

LABORATORY TEST REPORT










Name	: Mr. V BHARATH		
Sample ID	: 24202371		
Age/Gender	: 44 Years/Male	Reg. No	: 0312411110004
Referred by	: Dr. SREE RAM CHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Nov-2024 08:06 AM
Primary Sample	: Whole Blood	Received On	: 11-Nov-2024 12:55 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Nov-2024 01:15 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)	14.3	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	41.2	%	40-50
 RBC Count (Method: Cell Impedance)	4.61	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	89	fl	81-101
 MCH (Method: Calculated)	31.0	pg	27-32
 MCHC (Method: Calculated)	34.0	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	16.8	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	399	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	8.6	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	63	%	40-70
 Lymphocytes (Method: Cell Impedance)	31	%	20-40
 Monocytes (Method: Microscopy)	04	%	2-10
 Eosinophils (Method: Microscopy)	02	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	5.42	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	2.67	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.34	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.17	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. V BHARATH		
Sample ID	: 24202372, 24202368, 24202369		
Age/Gender	: 44 Years/Male	Reg. No	: 0312411110004
Referred by	: Dr. SREE RAM CHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Nov-2024 08:06 AM
Primary Sample	: Whole Blood	Received On	: 11-Nov-2024 01:04 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 11-Nov-2024 01:55 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) 83 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) 163 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 0.73 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

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