

LABORATORY TEST REPORT

Name	: Master. M KAUSHIK REDDY		
Sample ID	: A1308829		
Age/Gender	: 7 Years 1 Months 28 Days/Male	Reg. No	: 0312412280026
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	:	Received On	: 28-Dec-2024 05:18 PM
Sample Tested In	: Capillary Tube	Reported On	: 28-Dec-2024 05:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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Bleeding Time & Clotting Time

Bleeding Time (BT) <small>(Method: Capillary Method)</small>	03:30	Minutes	2 - 5
Clotting Time (CT) <small>(Method: Capillary Method)</small>	05:50	Minutes	3 - 7



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Age/Gender	: 7 Years 1 Months 28 Days/Male	Reg. No	: 0312412280026
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Dec-2024 03:27 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Dec-2024 03:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

SURGICAL PROFILE

Test Name	Results	Units	Biological Reference Interval
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Blood Grouping (A B O)

(Method: Tube Agglutination)

O

Rh Typing

(Method: Tube Agglutination)

Positive

*** End Of Report ***



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Dec-2024 03:27 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Dec-2024 03:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY
SURGICAL PROFILE

Test Name	Results	Units	Biological Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Haemoglobin (Hb) (Method: Cynmeth Method)	13.2	g/dL	11.5-15.5
RBC Count (Method: Cell Impedance)	5.43	10 ¹² /L	4.5-5.5
Haematocrit (HCT) (Method: Calculated)	43.2	%	35-45
MCV (Method: Calculated)	80	fl	77-95
MCH (Method: Calculated)	24.3	pg	25-33
MCHC (Method: Calculated)	30.5	g/dL	31-37
RDW-CV (Method: Calculated)	15.0	%	11.6-14.0
Platelet Count (PLT) (Method: Cell Impedance)	420	10 ⁹ /L	170-450
Total WBC Count (Method: Impedance)	10.8	10 ⁹ /L	5.0-13.0
Neutrophils (Method: Cell Impedance)	54	%	41-63
Absolute Neutrophils Count (Method: Impedance)	5.83	10 ⁹ /L	1.9-9.1
Lymphocytes (Method: Cell Impedance)	40	%	25-48
Absolute Lymphocyte Count (Method: Impedance)	4.32	10 ⁹ /L	1.0-6.2
Monocytes (Method: Microscopy)	04	%	0-9
Absolute Monocyte Count (Method: Calculated)	0.43	10 ⁹ /L	0.0- 1.2
Eosinophils (Method: Microscopy)	02	%	0-7
Absolute Eosinophils Count (Method: Calculated)	0.22	10 ⁹ /L	0.0-1.0
Basophils (Method: Microscopy)	00	%	0-2
Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3

Morphology

WBC	Within Normal Limits
RBC	Anisocytosis with Normocytic normochromic
Platelets (Method: Microscopy)	Adequate.

*** End Of Report ***


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT


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Age/Gender	: 7 Years 1 Months 28 Days/Male	Reg. No	: 0312412280026
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Dec-2024 03:27 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Dec-2024 04:33 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

SURGICAL PROFILE

Test Name	Results	Units	Biological Reference Interval
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 Erythrocyte Sedimentation Rate (ESR)	6	mm/hr	3-13
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(Method: Westergren method)

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



LABORATORY TEST REPORT

Name	: Master. M KAUSHIK REDDY		
Sample ID	: A1308830, A1308827		
Age/Gender	: 7 Years 1 Months 28 Days/Male	Reg. No	: 0312412280026
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Dec-2024 03:27 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 28-Dec-2024 05:47 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 Random (RBS) **63** 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

- 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.

 **Creatinine** **0.48** mg/dL 0.52-0.69
 (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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Dec-2024 02:18 PM
Primary Sample	: Whole Blood	Received On	: 28-Dec-2024 03:27 PM
Sample Tested In	: Serum	Reported On	: 28-Dec-2024 05:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE

Test Name	Results	Units	Biological Reference Interval
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VDRL- Syphilis Antibodies

Non Reactive

Non Reactive

(Method: Slide Flocculation)

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Hepatitis B Surface Antigen(Rapid)

Negative

Negative

(Method: Immunochromatography)

- HBsAg(Rapid)Test is an in-Vitro immunochromatographic one step assay designed for qualitative determination of HBsAg in human serum or plasma.
- Sensitivity:** This test can detect 1.0 ng/mL of HBsAg in human serum or plasma.
- Specimen found to be reactive by the above screening test must be confirmed by standard supplemental assay like ELISA, Neutralization test or PCR.
- False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor. This occurs in less than 1% of the samples tested.
- Disclaimer:** This test is only a screening method for detection of (Hepatitis B Surface Antigen (HBsAg). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR recommended."

Hepatitis C Virus (HCV Antibody)-Rapid

Non Reactive

Non Reactive

(Method: Immunochromatography)

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Disclaimer: This test is only a screening method for detection of (HCV Antibody). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR is recommended.

HIV 1 & 2 Ab-Chromatography

(Method: Immunochromatography)

HIV - I Results

Non Reactive

Non Reactive

(Method: Immuno Chromatography)

HIV - II Results

Non Reactive

Non Reactive

(Method: Immuno Chromatography)

*** End Of Report ***



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[Signature]

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST