

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT LABORATORY TEST

Name	: Mrs. AMBIKA		
Sample ID	: A1308540		
Age/Gender	: 51 Years/Female	Reg. No	: 0312412200015
Referred by	: Dr. B BHANU PRAKASH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Dec-2024 10:02 AM
Primary Sample	: Whole Blood	Received On	: 20-Dec-2024 12:23 PM
Sample Tested In	: Serum	Reported On	: 21-Dec-2024 09:42 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
Test Name Results		Units	Biological Reference Interval		
	2.10	g/L	0.33 - 2.93		

Interpretation:

- Used to detect monoclonal gammopathy.
- IgM exists in two form: 1. Monomeric IgM form exists as a B- cell receptor for antigen 2. Pentameric IgM form is present in the blood. These five basic units are joined by the J-chain • It is 10 % of the total immunoglobulin
- IgM is the first antibody production in response to antigenic stimulation called Primary immune response
- It is predominantly present in the intravascular space, It is a poor toxin neutralizing antibody.

Increased Immunoglobulin M (IgM) seen in:

- Elevations of IgM may be due to polyclonal immunoglobulin production which was seen in various infections
- Increased levels of IgM may be seen in Rheumatoid arthritis, biliary cirrhosis, and some other chronic disorders.
- Raised levels are also seen in Hyper IgM dysgammaglobulinemia, active sarcoidosis, collagen vascular diseases, nephrotic syndrome.

Decreased Immunoglobulin M (IgM) seen in:

· Decreased level seen in congenital deficiency diseases

*** End Of Report ***



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LABORATORY TEST REPORT

Name	: Mrs. AMBIKA		
Sample ID	: A1308542		
Age/Gender	: 51 Years/Female	Reg. No	: 0312412200015
Referred by	: Dr. B BHANU PRAKASH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Dec-2024 10:02 AM
Primary Sample	: Whole Blood	Received On	: 20-Dec-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Dec-2024 03:35 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY						
Test Name	Results	Units	Biological Reference Interval			
Complete Blood Picture(CBP)						
Haemoglobin (Hb)	13.3	g/dL	12-15			
	45.2	%	40-50			
BBC Count (Method: Cell Impedence)	4.80	10^12/L	3.8-4.8			
MCV (Method: Calculated)	94	fl	81-101			
MCH	27.7	pg	27-32			
MCHC (Method: Calculated)	<u>31.0</u>	g/dL	32.5-34.5			
RDW-CV	13.1	%	11.6-14.0			
Platelet Count (PLT)	363	10^9/L	150-410			
Total WBC Count	9.8	10^9/L	4.0-10.0			
Differential Leucocyte Count (DC)						
Neutrophils (Method: Cell Impedence)	70 cel	%	40-70 alth Care			
Lymphocytes (Method: Cell Impedence)	23	%	20-40			
Monocytes (Method: Microscopy)	04	%	2-10			
Eosinophils (Method: Microscopy)	03	%	1-6			
Basophils	0	%	1-2			
	6.86	10^9/L	2.0-7.0			
	2.25	10^9/L	1.0-3.0			
	0.39	10^9/L	0.2-1.0			
	0.29	10^9/L	0.02-0.5			
	0.00	10^9/L	0.0-0.3			
Morphology (Method: PAPs Staining)	Normocytic N	lormochromic				





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LABORATORY TEST REPORT

Name	: Mrs. AMBIKA		
Sample ID	: A1308539, A1308540		
Age/Gender	: 51 Years/Female	Reg. No	: 0312412200015
Referred by	: Dr. B BHANU PRAKASH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Dec-2024 10:02 AM
Primary Sample	: Whole Blood	Received On	: 20-Dec-2024 12:23 PM
Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 20-Dec-2024 04:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY Test Name Results Units **Biological Reference Interval** Glucose Fasting (F) <u>119</u> mg/dL 70-100 Interpretation of Plasma Glucose based on ADA guidelines 2018 Diagnosis FastingPlasma Glucose(mg/dL) 2hrsPlasma Glucose(mg/dL) HbA1c(%) RBS(mg/dL) Prediabetes 100-125 140-199 5.7-6.4 NA =200(with symptoms) Diabetes > = 126 > = 200 > = 6.5 Reference: Diabetes care 2018:41(suppl.1):S13-S27 25 - Hydroxy Vitamin D 21.35 ng/mL <20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication Interpretation: 1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement. 2. Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol. 3. The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low. 4. The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation). Those who are at high risk of having low levels of vitamin D include: 1.people who don't get much exposure to the sun 2.older adults 3.people with obesity. 4. dietary deficiency

Method : CLIA

Increased Levels: Vitamin D Intoxication

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Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 20-Dec-2024 04:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Biological Reference Interval			
Vitamin- B12 (cyanocobalamin)	405	pg/mL	200-911			

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12. **Causes of vitamin B12 deficiency include:Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Tetal InF	10.0	II I/mal	
i otal ige	43.2	IU/mL	Upto 378
(Method: CLIA)			

Interpretation:

- Allergies are a common and chronic condition that involves the body's immune system. Normally, your immune system works to fight off viruses, bacteria, and other infectious agents. When you have an allergy, your immune system treats a harmless substance, like dust or pollen, as a threat. To fight this perceived threat, your immune system makes antibodies called immunoglobulin E (IgE).
- Substances that cause an allergic reaction are called allergens. Besides dust and pollen, other common allergens include animal dander, foods, including nuts and shellfish, and certain medicines, such as penicillin.
- Allergy symptoms can range from sneezing and a stuffy nose to a life-threatening complication called anaphylactic shock. Allergy blood tests measure the amount of IgE antibodies in the blood. A small amount of IgE antibodies is normal. A larger amount of IgE may mean you have an allergy.

*** End Of Report ***







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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Dec-2024 10:02 AM
Primary Sample	: Whole Blood	Received On	: 20-Dec-2024 12:23 PM
Sample Tested In	: Serum	Reported On	: 20-Dec-2024 01:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Biological Reference Interval			
Lipid Profile						
Cholesterol Total (Method: CHOD-POD)	180	mg/dL	< 200			
Triglycerides-TGL	91	mg/dL	< 150			
Cholesterol-HDL (Method: Direct)	46	mg/dL	40-60			
Cholesterol-LDL (Method: Calculated)	<u>115.8</u>	mg/dL	< 100			
	18.2	mg/dL	7-35			
	<u>134</u>	mg/dL	< 130			
	3.91	Ratio	0-4.0			
LDL/HDL Ratio (Method: Calculated)	2.52	Ratio	0-3.5			

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190 	>=220
Note: LDL cholesterol cannot l	be calculated if triglyceride is	s >400 mg/dL (Friedev	vald's formula). Ca	culated values not provided	for LDL and VLDL

*** End Of Report ***







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Sagepath Labs Pvt. Ltd.

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CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
Liver Function Test (LFT)				
Bilirubin(Total)	0.6	mg/dL	0.3-1.2	
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.3	
	0.5	mg/dL	0.2-1.0	
Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	17	U/L	15-37	
Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-5-P))	19	U/L	0-55	
Alkaline Phosphatase(ALP)	101	U/L	30-120	
Gamma Glutamyl Transpeptidase (GGTP)	22	U/L	5-55	
Protein - Total	6.8	g/dL	6.4-8.2	
Albumin (Method: Bromocresol Green (BCG))	4.1	g/dL	3.4-5.0	
Globulin (Method: Calculated)	2.7	g/dL	2.0-4.2	
A:G Ratio (Nethod: Calculated)	1.52	Ratio	0.8-2.0	
SGOT/SGPT Ratio	0.89	Ratio	<1.0	

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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