VIJAYA DIAGNOSTIC CENTRE®
3-6-16 & 17, Street No. 19, Opp. Lane to Tanishq, Chandra Nagar, Himayatnagar, Hyderabad - 500029

TEST REPORT

Name	: **Mrs. BEATRICE RANJAN**	Registered on	: 15-Jan-2025 10:02
Age/Gender	: **75 Years / Female**	Collected on	: 15-Jan-2025 08:30
Registration ID	: **250170003032**	Released on	: 15-Jan-2025 12:52
Ref. By	: VASAVI DIAGNOSTICS	Printed on	: 15-Jan-2025 15:09
Sample Type	: Serum	Regn Centre	: **Habsiguda - 17**

IMMUNOGLOBULIN E (IgE) - TOTAL

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Immunoglobulin E (IgE) *Method: Chemiluminescence Immuno Assay (CLIA)*	:	74.1	IU/mL	< 1 year : < 52 1 - 4 years : < 351 5 - 10 years : < 393 11-15 years : < 170 Adults : < 378

Interpretation / Comments :

- Elevated IgE concentrations can be found in patients with allergic diseases such as hay fever, atopic bronchitis and dermatitis and in non allergic diseases such as bronchopulmonary aspergillosis, IgE myeloma, parasitic infections..

MC-2657

DR. S G ALI HATIM
MD BIOCHEMISTRY
Registration No: 58585

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

VIJAYA DIAGNOSTIC CENTRE®
Plot No.2A, Street No. 1, Kakateeya Nagar, Habsiguda, Hyderabad, Telangana 500007

TEST REPORT

Name	: **Mrs. BEATRICE RANJAN**	Registered on	: 15-Jan-2025 10:02
Age/Gender	: **75 Years / Female**	Collected on	: 15-Jan-2025 08:00
Registration ID	: **250170003032**	Released on	: 15-Jan-2025 14:54
Ref. By	: VASAVI DIAGNOSTICS	Printed on	: 15-Jan-2025 15:09
Sample Type	: Serum	Regn Centre	: **Habsiguda - 17**

C-REACTIVE PROTEIN

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
C - Reactive Protein	:	**30.5**	mg/L	< 5

Method: Immunoturbidimetry

Interpretation / Comments :

- In many cases the changes in plasma CRP level precede changes in the clinical symptoms.
- The degree of elevation of CRP reflects the mass or activity of the inflamed tissue and in acute inflammation or infection correlates well with disease activity.
- Because the increase is non-specific,it cannot be interpreted without a complete clinical history,and even then only by comparison with previous values.
- A persistently raised CRP level generally indicates that therapy is ineffective.
- Normal CRP levels do not exclude the presence of minor degrees of acute,localized inflammation or some chronic diseases such as SLE and ulcerative colitis.

MC-6407

DR. SYED SHABBAR MASIH
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TEST REPORT

Name	: **Mrs. BEATRICE RANJAN**	Registered on	: 15-Jan-2025 10:02
Age/Gender	: **75 Years / Female**	Collected on	: 15-Jan-2025 08:00
Registration ID	: **250170003032**	Released on	: 15-Jan-2025 13:41
Ref. By	: VASAVI DIAGNOSTICS	Printed on	: 15-Jan-2025 15:09
Sample Type	: Serum	Regn Centre	: **Habsiguda - 17**

CREATININE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Creatinine	: 0.6	mg/dL	0.5 - 1.0
Method: Jaffe Kinetic IDMS traceable			
e-GFR (Glomerular Filtration Rate)	: 94.7	ml/min/1.73 m²	Normal kidney function : >/= 90 (Please refer to Interpretations for reference ranges of e-GFR in different stages of CKD and also average e-GFR based on age.)
Method: Calculation, CKD EPI equation			

Interpretation / Comments:

Stages of chronic kidney disease (CKD)		
Stages	Description	e-GFR
1	Possible kidney damage (eg: Proteinuria) with normal kidney function	>/= 90
2	Mild loss of kidney function	60 - 89
3a	Mild to moderate loss of kidney function	45 - 59
3b	Moderate to severe loss of kidney function	30 - 44
4	Severe loss of kidney function	15 - 29
5	Kidney failure	< 15

Chart for average e-GFR based on age	
Age (Yrs)	Average e-GFR
20 - 29	116
30 - 39	107
40 - 49	99
50 - 59	93
60 - 69	85
>/= 70	75

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CREATININE

- Serum Creatinine is useful in the diagnosis of renal insufficiency and is more specific and sensitive indicator of renal disease than serum Urea /BUN.
- Use of simultaneous Urea / BUN and creatinine levels provide more information in the diagnosis of renal insufficiency.
- GFR is generally considered the best index of overall kidney function.
- Chronic kidney disease is defined as the presence of persistent and usually progressive reduction in GFR.
- Repeated determination of GFR in conjunction with creatinine assay establish whether the patient has stable or progressive disease.
- GFR is useful for people with chronic kidney disease (CKD) and those with risk factors for CKD (diabetes, hypertension, cardiovascular disease and family history of kidney disease) to assess the kidney function.
- The CKD-EPI equation is the most widely used IDMS traceable equations for estimating GFR in patients above 18 years of age. This equation includes variables for age and gender, and it may be observed that Kidney may be involved despite a serum creatinine concentration appearing to be within or just above the Biological Reference Interval. The results of e-GFR by CKD-EPI equation are normalized to 1.73 m^2 body surface area. CKD-EPI equation is not valid for individuals under 18 years of age.
- Limitations of CKD-EPI equation includes imprecise estimates in some individuals especially those suffering from physiologic limitations of creatinine as filtration markers, thus showing large difference between measured GFR and e-GFR (estimated GFR).
- Estimates for GFR based on serum creatinine will be less accurate for patients at the extremes of muscle mass (such as frail elderly, critically ill, cancer patients) and also those with unusual diets, sudden acute renal failure, patients on dialysis and patients with severe liver disease.
- Confirmatory tests with exogenous measured GFR or directly measured creatinine clearance should be performed for such individuals.
- The influence of creatinine measurement imprecision at low creatinine conecentrations (and hence high e-GFR) has a possible contribution to the variability at higher e-GFR values.

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Sample Type	: Serum	Regn Centre	: **Habsiguda - 17**

LIVER FUNCTION TEST (LFT-A)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Total Bilirubin	: 0.7	mg/dL	0.3 - 1.2
Method: Dichlorophenyl Diazonium Tetrafluoroborate			
Direct Bilirubin	: 0.1	mg/dL	< 0.2
Method: Dichlorophenyl Diazonium Tetrafluoroborate			
Indirect Bilirubin	: 0.6	mg/dL	0.3 - 1.0
Method: Calculation			
SGPT/ALT	: 14	U/L	0 - 35
Method: IFCC without P-5-P			
SGOT/AST	: 20	U/L	0 - 35
Method: IFCC without P-5-P			
Alkaline Phosphatase	: 72	U/L	33 - 98
Method: Kinetic PNPP-AMP			
Total Protein	: 6.7	gm/dL	6.6 - 8.3
Method: Biuret			
Albumin	: 3.8	gm/dL	3.5 - 5.2
Method: Bromocresol Green (BCG)			
Globulin	: 2.9	gm/dL	1.8 - 3.6
Method: Calculation			
Protein A/G Ratio	: 1.3		0.8 - 2.0
Method: Calculation			
Gamma Glutamyl Transferase	: 19	U/L	0 - 38
Method: UV Kinetic			

Interpretation / Comments :

- Liver function test aids in the diagnosis of various pre hepatic, hepatic and post hepatic causes of dysfunction like hemolytic anemias, viral and alcoholic hepatitis and cholestasis of obstructive causes.
- The test encompasses hepatic excretory, synthetic function and also hepatic parenchymal cell damage.
- LFT helps in evaluating severity, monitoring therapy and assessing prognosis of liver disease and dysfunction.

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Sample Type	: Serum	Regn Centre	: **Habsiguda - 17**

ELECTROLYTES

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Sodium	: 136	mmol/L	136 - 146
Method: Indirect ISE			
Potassium	: 4.2	mmol/L	3.5 - 5.1
Method: Indirect ISE			
Chlorides	: **98**	mmol/L	101 - 109
Method: Indirect ISE			

Interpretation / Comments :

- Sodium : Levels of sodium when evaluated with electrolytes aid in assessing acid base balance, water balance and water intoxication.
- Potassium : Useful in evaluation of electrolyte balance, cardiac arrhythmia, muscular weakness, hepatic encephalopathy and renal failure.
- Chloride : Useful when assayed along with sodium, potassium and bicarbonate in assessment of electrolyte, acid base and water balance.

MC-6407

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Ref. By	: VASAVI DIAGNOSTICS	Printed on	: 15-Jan-2025 15:09
Sample Type	: Whole Blood - EDTA	Regn Centre	: **Habsiguda - 17**

COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin	: **11.4**	gm/dL	12.0 - 15.0
Method: Photometric Measurement			
Total RBC Count	: **5.3**	millions/cumm	3.8 - 4.8
Method: Coulter Principle			
Packed Cell Volume / Hematocrit	: **35.3**	%	36.0 - 46.0
Method: Calculated			
MCV	: **67.3**	fL	83.0 - 101.0
Method: Derived From RBC Histogram			
MCH	: **21.7**	pg	27.0 - 32.0
Method: Calculated			
MCHC	: 32.2	gm/dL	31.5 - 34.5
Method: Calculated			
RDW	: **16.4**	%	11.6 - 14.0
Method: Derived From RBC Histogram			
Total Leucocytes (WBC) Count	: 9700	Cells/cumm	4000 - 10000
Method: Coulter Principle			
Differential count			
Neutrophils	: 68	%	40 - 80
Method: VCSn Technology and Microscopy			
Lymphocytes	: 21	%	20 - 40
Method: VCSn Technology and Microscopy			
Eosinophils	: 5	%	1 - 6
Method: VCSn Technology and Microscopy			
Monocytes	: 6	%	2 - 10
Method: VCSn Technology and Microscopy			
Basophils	: 0	%	0-2
Method: Optical / Resistive DC & Microscopy			
Absolute Leucocyte Count			
Absolute Neutrophil Count	: 6596	Cells/cumm	2000 - 7000
Method: Calculated			
Absolute Lymphocyte Count	: 2037	Cells/cumm	1000 - 3000
Method: Calculated			
Absolute Eosinophil Count	: 485	Cells/cumm	20 - 500
Method: Calculated			
Absolute Monocyte Count	: 582	Cells/cumm	200 - 1000
Method: Calculated			

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Sample Type	: Whole Blood - EDTA	Regn Centre	: **Habsiguda - 17**

COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Platelet Count	: 269000	Cells/cumm	150000 - 410000
Method: Coulter Principle and Microscopy			
Peripheral Smear			
RBC	: Microcytic Hypochromic with anisocytosis		
Method: Microscopy of Leishman stained smear			
WBC	: Normal in morphology, maturity and distribution		
Method: Microscopy of Leishman stained smear			
Platelets	: Adequate		
Method: Microscopy of Leishman stained smear			
Remarks	: Kindly correlate clinically		

MC-6407

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---------- End of Report ----------

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