

LABORATORY TEST REPORT

Name	: Mr. U RAMESH		
Sample ID	: A1840666		
Age/Gender	: 36 Years/Male	Reg. No	: 0312502090020
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Feb-2025 11:48 AM
Primary Sample	: Whole Blood	Received On	: 09-Feb-2025 03:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 09-Feb-2025 06:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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 Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method)	17	mm/hr	10 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.

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 09-Feb-2025 03:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 09-Feb-2025 04:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY
HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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Complete Blood Count (CBC)

 Haemoglobin (Hb) (Method: Cynmeth Method)	12.2	g/dL	13-17
 RBC Count (Method: Cell Impedance)	5.50	10 ¹² /L	4.5-5.5
 Total WBC Count (Method: Impedance)	5.8	10 ⁹ /L	4.0-10.0
 Platelet Count (PLT) (Method: Cell Impedance)	151	10 ⁹ /L	150-410
 Haematocrit (HCT) (Method: Calculated)	40.5	%	40-50
 MCV (Method: Calculated)	69	fl	81-101
 MCH (Method: Calculated)	20.7	pg	27-32
 MCHC (Method: Calculated)	30.1	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	15.0	%	11.6-14.0

Differential Count by Flowcytometry /Microscopy

 Neutrophils (Method: Cell Impedance)	65	%	40-70
 Lymphocytes (Method: Cell Impedance)	28	%	20-40
 Monocytes (Method: Microscopy)	04	%	2-10
 Eosinophils (Method: Microscopy)	03	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2

Smear

WBC	Within Normal Limits
RBC	Anisocytosis with Microcytic hypochromic anemia
Platelets (Method: Microscopy)	Adequate.



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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Feb-2025 11:48 AM
Primary Sample	:	Received On	: 09-Feb-2025 03:35 PM
Sample Tested In	: Urine	Reported On	: 09-Feb-2025 03:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY
HEALTH PROFILE A-1 PACKAGE

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	Clear	Clear

Chemical Examination

Glucose (Method: Strip Reflectance)	Negative	Negative
Protein (Method: Strip Reflectance)	Negative	Negative
Bilirubin (Bile) (Method: Strip Reflectance)	Negative	Negative
Urobilinogen (Method: Ehrlich's reagent)	Negative	Negative
Ketone Bodies (Method: Strip Reflectance)	Negative	Negative
Specific Gravity (Method: Strip Reflectance)	1.010	1.000 - 1.030
Blood (Method: Strip Reflectance)	Negative	Negative
Reaction (pH) (Method: Reagent Strip Reflectance)	6.0	5.0 - 8.5
Nitrites (Method: Strip Reflectance)	Negative	Negative
Leukocyte esterase (Method: Reagent Strip Reflectance)	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells (Method: Microscopy)	03-04	/hpf	00-05
R.B.C. (Method: Microscopic)	Nil	/hpf	Nil
Epithelial Cells (Method: Microscopic)	02-03	/hpf	00-05
Casts (Method: Microscopic)	Absent		Absent
Crystals (Method: Microscopic)	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells (Method: Microscopy)	Nil		Absent



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Feb-2025 11:48 AM
Primary Sample	: Whole Blood	Received On	: 09-Feb-2025 03:42 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 09-Feb-2025 05:05 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F) **101** mg/dL 70-100
(Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

*** End Of Report ***




DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Calcium (Method: Arsenazo)	9.5	mg/dL	8.5-10.1

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

*** End Of Report ***



Handwritten Signature
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CLINICAL BIOCHEMISTRY
HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	135	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	109	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	46	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	67.2	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	21.8	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	89	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	2.93	Ratio	0-4.0
 LDL/HDL Ratio (Method: Calculated)	1.46	Ratio	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL

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CLINICAL BIOCHEMISTRY
HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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Liver Function Test (LFT)

 Bilirubin(Total) (Method: Diazo)	1.0	mg/dL	0.1-1.2
 Bilirubin (Direct) (Method: Diazo)	0.2	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.8	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	27	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	22	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	92	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	22	U/L	15-85
 Protein - Total (Method: Biuret)	7.9	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	5.0	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2.9	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.72	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.23	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.

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CLINICAL BIOCHEMISTRY
HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
 Creatinine (Method: Sarcosine Oxidase Method)	0.83	mg/dL	0.70-1.30
 Urea-Serum (Method: Urease-GLDH,UV Method)	24.6	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) (Method: Calculated)	11.5	mg/dL	7.0-18.0
BUN / Creatinine Ratio	13.86	Ratio	6 - 22
 Uric Acid (Method: Uricase)	6.1	mg/dL	3.5-7.2
 Sodium (Method: ISE Direct)	141	mmol/L	135-150
 Potassium (Method: ISE Direct)	4.2	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	102	mmol/L	94-110

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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CLINICAL BIOCHEMISTRY
HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) (Method: CLIA)	85.14	ng/dL	70-204
 T4 (Thyroxine) (Method: CLIA)	7.5	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone (Method: CLIA)	2.74	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

*** End Of Report ***




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