

LABORATORY TEST REPORT

Name	: Mrs. RABIA KHAN		
Sample ID	: a1308358		
Age/Gender	: 37 Years/Female	Reg. No	: 0312501100014
Referred by	: Dr. UMA CHINTAWAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 09:52 AM
Primary Sample	:	Received On	: 10-Jan-2025 12:22 PM
Sample Tested In	: Urine	Reported On	: 10-Jan-2025 02:33 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Biological Reference Interval
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Fasting Urine Glucose
(Method: Automated Strip Test)

Negative

Negative

*** End Of Report ***



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Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY










LABORATORY TEST REPORT

Name	: Mrs. RABIA KHAN		
Sample ID	: A1309110		
Age/Gender	: 37 Years/Female	Reg. No	: 0312501100014
Referred by	: Dr. UMA CHINTAWAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 09:52 AM
Primary Sample	: Whole Blood	Received On	: 10-Jan-2025 12:11 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Jan-2025 12:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Blood Picture(CBP)

 Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	10.9	g/dL	12-15
 Haematocrit (HCT) <small>(Method: Calculated)</small>	35.2	%	40-50
 RBC Count <small>(Method: Cell Impedance)</small>	4.08	10 ¹² /L	3.8-4.8
 MCV <small>(Method: Calculated)</small>	86	fl	81-101
 MCH <small>(Method: Calculated)</small>	26.8	pg	27-32
 MCHC <small>(Method: Calculated)</small>	31.0	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	15.3	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	165	10 ⁹ /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	7.1	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils <small>(Method: Cell Impedance)</small>	67	%	40-70
 Lymphocytes <small>(Method: Cell Impedance)</small>	27	%	20-40
 Monocytes <small>(Method: Microscopy)</small>	04	%	2-10
 Eosinophils <small>(Method: Microscopy)</small>	02	%	1-6
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.76	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	1.92	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.28	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.14	10 ⁹ /L	0.02-0.5
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 ⁹ /L	0.0-0.3

Morphology
(Method: PAPs Staining)

Anisocytosis with Normocytic normochromic



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Referred by	: Dr. UMA CHINTAWAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 09:52 AM
Primary Sample	:	Received On	: 10-Jan-2025 12:22 PM
Sample Tested In	: Urine	Reported On	: 10-Jan-2025 12:36 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)
Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	HAZY	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.010	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	01-02	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. RABIA KHAN		
Sample ID	: A1309112, A1309109		
Age/Gender	: 37 Years/Female	Reg. No	: 0312501100014
Referred by	: Dr. UMA CHINTAWAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 09:52 AM
Primary Sample	: Whole Blood	Received On	: 10-Jan-2025 12:12 PM
Sample Tested In	: Plasma-NaF(F), Serum	Reported On	: 10-Jan-2025 12:55 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) 77 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

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN) (Method: Calculated)	8.03	mg/dL	7.0-18.0
Urea-Serum (Method: Calculated)	17.2	mg/dL	12.8-42.8

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
 - Congestive heart failure
 - Excessive protein level in the gastrointestinal tract
 - Gastrointestinal bleeding
 - Hypovolemia (dehydration)
 - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
 - Liver failure
 - Low protein diet
 - Malnutrition

Creatinine (Method: Jaffes Kinetic)	0.69	mg/dL	0.60-1.10
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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 ***



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