










**LABORATORY TEST REPORT**

Name	: Mr. LAXMAN		
Sample ID	: B2675519		
Age/Gender	: 48 Years/Male	Reg. No	: 0312504020010
Referred by	: Dr. S KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Apr-2025 07:21 AM
Primary Sample	: Whole Blood	Received On	: 02-Apr-2025 12:10 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 02-Apr-2025 12:29 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)	13.5	g/dL	13-17
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>39.6</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	4.70	10 <sup>12</sup> /L	4.5-5.5
 <b>MCV</b> (Method: Calculated)	84	fl	81-101
 <b>MCH</b> (Method: Calculated)	28.8	pg	27-32
 <b>MCHC</b> (Method: Calculated)	34.2	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>14.2</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	244	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>3.4</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	70	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	20	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	06	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	04	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	2.38	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	<b>0.68</b>	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.2	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.14	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

(Method: PAPs Staining)

Normocytic normochromic with Mild Leucopenia



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Mr. LAXMAN		
Sample ID	: B2675526		
Age/Gender	: 48 Years/Male	Reg. No	: 0312504020010
Referred by	: Dr. S KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Apr-2025 07:21 AM
Primary Sample	: Whole Blood	Received On	: 02-Apr-2025 12:10 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 02-Apr-2025 01:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

**GLUCOSE FASTING**

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F)                      90                      mg/dL                      70-100  
(Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2024

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma 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

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



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DR. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

**LABORATORY TEST REPORT**

Name	: Mr. LAXMAN		
Sample ID	: B2675519		
Age/Gender	: 48 Years/Male	Reg. No	: 0312504020010
Referred by	: Dr. S KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Apr-2025 07:21 AM
Primary Sample	: Whole Blood	Received On	: 02-Apr-2025 12:10 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 02-Apr-2025 01:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	5.8	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	119.76	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 \*\*\*















\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

*Handwritten Signature*  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

**LABORATORY TEST REPORT**

Name	: Mr. LAXMAN		
Sample ID	: B2675524		
Age/Gender	: 48 Years/Male	Reg. No	: 0312504020010
Referred by	: Dr. S KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Apr-2025 07:21 AM
Primary Sample	: Whole Blood	Received On	: 02-Apr-2025 12:10 PM
Sample Tested In	: Serum	Reported On	: 02-Apr-2025 02:31 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)	0.6	mg/dL	0.1-1.2
 <b>Bilirubin (Direct)</b> (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
 <b>Bilirubin (Indirect)</b> (Method: Calculated)	0.5	mg/dL	0.2-1.0
 <b>Aspartate Aminotransferase (AST/SGOT)</b> (Method: IFCC UV Assay)	14	U/L	15-37
 <b>Alanine Aminotransferase (ALT/SGPT)</b> (Method: IFCC with out (P-S-P))	12	U/L	0-55
 <b>Alkaline Phosphatase(ALP)</b> (Method: Kinetic PNPP-AMP)	67	U/L	30-120
 <b>Gamma Glutamyl Transpeptidase (GGTP)</b> (Method: IFCC)	26	U/L	15-85
 <b>Protein - Total</b> (Method: Biuret)	6.8	g/dL	6.4-8.2
 <b>Albumin</b> (Method: Bromocresol Green (BCG) )	4.1	g/dL	3.4-5.0
 <b>Globulin</b> (Method: Calculated)	2.7	g/dL	2.0-4.2
 <b>A:G Ratio</b> (Method: Calculated)	1.52	Ratio	0.8-2.0
 <b>SGOT/SGPT Ratio</b> (Method: Calculated )	<b>1.17</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.

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



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 MD BIOCHEMISTRY

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