










LABORATORY TEST REPORT

Name	: Mr. A RAMA RAO		
Sample ID	: B2623134		
Age/Gender	: 61 Years/Male	Reg. No	: 0312504300029
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 11:50 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 12:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Apr-2025 04:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












HAEMATOLOGY

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

 Haemoglobin (Hb) (Method: Cymmeth Method)	9.2	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	33.0	%	40-50
 RBC Count (Method: Cell Impedance)	4.10	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	80	fl	81-101
 MCH (Method: Calculated)	22.4	pg	27-32
 MCHC (Method: Calculated)	27.8	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	18.6	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	65	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	4.0	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	70	%	40-70
 Lymphocytes (Method: Cell Impedance)	20	%	20-40
 Monocytes (Method: Microscopy)	06	%	2-10
 Eosinophils (Method: Microscopy)	04	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	2.8	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	0.8	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.24	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	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)

Anisopoikilocytosis with Microcytic hypochromic Ovalocytes +tear drop cells with Moderate Thrombocytopenia.

*** End Of Report ***



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Note : This report is subject to the terms and conditions overleaf. Partial Reproduction of this report is not Permitted













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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 11:50 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 01:00 PM
Sample Tested In	: Serum	Reported On	: 30-Apr-2025 01:19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
 Bilirubin(Total) (Method: Diazo)	2.04	mg/dL	0.2-1.2
 Bilirubin (Direct) (Method: Diazo)	0.84	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	1.2	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	57.2	U/L	5-48
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	52.5	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	115.8	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	82.8	U/L	15-85
 Protein - Total (Method: Biuret)	6.09	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	3.2	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2.89	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.11	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.09	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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DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Kidney Profile-KFT

 Creatinine (Method: Sarcosine Oxidase Method)	0.73	mg/dL	0.70-1.30
 Urea-Serum (Method: Urease-GLDH, UV Method)	25.9	mg/dL	17.1-49.2
 Blood Urea Nitrogen (BUN) (Method: Calculated)	12.09	mg/dL	8.0-23.0
BUN / Creatinine Ratio	16.56	Ratio	6 - 22
 Uric Acid (Method: Uricase)	3.09	mg/dL	3.5-7.2
 Sodium (Method: ISE Direct)	139	mmol/L	135-150
 Potassium (Method: ISE Direct)	3.7	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	99	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 through 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.

*** End Of Report ***



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