

LABORATORY TEST REPORT

Name	: Mrs. KOMAL JAIN		
Sample ID	: A1842088		
Age/Gender	: 52 Years/Female	Reg. No	: 0312503240014
Referred by	: Dr. DHEERAJ KONDAGARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2025 11:46 AM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2025 01:04 PM
Sample Tested In	: Serum	Reported On	: 24-Mar-2025 07:50 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)	1.6	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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LABORATORY TEST REPORT

Name	: Mrs. KOMAL JAIN		
Sample ID	: A1842085		
Age/Gender	: 52 Years/Female	Reg. No	: 0312503240014
Referred by	: Dr. DHEERAJ KONDAGARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Mar-2025 11:46 AM
Primary Sample	: Whole Blood	Received On	: 24-Mar-2025 01:04 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 24-Mar-2025 04:35 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)

 Haemoglobin (Hb) (Method: Cymeth Method)	10.7	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	33.8	%	40-50
 RBC Count (Method: Cell Impedance)	3.81	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	89	fl	81-101
 MCH (Method: Calculated)	28.2	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	15.0	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	354	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	8.1	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	67	%	40-70
 Lymphocytes (Method: Cell Impedance)	25	%	20-40
 Monocytes (Method: Microscopy)	07	%	2-10
 Eosinophils (Method: Microscopy)	01	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	5.43	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	2.03	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.57	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.08	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)

Anisocytosis with Normocytic normochromic



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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. KOMAL JAIN	Reg. No	: 0312503240014
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Referred by	: Dr. DHEERAJ KONDAGARI	Received On	: 24-Mar-2025 01:04 PM
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Reported On	: 24-Mar-2025 08:02 PM
Primary Sample	: Whole Blood	Report Status	: Final Report
Sample Tested In	: Plasma-NaF(R), Serum		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 101 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** 0.74 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.

 **Alanine Aminotransferase (ALT/SGPT)** 18 U/L 0-55

(Method: IFCC with out (P-S-P))

Interpretation :

- Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver cell integrity,
- ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.
- Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are typically at least 10 times above the normal range. Levels may reach values as high as 100 times the upper reference limit, although 20- to 50-fold elevations are most frequently encountered. In infectious hepatitis and other inflammatory conditions affecting the liver.



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 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
25 - Hydroxy Vitamin D <small>(Method: CLIA)</small>	16.79	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication

Interpretation:

- 1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- 2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- 3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- 4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

- 1.people who don't get much exposure to the sun
- 2.older adults
- 3.people with obesity.
- 4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	426	pg/mL	200-911
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(Method: CLIA)
Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

*** End Of Report ***



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 MD BIOCHEMISTRY

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Sample Tested In	: Serum	Reported On	: 24-Mar-2025 02:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
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Widal Test (Slide Test)

Salmonella typhi O Antigen	<1:20	1:80 & Above Significant
Salmonella typhi H Antigen	<1:20	1:80 & Above Significant
Salmonella paratyphi AH Antigen	<1:20	1:80 & Above Significant
Salmonella paratyphi BH Antigen	<1:20	1:80 & Above Significant

Interpretation

Antigens Tested	RESULT	REMARKS
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

*** End Of Report ***



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DR. RUTURAJ MANIKLAL KOLHAPURE
 MD, MICROBIOLOGIST