

**LABORATORY TEST REPORT**

Name	: Mrs. JHANSI		
Sample ID	: A1308425		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503060032
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 01:05 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Mar-2025 01:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**
**COMPLETE HEMOGRAM**

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

Haemoglobin (Hb) <small>(Method: Cynneth Method)</small>	<b>10.6</b>	g/dL	12-15
Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>35.3</b>	%	40-50
RBC Count <small>(Method: Cell Impedance)</small>	4.57	10 <sup>12</sup> /L	3.8-4.8
MCV <small>(Method: Calculated)</small>	<b>77</b>	fl	81-101
MCH <small>(Method: Calculated)</small>	<b>23.1</b>	pg	27-32
MCHC <small>(Method: Calculated)</small>	<b>29.9</b>	g/dL	32.5-34.5
RDW-CV <small>(Method: Calculated)</small>	<b>15.1</b>	%	11.6-14.0
Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	303	10 <sup>9</sup> /L	150-410
Total WBC Count <small>(Method: Impedance)</small>	7.7	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

Neutrophils <small>(Method: Cell Impedance)</small>	58	%	40-70
Lymphocytes <small>(Method: Cell Impedance)</small>	30	%	20-40
Monocytes <small>(Method: Microscopy)</small>	09	%	2-10
Eosinophils <small>(Method: Microscopy)</small>	03	%	1-6
Basophils <small>(Method: Microscopy)</small>	00	%	1-2
Absolute Neutrophils Count <small>(Method: Impedance)</small>	4.47	10 <sup>9</sup> /L	2.0-7.0
Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.31	10 <sup>9</sup> /L	1.0-3.0
Absolute Monocyte Count <small>(Method: Calculated)</small>	0.69	10 <sup>9</sup> /L	0.2-1.0
Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.23	10 <sup>9</sup> /L	0.02-0.5
Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /L	0.0-0.3
Morphology <small>(Method: PAPS Staining)</small>	Anisocytosis with Microcytic hypochromic		

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



**LABORATORY TEST REPORT**

Name	: Mrs. JHANSI		
Sample ID	: A1308425, A1841693		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503060032
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 01:05 PM
Sample Tested In	: Whole Blood EDTA, Capillary Tu	Reported On	: 06-Mar-2025 01:56 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**
**COMPLETE HEMOGRAM**

Test Name	Results	Units	Biological Reference Interval
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Erythrocyte Sedimentation Rate (ESR) 8 mm/hr 10 or less

(Method: Westergren method)

**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.

Blood Grouping (A B O) A

(Method: Tube Agglutination)

Rh Typing Negative

(Method: Tube Agglutination)

**Comments:**

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

**Note:** Both Forward and Reverse Grouping Performed .

**Bleeding Time & Clotting Time**

Bleeding Time (BT) 03:20 sec Minutes 2 - 5

(Method: Capillary Method)

Clotting Time (CT) 05:40 sec Minutes 3 - 7

(Method: Capillary Method)

**Blood Picture - Peripheral Smear Examination**

Red Blood Cells Normocytic normochromic

(Method: Microscopy)

White Blood Cells Within normal limits

(Method: Microscopy)

Platelets Adequate

(Method: Microscopy)

Hemoparasites Not seen.

(Method: Microscopy)

Impression Microcytic hypochromic

Advice Correlate clinically.



**LABORATORY TEST REPORT**

Name	: Mrs. JHANSI		
Sample ID	: A1308426, A1308423		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503060032
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 01:05 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 06-Mar-2025 01:46 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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Glucose Random (RBS) 93 mg/dL 70-140  
 (Method: Hexokinase (HK))

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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Creatinine 0.6 mg/dL 0.60-1.10

(Method: Sarcosine Oxidase Method)

**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.

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



  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 01:05 PM
Sample Tested In	: Serum	Reported On	: 06-Mar-2025 02:15 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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**Thyroid Profile-I(TFT)**

<b>T3 (Triiodothyronine)</b> <small>(Method: CLIA)</small>	107.27	ng/dL	70-204
<b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	6.9	µg/dL	3.2-12.6
<b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	0.85	µIU/mL	0.35-5.5

**Pregnancy & Cord Blood**

<b>T3 (Triiodothyronine):</b>	<b>T4 (Thyroxine)</b>	<b>TSH (Thyroid Stimulating Hormone)</b>
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.



  
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 MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 01:05 PM
Sample Tested In	: Serum	Reported On	: 06-Mar-2025 07:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
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VDRL- Syphilis Antibodies

Non Reactive

Non Reactive

(Method: Slide Flocculation)

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST



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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 04:10 PM
Sample Tested In	: Serum	Reported On	: 07-Mar-2025 12:27 AM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

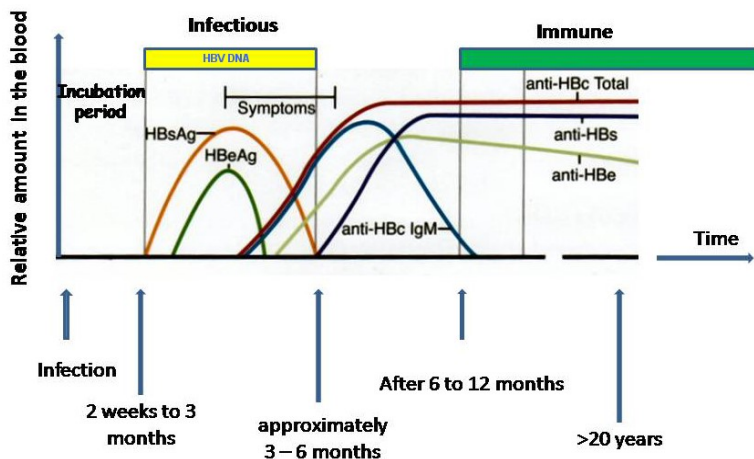
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.42	S/Co	<1.00 :Negative >1.00 :Positive

**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV ) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 04:10 PM
Sample Tested In	: Serum	Reported On	: 06-Mar-2025 07:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

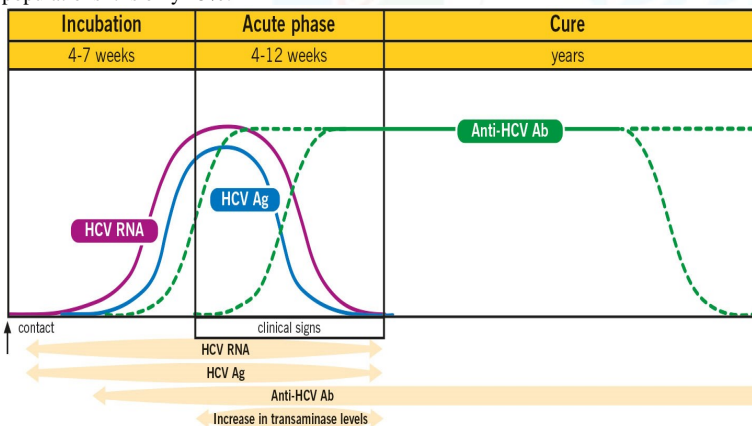
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.25	S/Co	< 1.00 : Negative > 1.00 : Positive

**Interpretation:**

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

**Comments :-**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



**Note:**

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Mar-2025 12:49 PM
Primary Sample	: Whole Blood	Received On	: 06-Mar-2025 04:10 PM
Sample Tested In	: Serum	Reported On	: 06-Mar-2025 07:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody (Method: ELISA)	0.30	S/Co	< 1.00 : Negative > 1.00 : Positive

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST