oct-2024 07:41 PM
Referred by	: Dr. SELF	Received On	: 28-Oct-2024 11:20 PM
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Reported On	: 29-Oct-2024 01:07 AM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Plasma-NaF(R), Serum		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 72 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

- 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
(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.

 Alanine Aminotransferase (ALT/SGPT) 8 U/L 0-55
(Method: IFCC with out (P-S-P))

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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	2.11	μIU/mL	0.35-5.5

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (μIU/mL))	
First Trimester	: 0.24-2.99
Second Trimester	: 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 ***



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Page 6 of 6