

LABORATORY TEST REPORT










Name	: Mrs. R BALAMANI		
Sample ID	: B2622748		
Age/Gender	: 35 Years/Female	Reg. No	: 0312504160064
Referred by	: Dr. L GAUTAM REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Apr-2025 07:06 PM
Primary Sample	: Whole Blood	Received On	: 16-Apr-2025 10:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Apr-2025 10:47 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)	12.9	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	42.2	%	40-50
 RBC Count (Method: Cell Impedance)	4.26	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	99	fl	81-101
 MCH (Method: Calculated)	30.3	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	15.5	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	231	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	7.1	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	59	%	40-70
 Lymphocytes (Method: Cell Impedance)	33	%	20-40
 Monocytes (Method: Microscopy)	06	%	2-10
 Eosinophils (Method: Microscopy)	02	%	1-6
 Basophils (Method: Microscopy)	0	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	4.19	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	2.34	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.43	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.14	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



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. R BALAMANI		
Sample ID	: B2622747		
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Referred by	: Dr. L GAUTAM REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Apr-2025 07:06 PM
Primary Sample	: Whole Blood	Received On	: 16-Apr-2025 10:39 PM
Sample Tested In	: Serum	Reported On	: 17-Apr-2025 12:48 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
 Creatinine (Method: Sarcosine Oxidase Method)	0.65	mg/dL	0.60-1.10

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.

*** End Of Report ***



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DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Referred by	: Dr. L GAUTAM REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Apr-2025 07:06 PM
Primary Sample	: Whole Blood	Received On	: 16-Apr-2025 10:39 PM
Sample Tested In	: Serum	Reported On	: 16-Apr-2025 11:12 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)	0.41	mg/dL	0.3-1.2
 Bilirubin (Direct) (Method: Diazo)	0.16	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.25	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	15.0	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	10.0	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	49.6	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	13.3	U/L	5-55
 Protein - Total (Method: Biuret)	6.95	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.5	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2.45	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.84	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.5	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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 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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