

**LABORATORY TEST REPORT**

Name	: Mrs. G DEVI		
Sample ID	: A1841734		
Age/Gender	: 35 Years/Female	Reg. No	: 0312503080019
Referred by	: Dr. VAMSHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 10:18 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2025 02:55 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) **40.6** 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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**LABORATORY TEST REPORT**

Name	: Mrs. G DEVI		
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Age/Gender	: 35 Years/Female	Reg. No	: 0312503080019
Referred by	: Dr. VAMSHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 10:18 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Mar-2025 01:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**

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

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	12.3	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>38.1</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>4.87</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>78</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>25.2</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>32.2</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>14.6</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	187	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	9.6	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	70	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	20	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	06	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	04	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	6.72	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	1.92	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.58	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.38	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**  
 (Method: PAPs Staining)

Normocytic normochromic and Microcytic hypochromic



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Name	: Mrs. G DEVI		
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Referred by	: Dr. VAMSHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 10:18 AM
Primary Sample	:	Received On	: 08-Mar-2025 01:06 PM
Sample Tested In	: Urine	Reported On	: 08-Mar-2025 02:08 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL PATHOLOGY**

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	HAZY	Clear

**Chemical Examination**

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.005	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

**Microscopic Examination (Microscopy)**

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopy)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopy)</small>	01-02	/hpf	00-05
Casts <small>(Method: Microscopy)</small>	Absent		Absent
Crystals <small>(Method: Microscopy)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

**Comments** :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

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















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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
<b>Liver Function Test (LFT)</b>			
 <b>Bilirubin(Total)</b> (Method: Diazo)	<b>1.7</b>	mg/dL	0.3-1.2
 <b>Bilirubin (Direct)</b> (Method: Diazo)	<b>0.4</b>	mg/dL	0.0 - 0.3
 <b>Bilirubin (Indirect)</b> (Method: Calculated)	<b>1.3</b>	mg/dL	0.2-1.0
 <b>Aspartate Aminotransferase (AST/SGOT)</b> (Method: IFCC UV Assay)	<b>39</b>	U/L	15-37
 <b>Alanine Aminotransferase (ALT/SGPT)</b> (Method: IFCC with out (P-S-P))	<b>34</b>	U/L	0-55
 <b>Alkaline Phosphatase(ALP)</b> (Method: Kinetic PNPP-AMP)	<b>101</b>	U/L	30-120
 <b>Gamma Glutamyl Transpeptidase (GGTP)</b> (Method: IFCC)	<b>40</b>	U/L	5-55
 <b>Protein - Total</b> (Method: Biuret)	<b>7.3</b>	g/dL	6.4-8.2
 <b>Albumin</b> (Method: Bromocresol Green (BCG) )	<b>4.2</b>	g/dL	3.4-5.0
 <b>Globulin</b> (Method: Calculated)	<b>3.1</b>	g/dL	2.0-4.2
 <b>A:G Ratio</b> (Method: Calculated)	<b>1.35</b>	Ratio	0.8-2.0
 <b>SGOT/SGPT Ratio</b> (Method: Calculated )	<b>1.15</b>	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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