

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622821 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : | Received On | : 18-Apr-2025 10:08 AM |
| Sample Tested In | : Capillary Tube | Reported On | : 18-Apr-2025 10:36 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


HAEMATOLOGY
ANTE NATEL PROFILE-ELISA

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

Bleeding Time & Clotting Time

| | | | |
|---|------|---------|-------|
| Bleeding Time (BT) <small>(Method: Capillary Method)</small> | 3:10 | Minutes | 2 - 5 |
| Clotting Time (CT) <small>(Method: Capillary Method)</small> | 5:00 | Minutes | 3 - 7 |



LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622803 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:05 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 17-Apr-2025 11:40 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

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

Blood Grouping (A B O)

(Method: Tube Agglutination)

A

Rh Typing

(Method: Tube Agglutination)

Positive

*** End Of Report ***



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Swarnabala - M

DR.SWARNA BALA
MD PATHOLOGY










LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622803 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:05 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 17-Apr-2025 11:44 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |







HAEMATOLOGY
ANTE NATEL PROFILE-ELISA

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

Complete Blood Count (CBC)

| | | | |
|---|-------------|---------------------|-----------|
|  Haemoglobin (Hb) <small>(Method: Cymeth Method)</small> | 10.4 | g/dL | 12-15 |
|  RBC Count <small>(Method: Cell Impedance)</small> | 3.70 | 10 ¹² /L | 3.8-4.8 |
|  Total WBC Count <small>(Method: Impedance)</small> | 6.9 | 10 ⁹ /L | 4.0-10.0 |
|  Platelet Count (PLT) <small>(Method: Cell Impedance)</small> | 251 | 10 ⁹ /L | 150-410 |
|  Haematocrit (HCT) <small>(Method: Calculated)</small> | 33.0 | % | 40-50 |
|  MCV <small>(Method: Calculated)</small> | 90 | fl | 81-101 |
|  MCH <small>(Method: Calculated)</small> | 28.2 | pg | 27-32 |
|  MCHC <small>(Method: Calculated)</small> | 32.5 | g/dL | 32.5-34.5 |
|  RDW-CV <small>(Method: Calculated)</small> | 13.5 | % | 11.6-14.0 |

Differential Count by Flowcytometry /Microscopy

| | | | |
|--|----|---|-------|
|  Neutrophils <small>(Method: Cell Impedance)</small> | 65 | % | 40-70 |
|  Lymphocytes <small>(Method: Cell Impedance)</small> | 27 | % | 20-40 |
|  Monocytes <small>(Method: Microscopy)</small> | 06 | % | 2-10 |
|  Eosinophils <small>(Method: Microscopy)</small> | 02 | % | 1-6 |
|  Basophils <small>(Method: Microscopy)</small> | 0 | % | 1-2 |

Smear

| | |
|--|-------------------------|
| WBC | Within Normal Limits |
| RBC | Normocytic normochromic |
| Platelets <small>(Method: Microscopy)</small> | Adequate. |



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 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622788 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : | Received On | : 17-Apr-2025 11:15 PM |
| Sample Tested In | : Urine | Reported On | : 17-Apr-2025 11:51 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


CLINICAL PATHOLOGY

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

Complete Urine Analysis (CUE)
Physical Examination

| | | |
|------------|-------------|----------------------|
| Colour | Pale Yellow | Straw to light amber |
| Appearance | Clear | Clear |

Chemical Examination

| | | |
|--|----------|---------------|
| Glucose <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Protein <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Bilirubin (Bile) <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Urobilinogen <small>(Method: Ehrlichs reagent)</small> | Negative | Negative |
| Ketone Bodies <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Specific Gravity <small>(Method: Strip Reflectance)</small> | 1.010 | 1.000 - 1.030 |
| Blood <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small> | 6.5 | 5.0 - 8.5 |
| Nitrites <small>(Method: Strip Reflectance)</small> | Negative | Negative |
| Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small> | Negative | Negative |

Microscopic Examination (Microscopy)

| | | | |
|--|--------|------|--------|
| PUS(WBC) Cells <small>(Method: Microscopy)</small> | 03-04 | /hpf | 00-05 |
| R.B.C. <small>(Method: Microscopic)</small> | Nil | /hpf | Nil |
| Epithelial Cells <small>(Method: Microscopic)</small> | 02-03 | /hpf | 00-05 |
| Casts <small>(Method: Microscopic)</small> | Absent | | Absent |
| Crystals <small>(Method: Microscopic)</small> | Absent | | Absent |
| Bacteria | Nil | | Nil |
| Budding Yeast Cells <small>(Method: Microscopy)</small> | Nil | | Absent |

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.



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 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622806, B2622804 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:08 PM |
| Sample Tested In | : Plasma-NaF(R), Serum | Reported On | : 18-Apr-2025 12:32 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

ANTE NATEL PROFILE-ELISA

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

Glucose Random (RBS) 81 mg/dL 70-140
(Method: Hexokinase (HK))

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 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.

Creatinine 0.63 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.

*** End Of Report ***



Handwritten Signature
DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

LABORATORY TEST REPORT

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| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622804 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:08 PM |
| Sample Tested In | : Serum | Reported On | : 18-Apr-2025 12:09 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



CLINICAL BIOCHEMISTRY

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

Thyroid Profile-I(TFT)

| | | | |
|---|--------------|--------|----------|
| T3 (Triiodothyronine) (Method: CLIA) | 152.68 | ng/dL | 70-204 |
| T4 (Thyroxine) (Method: CLIA) | 12.73 | µg/dL | 3.2-12.6 |
| TSH -Thyroid Stimulating Hormone (Method: CLIA) | 2.76 | µIU/mL | 0.35-5.5 |

Pregnancy & Cord Blood

| T3 (Triiodothyronine): | T4 (Thyroxine) | TSH (Thyroid Stimulating Hormone) |
|---------------------------------------|-------------------------------|--|
| First Trimester : 81-190 ng/dL | 15 to 40 weeks:9.1-14.0 µg/dL | First Trimester : 0.24-2.99 µIU/mL |
| Second&Third Trimester :100-260 ng/dL | | Second Trimester: 0.46-2.95 µIU/mL |
| | | Third Trimester : 0.43-2.78 µIU/mL |
| Cord Blood: 30-70 ng/dL | Cord Blood: 7.4-13.0 µg/dL | Cord Blood: : 2.3-13.2 µIU/mL |

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.




DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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| Sample ID | : B2622804 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:08 PM |
| Sample Tested In | : Serum | Reported On | : 18-Apr-2025 12:00 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |


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ANTE NATEL PROFILE-ELISA

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

VDRL- Syphilis Antibodies

Non Reactive

Non Reactive

(Method: Slide Flocculation)

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***



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DR. RUTURAJ MANIKLAL KOLHAPURE
 MD, MICROBIOLOGIST

LABORATORY TEST REPORT

| | | | |
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| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622804 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:08 PM |
| Sample Tested In | : Serum | Reported On | : 18-Apr-2025 12:26 AM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

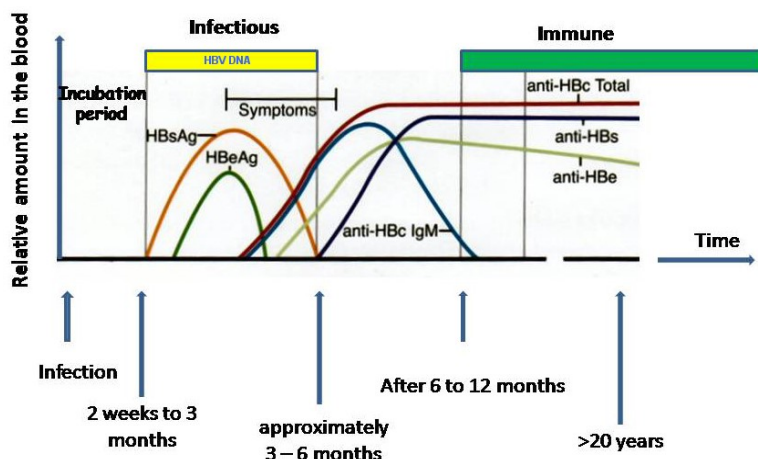
| Test Name | Results | Units | Biological Reference Interval |
|--|---------|-------|------------------------------------|
| Hepatitis B Surface Antigen (HBsAg) (Method: ELISA) | 0.49 | S/Co | <1.00 :Negative >1.00 :Positive |

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

HBV antigens and antibodies in the blood



Note:

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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[Signature]

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

LABORATORY TEST REPORT

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| Name | : Mrs. SOWJANYA | | |
| Sample ID | : B2622804 | | |
| Age/Gender | : 24 Years/Female | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Apr-2025 11:08 PM |
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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

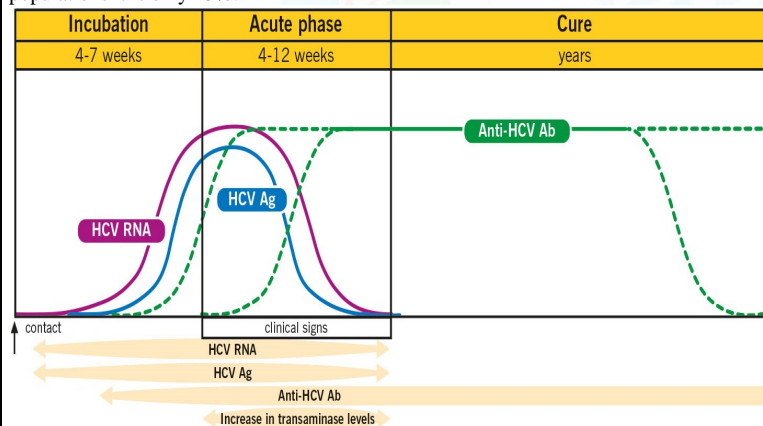
| Test Name | Results | Units | Biological Reference Interval |
|---|---------|-------|--|
| Hepatitis C Virus Antibody (Method: ELISA) | 0.25 | S/Co | < 1.00 : Negative > 1.00 : Positive |

Interpretation:

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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[Signature]

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

LABORATORY TEST REPORT

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|--------------------|--------------------------------------|---|------------------------|------------------------|
| Name | : Mrs. SOWJANYA |  | | |
| Sample ID | : B2622804 | | | |
| Age/Gender | : 24 Years/Female | | Reg. No | : 0312504170053 |
| Referred by | : Dr. HARITHA P | | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | | Collected On | : 17-Apr-2025 08:54 PM |
| Primary Sample | : Whole Blood | | Received On | : 17-Apr-2025 11:08 PM |
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IMMUNOLOGY & SEROLOGY
ANTE NATEL PROFILE-ELISA

| Test Name | Results | Units | Biological Reference Interval |
|---|---------|-------|--|
| HIV (1& 2) Antibody <small>(Method: ELISA)</small> | 0.38 | S/Co | < 1.00 : Negative > 1.00 : Positive |

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