

LABORATORY TEST REPORT

Name	: Mr. S R SATHYA NANDAM		
Sample ID	: A1308941		
Age/Gender	: 78 Years/Male	Reg. No	: 0312501010001
Referred by	: Dr. S RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Jan-2025 09:12 AM
Primary Sample	:	Received On	: 01-Jan-2025 12:34 PM
Sample Tested In	: Capillary Tube	Reported On	: 01-Jan-2025 01:27 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



LABORATORY TEST REPORT

Name	: Mr. S R SATHYA NANDAM		
Sample ID	: A1308940		
Age/Gender	: 78 Years/Male	Reg. No	: 0312501010001
Referred by	: Dr. S RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Jan-2025 09:12 AM
Primary Sample	: Whole Blood	Received On	: 01-Jan-2025 12:34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Jan-2025 12:51 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)

A

Rh Typing

(Method: Tube Agglutination)

Positive

*** End Of Report ***






















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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Jan-2025 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 01-Jan-2025 12: 34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Jan-2025 12: 50 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) <small>(Method: Cynmeth Method)</small>	11.1	g/dL	13-17
 RBC Count <small>(Method: Cell Impedance)</small>	3.83	10 ¹² /L	4.5-5.5
 Haematocrit (HCT) <small>(Method: Calculated)</small>	36.7	%	40-50
 MCV <small>(Method: Calculated)</small>	96	fl	81-101
 MCH <small>(Method: Calculated)</small>	29.0	pg	27-32
 MCHC <small>(Method: Calculated)</small>	30.3	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	13.9	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	234	10 ⁹ /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	6.5	10 ⁹ /L	4.0-10.0
 Neutrophils <small>(Method: Cell Impedance)</small>	60	%	40-70
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	3.9	10 ⁹ /L	2.0-7.0
 Lymphocytes <small>(Method: Cell Impedance)</small>	31	%	20-40
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.02	10 ⁹ /L	1.0-3.0
 Monocytes <small>(Method: Microscopy)</small>	06	%	2-10
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.39	10 ⁹ /L	0.2-1.0
 Eosinophils <small>(Method: Microscopy)</small>	03	%	1-6
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.2	10 ⁹ /L	0.02-0.5
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology

WBC	Within Normal Limits
RBC	Normocytic normochromic blood picture.
Platelets <small>(Method: Microscopy)</small>	Adequate.

*** End Of Report ***


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

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Primary Sample	: Whole Blood	Received On	: 01-Jan-2025 12:34 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Jan-2025 01:44 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) <small>(Method: Westergren method)</small>	41	mm/hr	30 or less
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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.



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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mr. S R SATHYA NANDAM		
Sample ID	: A1308939, A1308942		
Age/Gender	: 78 Years/Male	Reg. No	: 0312501010001
Referred by	: Dr. S RAJAPPA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Jan-2025 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 01-Jan-2025 12: 34 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 01-Jan-2025 03: 11 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) 75 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** 2.68 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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Uric Acid (Method: Urlicase)	4.9	mg/dL	3.5-7.2

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)



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

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Primary Sample	: Whole Blood	Received On	: 01-Jan-2025 12:34 PM
Sample Tested In	: Serum	Reported On	: 01-Jan-2025 01:53 PM
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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE

Test Name	Results	Units	Biological Reference Interval
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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