

**LABORATORY TEST REPORT**

Name	: B/O HARI PRIYA		
Sample ID	: A1841929		
Age/Gender	: 4 Days/Male	Reg. No	: 0312503160019
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 12:36 PM
Primary Sample	: Whole Blood	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Serum	Reported On	: 16-Mar-2025 07:43 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)	4.6	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 \*\*\*


  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

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Name	: B/O HARI PRIYA		
Sample ID	: A1841932		
Age/Gender	: 4 Days/Male	Reg. No	: 0312503160019
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Mar-2025 12:36 PM
Primary Sample	: Whole Blood	Received On	: 16-Mar-2025 02:42 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Mar-2025 05:15 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)	<b>20.9</b>	g/dL	8-11
 <b>Haematocrit (HCT)</b> (Method: Calculated)	61.9	%	45-67
 <b>RBC Count</b> (Method: Cell Impedance)	6.01	10 <sup>12</sup> /L	4.0-6.6
 <b>MCV</b> (Method: Calculated)	103	fl	92-118
 <b>MCH</b> (Method: Calculated)	34.8	pg	31-37
 <b>MCHC</b> (Method: Calculated)	33.7	g/dL	29-37
 <b>RDW-CV</b> (Method: Calculated)	<b>16.6</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	215	10 <sup>9</sup> /L	210-500
 <b>Total WBC Count</b> (Method: Impedance)	11.5	10 <sup>9</sup> /L	8.0-23.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	50	%	35-55
 <b>Lymphocytes</b> (Method: Cell Impedance)	41	%	31-51
 <b>Monocytes</b> (Method: Microscopy)	06	%	3-15
 <b>Eosinophils</b> (Method: Microscopy)	03	%	0-8
 <b>Basophils</b> (Method: Microscopy)	00	%	0-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	5.75	10 <sup>9</sup> /L	1.8-11.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	4.72	10 <sup>9</sup> /L	1.6-10.7
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.69	10 <sup>9</sup> /L	0.2-3.2
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.35	10 <sup>9</sup> /L	0.0-1.4
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.4

**Morphology**

(Method: PAPS Staining)

Erythrocytosis with Normocytic normochromic



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 Bilirubin(Total) <small>(Method: Diazo)</small>	11.7	mg/dL	1.5-12.0
 Bilirubin (Direct) <small>(Method: Diazo)</small>	<b>0.7</b>	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) <small>(Method: Calculated)</small>	11	mg/dL	1.5-11.6

**Interpretation:**

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

**Note:** DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

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



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