










LABORATORY TEST REPORT

Name	: Mrs. SHAKUNTHALA		
Sample ID	: B2675613		
Age/Gender	: 75 Years/Female	Reg. No	: 0312504060017
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2025 10:03 AM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2025 01:50 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Apr-2025 02:05 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)	9.4	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	25.3	%	40-50
 RBC Count (Method: Cell Impedance)	2.90	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	87	fl	81-101
 MCH (Method: Calculated)	32.0	pg	27-32
 MCHC (Method: Calculated)	34.0	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	15.2	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	169	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	5.0	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	70	%	40-70
 Lymphocytes (Method: Cell Impedance)	20	%	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)	3.5	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.3	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.2	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 anemia



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Note : This report is subject to the terms and conditions overleaf. Partial Reproduction of this report is not Permitted

Page 1 of 4

 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. SHAKUNTHALA		
Sample ID	: B2675614		
Age/Gender	: 75 Years/Female	Reg. No	: 0312504060017
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2025 10:03 AM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2025 01:50 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 06-Apr-2025 02:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
GLUCOSE RANDOM (RBS)

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

Glucose Random (RBS) 128 mg/dL 70-140

(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2024

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 2024 Jan (1:47 (suppl.1):S20- S42.

- 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.

*** End Of Report ***

Excellence In Health Care



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD













DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

Page 2 of 4

LABORATORY TEST REPORT

Name	: Mrs. SHAKUNTHALA		
Sample ID	: B2675616		
Age/Gender	: 75 Years/Female	Reg. No	: 0312504060017
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2025 10:03 AM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2025 01:50 PM
Sample Tested In	: Serum	Reported On	: 06-Apr-2025 03:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
 Bilirubin(Total) (Method: Diazo)	0.9	mg/dL	0.2-1.2
 Bilirubin (Direct) (Method: Diazo)	0.2	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.7	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	26	U/L	5-48
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	22	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	75	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	20	U/L	5-55
 Protein - Total (Method: Biuret)	5.9	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.1	g/dL	3.4-5.0
 Globulin (Method: Calculated)	1.8	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	2.28	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.18	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

 Creatinine (Method: Sarcosine Oxidase Method)	2.00	mg/dL	0.55-1.02
 Blood Urea Nitrogen (BUN) (Method: Calculated)	19	mg/dL	8.0-23.0
 Uric Acid (Method: Uricase)	2.5	mg/dL	2.6-6.0
 Calcium (Method: Arsenazo)	9.3	mg/dL	8.5-10.1

*** End Of Report ***



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD


 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

Page 3 of 4

