




**LABORATORY TEST REPORT**

Name	: B/O V KAVITHA		
Sample ID	: A1309459		
Age/Gender	: 5 Days/Female	Reg. No	: 0312501210020
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Jan-2025 12:06 PM
Primary Sample	: Whole Blood	Received On	: 21-Jan-2025 01:35 PM
Sample Tested In	: Serum	Reported On	: 21-Jan-2025 03:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 Bilirubin(Total) <small>(Method: Diazo)</small>	<b>17.5</b>	mg/dL	1.5-12.0
 Bilirubin (Direct) <small>(Method: Diazo)</small>	<b>0.7</b>	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) <small>(Method: Calculated)</small>	<b>16.8</b>	mg/dL	1.5-11.6

**Interpretation:**

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

**Note:** DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

\*\*\* End Of Report \*\*\*



*Dr. Vaishnavi*  
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 MD BIOCHEMISTRY

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