










LABORATORY TEST REPORT

Name	: Mr. S R SATHYA NANDAM		
Sample ID	: A0788159		
Age/Gender	: 78 Years/Male	Reg. No	: 0312411070002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Nov-2024 08:04 AM
Primary Sample	: Whole Blood	Received On	: 07-Nov-2024 01:13 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Nov-2024 02:20 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)	10.8	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	32.4	%	40-50
 RBC Count (Method: Cell Impedance)	3.67	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	88	fl	81-101
 MCH (Method: Calculated)	29.5	pg	27-32
 MCHC (Method: Calculated)	33.4	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	14.4	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	199	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	5.9	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	60	%	40-70
 Lymphocytes (Method: Cell Impedance)	31	%	20-40
 Monocytes (Method: Microscopy)	05	%	2-10
 Eosinophils (Method: Microscopy)	04	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	3.54	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.83	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)	0.24	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 Wuth Adequate.



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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Nov-2024 08:04 AM
Primary Sample	: Whole Blood	Received On	: 07-Nov-2024 01:13 PM
Sample Tested In	: Serum	Reported On	: 07-Nov-2024 02:34 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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 **Creatinine** **2.35** 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.

 **Uric Acid** **7.8** mg/dL 3.5-7.2
(Method: UriCase)

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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