

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. P JAYALAKSHMI		
Sample ID	: B2623092		
Age/Gender	: 69 Years/Female	Reg. No	: 0312504290020
Referred by	: Dr. KRISHNA REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 10:28 AM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 12:44 PM
Sample Tested In	: Serum	Reported On	: 29-Apr-2025 02:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
C-Reactive protein-(CRP)	5.5	mg/L	Upto:6.0	

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C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 12:42 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Apr-2025 01:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY								
	SAGE CARE 1.2							
Test Name	Results	Units	Biological Reference Interval					
COMPLETE BLOOD COUNT (CBC)								
Haemoglobin (Hb)	12.9	g/dL	12-15					
RBC Count	4.65	10^12/L	3.8-4.8					
Maemaca Commoncerter (HCT)	43.9	%	40-50					
(Wetrick curculated) MocV (Metrick curculated)	94	fl	81-101					
(Wathout Galaxies)	27.9	pg	27-32					
MCHC (interior concentration)	<u>29.5</u>	g/dL	32.5-34.5					
RDW-CV Reduct: Calculated)	13.0	%	11.6-14.0					
Platelet Count (PLT)	245	10^9/L	150-410					
Total WBC Count	6.9	10^9/L	4.0-10.0					
Neutrophils (Method: Cell (meedence)	64	%	40-70					
	4.42	10^9/L	2.0-7.0					
Lymphocytes (Method: Cell (Impedance)	28	%	20-40					
Absolute Lymphocyte Count	1.93	10^9/L	1.0-3.0					
Monocytes	07	%	2-10					
Absolute Monocyte Count	0.48	10^9/L	0.2-1.0					
Eosinophils Method: Microsov	01	%	1-6					
Absolute Eosinophils Count Method: Calculated	0.07	10^9/L	0.02-0.5					
Basophils	00	%	1-2					
	0.00	10^9/L	0.0-0.3					
Morphology								
WBC	Within Norma	al Limits						
RBC	Normocytic r	ormochromic						
Platelets	Adequate.							

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Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 12:42 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Apr-2025 02:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

	HA	EMATOLO	GY	
SAGE CARE 1.2				
Test Name	Results	Units	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	. 12	mm/hr	14 or less	

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.



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 10:28 AM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 03:29 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 29-Apr-2025 04:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

	CLINICAL BIOCHEMISTRY							
	GLUCOSE POST PRANDIAL (PP)							
Test Name			Results	Units		Biological Reference	ce Interval	
Glucose F	asting (F)		<u>102</u>	mg/d	L	70-100		
Interpretation of	Plasma Glucose based on ADA guidelines	2024						
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrs	Plasma Glucose(r	ng/dL)	HbA1c(%)	RBS(mg/dL)		
Prediabetes	100-125		140-199		5.7-6.4	NA		
Diabetes	> = 126		> = 200		> = 6.5	>=200(with symptoms)		
Reference: Dia	betes care 2024 Jan (1:47 (suppl.1):	320- S4	2.	ma/d		70.140		
(Method: Hexokinase	(HK))		100	mg/a	L	70-140	- A	
Interpretation of	Plasma Glucose based on ADA guidelines	2018	and the second second	_		110		
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsP	lasma Glucose(mg	/dL)	HbA1c(%)	RBS(mg/dL)		
Prediabetes	100-125		140-199		5.7-6.4	NA		
Diabetes	> = 126		>=200	en	> = 6.5	>=200(with symptoms)	ana	
Reference: Diab	etes care 2024 Jan (1:47 (suppl.1):S20- S dial glucose level is a screening test for Dia	12. ibetes M	ellitus					

- 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.

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Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Apr-2025 01:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
SAGE CARE 1.2					
Test Name		Results	Units	Biological Reference Interval	
Glycated Hemoglobin (HbA1c)	2	6.3	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	
		134.11	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. HbA1c values of 5.0- 6.5 percent indicate good control or an increased Average Level of Hemoglobin A1c risk for developing diabetes mellitus. HbA1c values greater than 6.5 Blood Glucose(eAG) Control (%) percent are diagnostic of diabetes mellitus. Diagnosis should be (mg/dL) confirmed by repeating the HbA1c test. 421 14% 386 13% 350 L 12% E 314 11% R 279 10% Т 243 9% 208 8% 172 POOR 7% 136 GOOD 6% 101 5% 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

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.

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	CLINICA	AL BIOCHER	MISTRY	
	SA	GE CARE 1	.2	
Test Name	Results	Units	Biological Reference Interval	
Liver Function Test (LFT)				
Bilirubin(Total)	0.5	mg/dL	0.2-1.2	
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.3	
Bilirubin (Indirect)	0.4	mg/dL	0.2-1.0	
Aspartate Aminotransferase (AST/SGOT) Method: IFCC UV Assay)	23	U/L	5-48	
Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-5-P))	10	U/L	0-55	
Alkaline Phosphatase(ALP)	61	U/L	30-120	
Gamma Glutamyl Transpeptidase (GGTP)	16	U/L	5-55	
Protein - Total	7.1	g/dL	6.4-8.2	
(Method: Bromocresol Green (BCG))	3.9	g/dL	3.4-5.0	
Globulin (Nethod: Calculated)	3.2	g/dL	2.0-4.2	
A:G Ratio	1.22	Ratio	0.8-2.0	
SGOT/SGPT Ratio	<u>2.3</u>	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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SAGE CARE 1.2						
Test Name	Results	Units	Biological Reference Interval			
Kidney Profile-KFT						
Creatinine (Method: Sarcosine Oxidase Method)	0.80	mg/dL	0.55-1.02			
Urea-Serum (Mothod: Urease-GLDH, UV Method)	20.5	mg/dL	17.1-49.2			
Blood Urea Nitrogen (BUN)	9.58	mg/dL	8.0-23.0			
BUN / Creatinine Ratio	11.98	Ratio	6 - 22			
Write Acid	5.8	mg/dL	2.6-6.0			
Sodium (Method: ISE Direct)	141	mmol/L	135-150			
Potassium	4.2	mmol/L	3.5-5.0			
Chloride (Method: ISE Direct)	102	mmol/L	94-110			

Interpretation:

• The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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