

**LABORATORY TEST REPORT**

Name	: Miss. K ANJALI		
Sample ID	: B2623153		
Age/Gender	: 17 Years/Female	Reg. No	: 0312504300016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 11:14 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 01:00 PM
Sample Tested In	: Serum	Reported On	: 30-Apr-2025 01:34 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)	2.1	mg/L	Upto:6.0

(Method: Immunoturbidimetry)

**Interpretation:**

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 \*\*\*


  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 11:14 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 12:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Apr-2025 01:01 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)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	<b>10.2</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>34.3</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	4.78	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>72</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>21.2</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>29.6</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>17.6</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	326	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	9.9	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	61	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	33	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	04	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	02	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	6.04	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	3.27	10 <sup>9</sup> /L	1.0-6.2
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.4	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.2	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

(Method: PAPs Staining)

Anisocytosis with Microcytic hypochromic anemia



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 <b>Uric Acid</b> <small>(Method: Uricase)</small>	3.6	mg/dL	2.6-6.0

**Interpretation:**

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough of it, you can get sick. A high level of uric acid in the blood is called hyperuricemia. This test checks to see how much uric acid you have in your blood. Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)



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



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