

**LABORATORY TEST REPORT**

Name	: Mrs. RAMA DEVI		
Sample ID	: 24202472		
Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 03:12 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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Bicarbonate (HCO <sub>3</sub> )-Serum <small>(Method: Enzymatic Endpoint)</small>	<b>20.1</b>	mEq/L	22.0 - 29.0
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**Interpretation:**

Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

**Increased Levels ·**

Acute Metabolic alkalosis ·  
Chronic Metabolic alkalosis

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



Page 1 of 4  
*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
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**LABORATORY TEST REPORT**

Name	: Mrs. RAMA DEVI		
Sample ID	: 24202474		
Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Nov-2024 02:01 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)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	<b>10.7</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>33.4</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	4.49	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>74</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>23.9</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>32.1</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	13.6	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	268	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>11.2</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	<b>75</b>	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	20	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	03	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	02	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	<b>8.4</b>	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	2.24	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.34	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.22	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

(Method: PAPs Staining)

Anisocytosis with Normocytic normochromic with Neutrophilic Leucocytosis



**LABORATORY TEST REPORT**

Name	: Mrs. RAMA DEVI		
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Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:48 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 13-Nov-2024 02:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**
**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS)	121	mg/dL	70-140
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(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)

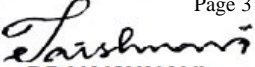
Reference: Diabetes care 2018:41(suppl.1):S13-S27

- 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.

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

Excellence In Health Care



  
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Page 3 of 4








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Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 03:59 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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**Kidney Profile-KFT**

 Creatinine (Method: Jaffes Kinetic)	<b>5.14</b>	mg/dL	0.60-1.10
 Urea-Serum (Method: Calculated)	<b>286.9</b>	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) (Method: Calculated)	<b>134.07</b>	mg/dL	7.0-18.0
BUN / Creatinine Ratio	<b>26.08</b>		6 - 22
 Uric Acid (Method: Uricase)	6.0	mg/dL	2.6-6.0
 Sodium (Method: ISE Direct)	141	mmol/L	135-150
 Potassium (Method: ISE Direct)	3.9	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	104	mmol/L	94-110

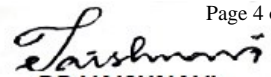
Confirmed with the patient

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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



  
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Page 4 of 4