

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. S LAKSHMI | | |
| Sample ID | : A1841775 | | |
| Age/Gender | : 70 Years/Female | Reg. No | : 0312503100001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 10-Mar-2025 08:08 AM |
| Primary Sample | : Whole Blood | Received On | : 10-Mar-2025 01:06 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 10-Mar-2025 01:37 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) (Method: Cymeth Method) | 13.0 | g/dL | 12-15 |
| Haematocrit (HCT) (Method: Calculated) | 38.6 | % | 40-50 |
| RBC Count (Method: Cell Impedance) | 4.43 | 10 ¹² /L | 3.8-4.8 |
| MCV (Method: Calculated) | 87 | fl | 81-101 |
| MCH (Method: Calculated) | 29.3 | pg | 27-32 |
| MCHC (Method: Calculated) | 33.6 | g/dL | 32.5-34.5 |
| RDW-CV (Method: Calculated) | 12.9 | % | 11.6-14.0 |
| Platelet Count (PLT) (Method: Cell Impedance) | 185 | 10 ⁹ /L | 150-410 |
| Total WBC Count (Method: Impedance) | 5.6 | 10 ⁹ /L | 4.0-10.0 |

Differential Leucocyte Count (DC)

| | | | |
|--|------|--------------------|----------|
| Neutrophils (Method: Cell Impedance) | 50 | % | 40-70 |
| Lymphocytes (Method: Cell Impedance) | 40 | % | 20-40 |
| Monocytes (Method: Microscopy) | 06 | % | 2-10 |
| Eosinophils (Method: Microscopy) | 04 | % | 1-6 |
| Basophils (Method: Microscopy) | 00 | % | 1-2 |
| Absolute Neutrophils Count (Method: Impedance) | 2.8 | 10 ⁹ /L | 2.0-7.0 |
| Absolute Lymphocyte Count (Method: Impedance) | 2.24 | 10 ⁹ /L | 1.0-3.0 |
| Absolute Monocyte Count (Method: Calculated) | 0.34 | 10 ⁹ /L | 0.2-1.0 |
| Absolute Eosinophils Count (Method: Calculated) | 0.22 | 10 ⁹ /L | 0.02-0.5 |
| Absolute Basophil ICount (Method: Calculated) | 0.00 | 10 ⁹ /L | 0.0-0.3 |

Morphology
(Method: PAPs Staining)

Normocytic normochromic blood picture.



| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. S LAKSHMI | | |
| Sample ID | : A1841776, A1841773 | | |
| Age/Gender | : 70 Years/Female | Reg. No | : 0312503100001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 10-Mar-2025 08:08 AM |
| Primary Sample | : Whole Blood | Received On | : 10-Mar-2025 01:06 PM |
| Sample Tested In | : Plasma-NaF(F), Serum | Reported On | : 10-Mar-2025 02:43 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

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

Glucose Fasting (F) 88 mg/dL 70-100

(Method: Hexokinase)

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



Creatinine

0.65

mg/dL

0.55-1.02

(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 LAGSETTY
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|---|---------|-------|--|
| Glycated Hemoglobin (HbA1c) (Method: HPLC) | 5.7 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 |
| Mean Plasma Glucose (Method: Calculated) | 116.89 | 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.

*** End Of Report ***



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| Name | : Mrs. S LAKSHMI | | |
| Sample ID | : A1841773 | | |
| Age/Gender | : 70 Years/Female | Reg. No | : 0312503100001 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 10-Mar-2025 08:08 AM |
| Primary Sample | : Whole Blood | Received On | : 10-Mar-2025 01:06 PM |
| Sample Tested In | : Serum | Reported On | : 10-Mar-2025 02:43 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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Lipid Profile

| | | | |
|--|--------------|-------|-------|
| Cholesterol Total (Method: CHOD-POD) | 246 | mg/dL | < 200 |
| Triglycerides-TGL (Method: GPO-POD) | 186 | mg/dL | < 150 |
| Cholesterol-HDL (Method: Direct) | 45 | mg/dL | 40-60 |
| Cholesterol-LDL (Method: Calculated) | 163.8 | mg/dL | < 100 |
| Cholesterol- VLDL (Method: Calculated) | 37.2 | mg/dL | 7-35 |
| Non HDL Cholesterol (Method: Calculated) | 201 | mg/dL | < 130 |
| Cholesterol Total /HDL Ratio (Method: Calculated) | 5.47 | Ratio | 0-4.0 |
| LDL/HDL Ratio (Method: Calculated) | 3.64 | 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

*** End Of Report ***



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