



Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622787

Clotting Time (CT)

Age/Gender : 32 Years/Female Reg. No : 0312504170037 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 PM

Primary Sample : Received On : 17-Apr-2025 11:08 PM

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

Test Name	Results	Units	Biological Reference Interval	
Bleeding Time & Clotting Time				
Bleeding Time (BT)	3:00	Minutes	2 - 5	

Minutes

3 - 7

*** End Of Report ***

5:10







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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622825

Age/Gender : 32 Years/Female Reg. No : 0312504170037 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 PM
Primary Sample : Whole Blood Received On : 17-Apr-2025 11:05 PM
Sample Tested In : Whole Blood EDTA Reported On : 17-Apr-2025 11:38 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: Cymreth Method)	12.5	g/dL	12-15	
Method: Cymneth Method) Method: Calculated) Method: Calculated)	41.2	%	40-50	
(Method: Cell Impedence)	4.80	10^12/L	3.8-4.8	
(Wethod: Calculated)	85	fl	81-101	
MCH (Method: Calculated)	27.0	pg	27-32	
MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5	
RDW-CV (Method: Calculated)	14.5	%	11.6-14.0	
Platelet Count (PLT) (Method: Cell Impedance)	365	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 Impedence)	55	%	40-70	
Lymphocytes (Method: Cell Impedence)	37	%	20-40	
Monocytes (Method: Microscopy)	06	%	2-10	
Eosinophils (Method: Microscopy)	02	%	1-6	
Basophils (Method: Microscopy)	0	%	1-2	
Absolute Neutrophils Count (Method: Impedence)	4.46	10^9/L	2.0-7.0	
Absolute Lymphocyte Count (Method: Impedence)	3	10^9/L	1.0-3.0	
Absolute Monocyte Count (Method: Calculated)	0.49	10^9/L	0.2-1.0	
Absolute Eosinophils Count	0.16	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)	Normocytic n	ormochromic		







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HAEMATOLOGY

Test Name Results Units Biological Reference Interval

Blood Grouping (A B O) O

Rh Typing Positive

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .









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DR.SWARNA BALA
MD PATHOLOGY



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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622823

Age/Gender : 32 Years/Female Reg. No : 0312504170037

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 PM

Primary Sample : Received On : 17-Apr-2025 11:17 PM Sample Tested In : Urine Reported On : 17-Apr-2025 11:53 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
100111441110	INCOUNT	O 1 1110	Biological Rololololico Intol Val

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance HAZY Clear

Chemical Examination

Glucose Negative Negative

Protein Negative Negative Strip Reflectance)

Bilirubin (Bile) Negative Negative

Urobilinogen (Method: Etrilichs reagent)

Ketone Bodies Negative Negative Negative

Specific Gravity 1.020 1.000 - 1.030

Blood (Helhod: Strip Reflectance) (+) Negative

Reaction (pH) 6.0 5.0 - 8.5

Nitrites Negative Negative

Leukocyte esterase Negative Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-04 00-05 /hpf R.B.C. 01-02 /hpf Nil **Epithelial Cells** 02-03 /hpf 00-05 Absent Absent Casts Absent Crystals Absent Bacteria Nil Nil **Budding Yeast Cells** Nil Absent

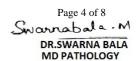
Comments: Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity

and drug toxicity.













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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622824

Age/Gender : 32 Years/Female Reg. No : 0312504170037

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 PM Primary Sample : Whole Blood Received On : 17-Apr-2025 11:05 PM Sample Tested In : Plasma-NaF(R) Reported On : 18-Apr-2025 12:07 AM

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) . 85 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2024

	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200	I I	>=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 ***









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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622825

Age/Gender : 32 Years/Female Reg. No : 0312504170037 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 PM

Primary Sample : Whole Blood : 17-Apr-2025 11:05 PM Sample Tested In : Whole Blood EDTA : Received On : 18-Apr-2025 12:21 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
Glycated Hemoglobin (HbA1c)	5.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	
Mean Plasma Glucose (Method: Calculated)	102.54	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 A10 (%)
421		14%
386	_ A	13%
350	L	12%
314	E	11%
279	R	10%
243	Т	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 ***









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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622826

Age/Gender : 32 Years/Female Reg. No : 0312504170037

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 17-Apr-2025 06:42 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

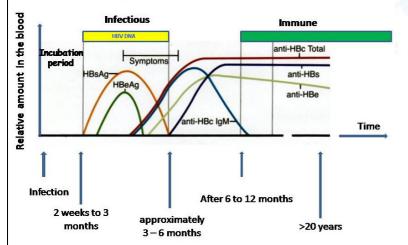
	IMMUNOLOGY & SEROLOGY			
Test Name	Results	Units	Biological Reference Interval	
Hepatitis B Surface Antigen (HBsAg)	0.54	S/Co	<1.00 :Negative >1.00 :Positive	

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

*** End Of Report ***









MD, MICROBIOLOGIST



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LABORATORY TEST REPORT

Name : Miss. MOUNICA

Sample ID : B2622826

Age/Gender : 32 Years/Female Reg. No : 0312504170037

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

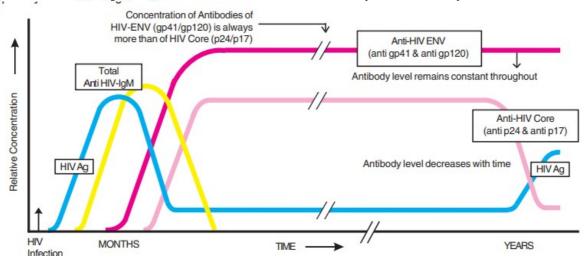
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	IMMUNOLOGY & SEROLOGY			
Test Name	Results	Units	Biological Reference Interval	
HIV (1& 2) Antibody	0.41	S/Co	< 1.00 : Negative > 1.00 : Positive	

Interpretation

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample. This means the patient has either not been exposed to HIV 1 / 2 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 HIV 1 / 2.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels."
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports inderminate should be repeated with a second sample taken 14-28 days. In case the serological results continue to be inderminate the sample should be subject to western blot for confirmation.



*** End Of Report ***









DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST