

LABORATORY TEST REPORT

Name	: Mr. VENKATA SAI RAM		
Sample ID	: A0788140		
Age/Gender	: 17 Years/Male	Reg. No	: 0312411050055
Referred by	: Dr. SANEEDP KONDEPI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Nov-2024 05:02 PM
Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Nov-2024 11:50 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) <small>(Method: Cymeth Method)</small>	15.2	g/dL	13-17
 Haematocrit (HCT) <small>(Method: Calculated)</small>	43.1	%	40-50
 RBC Count <small>(Method: Cell Impedance)</small>	4.80	10 <sup>12</sup> /L	4.5-5.5
 MCV <small>(Method: Calculated)</small>	90	fl	81-101
 MCH <small>(Method: Calculated)</small>	31.6	pg	27-32
 MCHC <small>(Method: Calculated)</small>	<b>35.2</b>	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	13.0	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	338	10 <sup>9</sup> /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	7.3	10 <sup>9</sup> /L	4.0-10.0
<b>Differential Leucocyte Count (DC)</b>			
 Neutrophils <small>(Method: Cell Impedance)</small>	60	%	40-70
 Lymphocytes <small>(Method: Cell Impedance)</small>	30	%	20-40
 Monocytes <small>(Method: Microscopy)</small>	07	%	2-10
 Eosinophils <small>(Method: Microscopy)</small>	03	%	1-6
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.38	10 <sup>9</sup> /L	2.0-7.0
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.19	10 <sup>9</sup> /L	1.0-3.0
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.51	10 <sup>9</sup> /L	0.2-1.0
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.22	10 <sup>9</sup> /L	0.02-0.5
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /L	0.0-0.3

Morphology  
(Method: PAPS Staining)

Normocytic normochromic with Adequate.



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Primary Sample	: Whole Blood	Received On	: 05-Nov-2024 11:03 PM
Sample Tested In	: Serum	Reported On	: 05-Nov-2024 11:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 <b>Creatinine</b> <small>(Method: Jaffes Kinetic)</small>	0.75	mg/dL	0.65-1.04

**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*  
**DR.VAISHNAVI**  
**MD BIOCHEMISTRY**

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
<b>Liver Function Test (LFT)</b>			
 Bilirubin(Total) <small>(Method: Diazo)</small>	0.7	mg/dL	0.1-1.2
 Bilirubin (Direct) <small>(Method: Diazo)</small>	0.1	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) <small>(Method: Calculated)</small>	0.6	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) <small>(Method: IFCC UV Assay)</small>	20	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) <small>(Method: IFCC with out (P-S-P))</small>	15	U/L	0-55
 Alkaline Phosphatase(ALP) <small>(Method: Kinetic PNPP-AMP)</small>	87	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) <small>(Method: IFCC)</small>	33	U/L	15-85
 Protein - Total <small>(Method: Biuret)</small>	7.2	g/dL	6.4-8.2
 Albumin <small>(Method: Bromocresol Green (BCG) )</small>	4.0	g/dL	3.4-5.0
 Globulin <small>(Method: Calculated)</small>	3.2	g/dL	2.0-4.2
 A:G Ratio <small>(Method: Calculated)</small>	1.25	%	0.8-2.0
 SGOT/SGPT Ratio	1.33		

**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.

\*\*\* End Of Report \*\*\*



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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) <small>(Method: CLIA)</small>	<b>76.65</b>	ng/dL	80-210
 T4 (Thyroxine) <small>(Method: CLIA)</small>	8.2	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone <small>(Method: CLIA)</small>	0.78	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

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 Trimester :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.

\*\*\* End Of Report \*\*\*



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