










**LABORATORY TEST REPORT**

Name	: Mrs. SHAKUNTHALA		
Sample ID	: A1842056		
Age/Gender	: 75 Years/Female	Reg. No	: 0312503230008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Mar-2025 08:02 AM
Primary Sample	: Whole Blood	Received On	: 23-Mar-2025 02:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 23-Mar-2025 03:51 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>9.2</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>26.9</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>3.00</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>90</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>30.8</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>34.3</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>15.7</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	<b>234</b>	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>4.4</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	<b>79</b>	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	<b>12</b>	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	<b>08</b>	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	<b>01</b>	%	1-6
 <b>Basophils</b> (Method: Microscopy)	<b>00</b>	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	<b>3.48</b>	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	<b>0.53</b>	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	<b>0.35</b>	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	<b>0.04</b>	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3

**Morphology**  
 (Method: PAPs Staining)

Anisocytosis with Normocytic normochromic anemia with Mild Neutrophilia.

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



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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
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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Mrs. SHAKUNTHALA		
Sample ID	: A1842053		
Age/Gender	: 75 Years/Female	Reg. No	: 0312503230008
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 23-Mar-2025 08:02 AM
Primary Sample	: Whole Blood	Received On	: 23-Mar-2025 02:51 PM
Sample Tested In	: Serum	Reported On	: 23-Mar-2025 05:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
<b>Liver Function Test (LFT)</b>			
 <b>Bilirubin(Total)</b> (Method: Diazo)	0.5	mg/dL	0.2-1.2
 <b>Bilirubin (Direct)</b> (Method: Diazo)	0.2	mg/dL	0.0 - 0.3
 <b>Bilirubin (Indirect)</b> (Method: Calculated)	0.3	mg/dL	0.2-1.0
 <b>Aspartate Aminotransferase (AST/SGOT)</b> (Method: IFCC UV Assay)	36	U/L	5-48
 <b>Alanine Aminotransferase (ALT/SGPT)</b> (Method: IFCC with out (P-S-P))	33	U/L	0-55
 <b>Alkaline Phosphatase(ALP)</b> (Method: Kinetic PNPP-AMP)	84	U/L	30-120
 <b>Gamma Glutamyl Transpeptidase (GGTP)</b> (Method: IFCC)	45	U/L	5-55
 <b>Protein - Total</b> (Method: Biuret)	<b>6.0</b>	g/dL	6.4-8.2
 <b>Albumin</b> (Method: Bromocresol Green (BCG) )	4.2	g/dL	3.4-5.0
 <b>Globulin</b> (Method: Calculated)	<b>1.8</b>	g/dL	2.0-4.2
 <b>A:G Ratio</b> (Method: Calculated)	<b>2.33</b>	Ratio	0.8-2.0
 <b>SGOT/SGPT Ratio</b> (Method: Calculated )	<b>1.09</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.

**Renal Profile**

 <b>Creatinine</b> (Method: Sarcosine Oxidase Method)	<b>1.70</b>	mg/dL	0.55-1.02
 <b>Blood Urea Nitrogen (BUN)</b> (Method: Calculated )	21	mg/dL	8.0-23.0
 <b>Uric Acid</b> (Method: Uricase)	5.1	mg/dL	2.6-6.0
 <b>Calcium</b> (Method: Arsenazo)	9.9	mg/dL	8.5-10.1

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



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DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

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