



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 : Mrs. C SHOBHA RANI
Sample ID : B2622933, B2622934
Age/Gender : 66 Years/Female

: 66 Years/Female Reg. No : 0312504210015 : Dr. S VASUDEVA REDDY SPP Code : SPL-STS-554

Referring Customer : V CARE MEDICAL DIAGNOSTICS TS Collected On : 21-Apr-2025 08:26 AM

Primary Sample : Whole Blood Received On : 21-Apr-2025 12:33 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 21-Apr-2025 01:32 PM

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name Results Units Biological Reference Interval

Glucose Fasting (F) 87 mg/dL 70-100

(Metnod: Hexokinase)

Referred by

 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.

Interpretation of Plasma Glucose based on ADA guidelines 2024

Glucose Post Prandial (PP) 120 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

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.

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

*** End Of Report ***









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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD



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LABORATORY TEST REPORT

Name : Mrs. C SHOBHA RANI

Sample ID : B2622935

Age/Gender : 66 Years/Female Reg. No : 0312504210015 Referred by : Dr. S VASUDEVA REDDY SPP Code : SPL-STS-554

Referring Customer : V CARE MEDICAL DIAGNOSTICS TS Collected On : 21-Apr-2025 08:26 AM Primary Sample : Whole Blood Received On : 21-Apr-2025 12:33 PM

Sample Tested In : Serum Reported On : 21-Apr-2025 07:05 PM

Client Address : Kimtee Colony ,Gokul Nagar,Tarnaka. Report Status : Final Report

IMMUNOLOGY & SEROLOGY

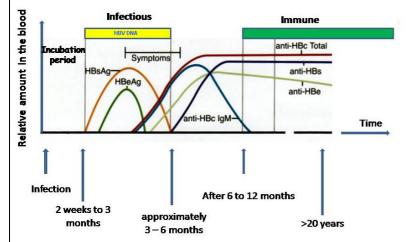
VIRAL SCREENING				
Test Name	Results	Units	Biological Reference Interval	
Hepatitis B Surface Antigen (HBsAg)	0.46	S/Co	<1.00 :Negative >1.00 :Positive	

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 ***







R. RUTURAJ MANIKLAL KOLHA

DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



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

REPORT LABORATORY TEST

Name : Mrs. C SHOBHA RANI

Sample ID : B2622935

: 0312504210015 Age/Gender : 66 Years/Female Reg. No : Dr. S VASUDEVA REDDY SPP Code : SPL-STS-554

Referred by Referring Customer: V CARE MEDICAL DIAGNOSTICS TS Collected On : 21-Apr-2025 08:26 AM

Primary Sample : Whole Blood Received On : 21-Apr-2025 12:33 PM Sample Tested In : 21-Apr-2025 06:26 PM : Serum Reported On

Client Address : Kimtee Colony , Gokul Nagar, Tarnaka. Report Status : Final Report

IMMUNOLOGY & SEROLOGY

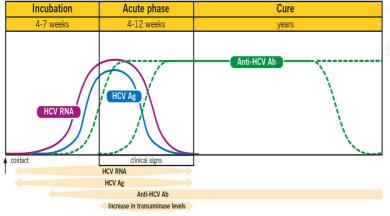
VIRAL SCREENING				
Test Name	Results	Units	Biological Reference Interval	
Hepatitis C Virus Antibody	. 0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	

Interpretation:

- 1. 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.
- 2. 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:

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

*** End Of Report ***













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Age/Gender : 0312504210015 : 66 Years/Female Reg. No Referred by : Dr. S VASUDEVA REDDY SPP Code : SPL-STS-554

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VIRAL SCREENING				
Test Name	Results	Units	Biological Reference Interval	
HIV (1& 2) Antibody (Method: ELISA)	. 0.33	S/Co	< 1.00 : Negative > 1.00 : Positive	

*** End Of Report ***











DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST