










**LABORATORY TEST REPORT**

Name	: Mrs. APARNA		
Sample ID	: B2623108		
Age/Gender	: 48 Years/Female	Reg. No	: 0312504300002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 08:17 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 12:51 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Apr-2025 01:00 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

**Complete Blood Picture(CBP)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	<b>12.4</b>	g/dL	13-17
 <b>Haematocrit (HCT)</b> (Method: Calculated)	44.4	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	4.92	10 <sup>12</sup> /L	4.5-5.5
 <b>MCV</b> (Method: Calculated)	90	fl	81-101
 <b>MCH</b> (Method: Calculated)	31.0	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>28.0</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>16.5</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	186	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	4.4	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	53	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	37	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	06	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	04	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	2.33	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	1.63	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.26	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.18	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 Normocytic normochromic



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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

Page 1 of 3

 Swarnabala - M  
 DR.SWARNA BALA  
 MD PATHOLOGY

**LABORATORY TEST REPORT**

Name	: Mrs. APARNA		
Sample ID	: B2623107, B2623105		
Age/Gender	: 48 Years/Female	Reg. No	: 0312504300002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 08:17 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 01:00 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 30-Apr-2025 01:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
-----------	---------	-------	-------------------------------

Glucose Random (RBS) 78 mg/dL 70-140

(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2024

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.

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.



**Creatinine**

(Method: Sarcosine Oxidase Method)

**0.60** mg/dL 0.70-1.30

**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.



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD




*Handwritten Signature*  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

Page 2 of 3

**LABORATORY TEST REPORT**

Name	: Mrs. APARNA		
Sample ID	: B2623107, B2623105		
Age/Gender	: 48 Years/Female	Reg. No	: 0312504300002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2025 08:17 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2025 01:00 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 30-Apr-2025 01:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
 <b>Bilirubin(Total)</b> (Method: Diazo)	0.7	mg/dL	0.1-1.2
 <b>Bilirubin (Direct)</b> (Method: Diazo)	0.2	mg/dL	0.0 - 0.3
 <b>Bilirubin (Indirect)</b> (Method: Calculated)	0.5	mg/dL	0.2-1.0

**Interpretation:**

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

**Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:**

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

**Note:** DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

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



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

  
 DR. LAVANYA LAGISETTY  
 MD BIOCHEMISTRY

Page 3 of 3