










**LABORATORY TEST REPORT**

Name	: Mrs. GAYATHRI		
Sample ID	: B2622998		
Age/Gender	: 28 Years/Female	Reg. No	: 0312504250028
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Apr-2025 01:04 PM
Primary Sample	: Whole Blood	Received On	: 25-Apr-2025 03:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Apr-2025 03:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**
**COMPLETE HEMOGRAM**

Test Name	Results	Units	Biological Reference Interval
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**Complete Blood Picture(CBP)**

 Haemoglobin (Hb) <small>(Method: Cynmeth Method)</small>	<b>11.3</b>	g/dL	12-15
 Haematocrit (HCT) <small>(Method: Calculated)</small>	<b>36.6</b>	%	40-50
 RBC Count <small>(Method: Cell Impedance)</small>	4.33	10 <sup>12</sup> /L	3.8-4.8
 MCV <small>(Method: Calculated)</small>	84	fl	81-101
 MCH <small>(Method: Calculated)</small>	27.0	pg	27-32
 MCHC <small>(Method: Calculated)</small>	<b>30.9</b>	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	13.5	%	11.6-14.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	314	10 <sup>9</sup> /L	150-410
 Total WBC Count <small>(Method: Impedance)</small>	8.5	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 Neutrophils <small>(Method: Cell Impedance)</small>	61	%	40-70
 Lymphocytes <small>(Method: Cell Impedance)</small>	33	%	20-40
 Monocytes <small>(Method: Microscopy)</small>	05	%	2-10
 Eosinophils <small>(Method: Microscopy)</small>	01	%	1-6
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2
 Absolute Neutrophils Count <small>(Method: Impedance)</small>	5.19	10 <sup>9</sup> /L	2.0-7.0
 Absolute Lymphocyte Count <small>(Method: Impedance)</small>	2.81	10 <sup>9</sup> /L	1.0-3.0
 Absolute Monocyte Count <small>(Method: Calculated)</small>	0.43	10 <sup>9</sup> /L	0.2-1.0
 Absolute Eosinophils Count <small>(Method: Calculated)</small>	0.09	10 <sup>9</sup> /L	0.02-0.5
 Absolute Basophil ICount <small>(Method: Calculated)</small>	0.00	10 <sup>9</sup> /L	0.0-0.3

Morphology Normocytic normochromic

(Method: PAPS Staining )

\*\*\* End Of Report \*\*\*



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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Apr-2025 01:04 PM
Primary Sample	: Whole Blood	Received On	: 25-Apr-2025 03:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Apr-2025 04:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**HAEMATOLOGY**
**COMPLETE HEMOGRAM**

Test Name	Results	Units	Biological Reference Interval
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 Erythrocyte Sedimentation Rate (ESR) <small>(Method: Westergren method)</small>	<b>16</b>	mm/hr	10 or less
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**Comments :** ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

**Blood Picture - Peripheral Smear Examination**

Red Blood Cells <small>(Method: Microscopy)</small>	Normocytic normochromic
White Blood Cells <small>(Method: Microscopy)</small>	Within normal limits
Platelets <small>(Method: Microscopy)</small>	Adequate
Hemoparasites <small>(Method: Microscopy)</small>	Not seen.
Impression	Normocytic normochromic .
Advice	Correlate clinically.



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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 25-Apr-2025 03:32 PM
Sample Tested In	: Serum	Reported On	: 25-Apr-2025 04:09 PM
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)	0.63	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 \*\*\*



  
DR. LAVANYA LAGISETTY  
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 25-Apr-2025 03:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Apr-2025 06:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) <small>(Method: HPLC)</small>	5.3	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose <small>(Method: Calculated)</small>	105.41	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 A1c (%)
421		14%
386		13%
350		12%
314		11%
279		10%
243		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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*Handwritten Signature*  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY



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Sample Tested In	: Serum	Reported On	: 25-Apr-2025 07:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

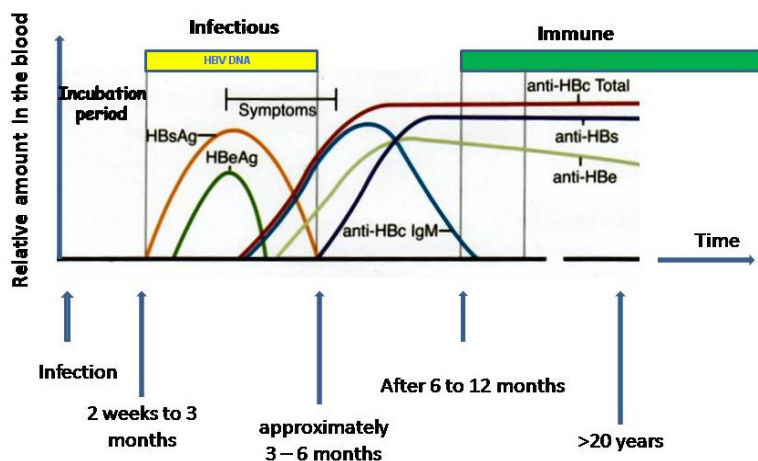

**IMMUNOLOGY & SEROLOGY**
**VIRAL SCREENING**

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) <small>(Method: ELISA)</small>	0.33	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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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

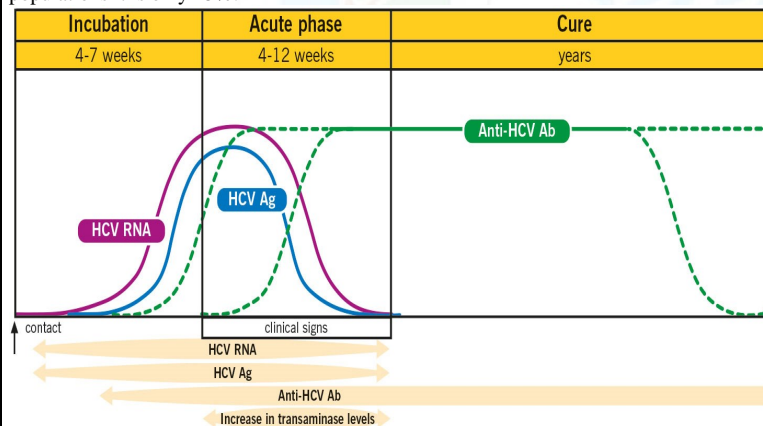
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.19	S/Co	< 1.00 : Negative > 1.00 : Positive

**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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Sample Tested In	: Serum	Reported On	: 25-Apr-2025 06:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**IMMUNOLOGY & SEROLOGY**
**VIRAL SCREENING**

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

\*\*\* End Of Report \*\*\*



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
 MD, MICROBIOLOGIST