

LABORATORY TEST REPORT

Name	: Miss. B REVATHI		
Sample ID	: A1309582		
Age/Gender	: 16 Years/Female	Reg. No	: 0312501280046
Referred by	: Dr. B R KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 06:22 PM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 10:54 PM
Sample Tested In	: Serum	Reported On	: 28-Jan-2025 11:48 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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C-Reactive protein-(CRP) 3.8 mg/L Upto:6.0

(Method: Immunoturbidimetry)

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

*** End Of Report ***



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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 06:22 PM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 10:37 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Jan-2025 10:52 PM
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HAEMATOLOGY

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

 Haemoglobin (Hb) (Method: Cymeth Method)	12.0	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	40.0	%	40-50
 RBC Count (Method: Cell Impedance)	4.39	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	89	fl	81-101
 MCH (Method: Calculated)	27.0	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	12.8	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	261	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	10.7	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	70	%	40-70
 Lymphocytes (Method: Cell Impedance)	24	%	20-40
 Monocytes (Method: Microscopy)	05	%	2-10
 Eosinophils (Method: Microscopy)	01	%	1-6
 Basophils (Method: Microscopy)	00	%	0-2
 Absolute Neutrophils Count (Method: Impedance)	7.49	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	2.57	10 ⁹ /L	1.1-6.5
 Absolute Monocyte Count (Method: Calculated)	0.54	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.11	10 ⁹ /L	0.02-0.5
 Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3

Morphology
(Method: PAPs Staining)

Mild Leucocytosis

*** End Of Report ***















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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
 Bilirubin(Total) (Method: Diazo)	0.3	mg/dL	0.3-1.2
 Bilirubin (Direct) (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.2	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	14	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	10	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	123	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	12	U/L	5-55
 Protein - Total (Method: Biuret)	7.7	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.9	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2.8	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.75	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.4	Ratio	<1.0

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

*** End Of Report ***



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IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
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Widal Test (Slide Test)

Salmonella typhi O Antigen	<1:20	1:80 & Above Significant
Salmonella typhi H Antigen	<1:20	1:80 & Above Significant
Salmonella paratyphi AH Antigen	<1:20	1:80 & Above Significant
Salmonella paratyphi BH Antigen	<1:20	1:80 & Above Significant

Interpretation

Antigens Tested	RESULT	REMARKS
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

*** End Of Report ***



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DR. RUTURAJ MANIKLAL KOLHAPURE
 MD, MICROBIOLOGIST