

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. MALATHI | | |
| Sample ID | : A1841559 | | |
| Age/Gender | : 41 Years/Female | Reg. No | : 0312502260037 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 26-Feb-2025 06:02 PM |
| Primary Sample | : Whole Blood | Received On | : 26-Feb-2025 09:27 PM |
| Sample Tested In | : Serum | Reported On | : 26-Feb-2025 10:21 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

C-Reactive protein-(CRP) **9.8** 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 ***




 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. MALATHI | | |
| Sample ID | : A1841561 | | |
| Age/Gender | : 41 Years/Female | Reg. No | : 0312502260037 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 26-Feb-2025 06:02 PM |
| Primary Sample | : Whole Blood | Received On | : 26-Feb-2025 09:27 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 26-Feb-2025 09:38 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |












HAEMATOLOGY

| Test Name | Results | Units | Biological Reference Interval |
|-----------|---------|-------|-------------------------------|
|-----------|---------|-------|-------------------------------|

Complete Blood Picture(CBP)

| | | | |
|---|-------------|---------------------|-----------|
|  Haemoglobin (Hb) <small>(Method: Cymeth Method)</small> | 11.0 | g/dL | 12-15 |
|  Haematocrit (HCT) <small>(Method: Calculated)</small> | 35.2 | % | 40-50 |
|  RBC Count <small>(Method: Cell Impedance)</small> | 4.16 | 10 ¹² /L | 3.8-4.8 |
|  MCV <small>(Method: Calculated)</small> | 84 | fl | 81-101 |
|  MCH <small>(Method: Calculated)</small> | 26.5 | pg | 27-32 |
|  MCHC <small>(Method: Calculated)</small> | 31.4 | g/dL | 32.5-34.5 |
|  RDW-CV <small>(Method: Calculated)</small> | 14.0 | % | 11.6-14.0 |
|  Platelet Count (PLT) <small>(Method: Cell Impedance)</small> | 225 | 10 ⁹ /L | 150-410 |
|  Total WBC Count <small>(Method: Impedance)</small> | 9.6 | 10 ⁹ /L | 4.0-10.0 |

Differential Leucocyte Count (DC)

| | | | |
|---|------|--------------------|----------|
|  Neutrophils <small>(Method: Cell Impedance)</small> | 64 | % | 40-70 |
|  Lymphocytes <small>(Method: Cell Impedance)</small> | 30 | % | 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> | 6.14 | 10 ⁹ /L | 2.0-7.0 |
|  Absolute Lymphocyte Count <small>(Method: Impedance)</small> | 2.88 | 10 ⁹ /L | 1.0-3.0 |
|  Absolute Monocyte Count <small>(Method: Calculated)</small> | 0.38 | 10 ⁹ /L | 0.2-1.0 |
|  Absolute Eosinophils Count <small>(Method: Calculated)</small> | 0.19 | 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) Normocytic normochromic

*** End Of Report ***



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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

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| Sample ID | : A1841561 | | |
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| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 26-Feb-2025 06:02 PM |
| Primary Sample | : Whole Blood | Received On | : 26-Feb-2025 09:27 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 26-Feb-2025 10:37 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



HAEMATOLOGY

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|---|-----------|-------|-------------------------------|
|  Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method) | 16 | mm/hr | 10 or less |



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CLINICAL BIOCHEMISTRY

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| | | | |
|---|------|-------|-----------|
|  Creatinine (Method: Sarcosine Oxidase Method) | 0.60 | mg/dL | 0.60-1.10 |
|---|------|-------|-----------|

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.

| | | | |
|---|-----|-------|---------|
|  Uric Acid (Method: UriCase) | 4.2 | mg/dL | 2.6-6.0 |
|---|-----|-------|---------|

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)




DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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| Rheumatoid Factor, RA <small>(Method: Immunoturbidometry)</small> | 14.25 | IU/mL | <20.0 |

Interpretation:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

*** End Of Report ***



[Signature]
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