

LABORATORY TEST REPORT

Name	: Mrs. GULSHANARA SHAIK		
Sample ID	: A1841733		
Age/Gender	: 37 Years/Female	Reg. No	: 0312503080037
Referred by	: Dr. SANDHYA BOORLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	:	Received On	: 08-Mar-2025 01:06 PM
Sample Tested In	: Urine	Reported On	: 08-Mar-2025 05:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Biological Reference Interval
Fasting Urine Glucose <small>(Method: Automated Strip Test)</small>	(++)		Negative




DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mrs. GULSHANARA SHAIK		
Sample ID	: A1841751		
Age/Gender	: 37 Years/Female	Reg. No	: 0312503080037
Referred by	: Dr. SANDHYA BOORLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Mar-2025 03:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Blood Grouping (A B O)
(Method: Tube Agglutination)

B

Rh Typing
(Method: Tube Agglutination)

Positive

*** End Of Report ***












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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Mar-2025 01:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report







HAEMATOLOGY
ANTE NATEL PROFILE-ELISA

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

 Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	13.0	g/dL	12-15
 RBC Count <small>(Method: Cell Impedance)</small>	4.86	10 ¹² /L	3.8-4.8
 Total WBC Count <small>(Method: Impedance)</small>	9.9	10 ⁹ /L	4.0-10.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	337	10 ⁹ /L	150-410
 Haematocrit (HCT) <small>(Method: Calculated)</small>	40.1	%	40-50
 MCV <small>(Method: Calculated)</small>	82	fl	81-101
 MCH <small>(Method: Calculated)</small>	26.7	pg	27-32
 MCHC <small>(Method: Calculated)</small>	32.4	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	15.5	%	11.6-14.0

Differential Count by Flowcytometry /Microscopy

 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

Smear

WBC	Within Normal Limits
RBC	Anisocytosis with Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.



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Primary Sample	:	Received On	: 08-Mar-2025 01:06 PM
Sample Tested In	: Urine	Reported On	: 08-Mar-2025 03:37 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
Protein <small>(Method: Strip Reflectance)</small>	(+)	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>	1.015	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>	03-04	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	02-03	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</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.


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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. GULSHANARA SHAIK		
Sample ID	: A1841752, A1841749		
Age/Gender	: 37 Years/Female	Reg. No	: 0312503080037
Referred by	: Dr. SANDHYA BOORLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 08-Mar-2025 03:10 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) **253** mg/dL 70-140
(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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** 0.87 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

LABORATORY TEST REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 08-Mar-2025 02:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	9.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	231.69	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421		14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.



[Signature]
 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 08-Mar-2025 02:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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TSH -Thyroid Stimulating Hormone	2.19	μIU/mL	0.35-5.5
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(Method: CLIA)

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (μIU/mL))	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

Excellence In Health Care



Handwritten Signature
DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2025 08:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


IMMUNOLOGY & SEROLOGY
ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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 VDRL- Syphilis Antibodies
(Method: Slide Flocculation)

Non Reactive

Non Reactive

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

LABORATORY TEST REPORT

Name	: Mrs. GULSHANARA SHAIK		
Sample ID	: A1841749		
Age/Gender	: 37 Years/Female	Reg. No	: 0312503080037
Referred by	: Dr. SANDHYA BOORLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2025 08:40 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

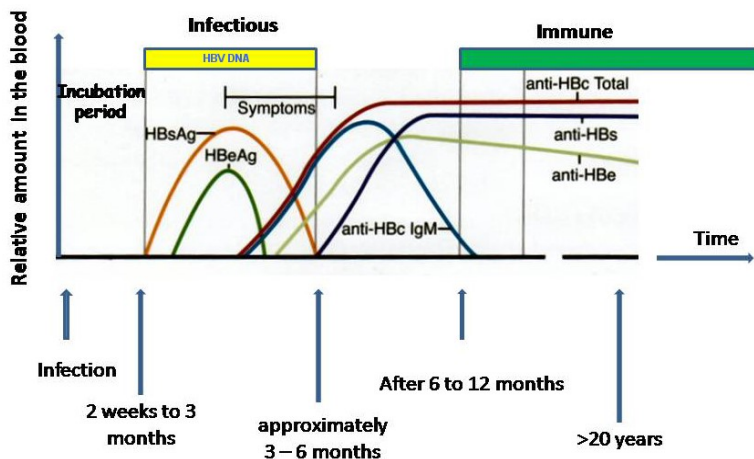
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.34	S/Co	<1.00 :Negative >1.00 :Positive

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 ***



[Signature]

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Referred by	: Dr. SANDHYA BOORLA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2025 08:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

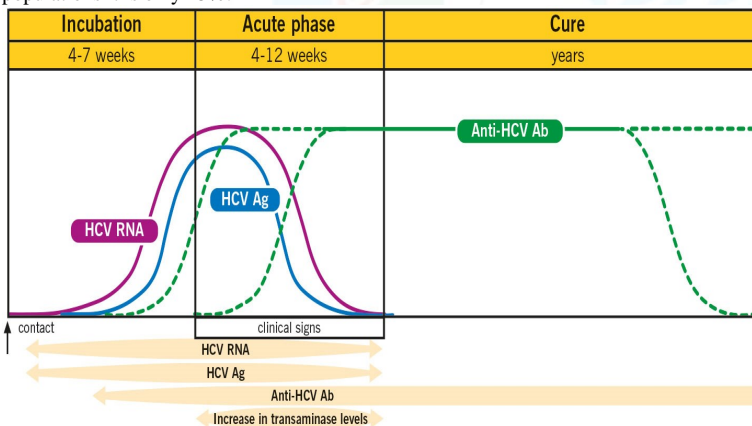
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.19	S/Co	< 1.00 : Negative > 1.00 : Positive

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 ***



[Signature]

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2025 12:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2025 01:19 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2025 07:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody <small>(Method: ELISA)</small>	0.44	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

