

LABORATORY TEST REPORT

Name	: Mrs. FARZANA BEGUM		
Sample ID	: B2623355		
Age/Gender	: 25 Years/Female	Reg. No	: 0312505110007
Referred by	: Dr. HARITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 10:08 AM
Primary Sample	:	Received On	: 11-May-2025 06:05 PM
Sample Tested In	: Capillary Tube	Reported On	: 11-May-2025 06:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Bleeding Time & Clotting Time

Bleeding Time (BT) <small>(Method: Capillary Method)</small>	2:40 Sec	Minutes	2 - 5
Clotting Time (CT) <small>(Method: Capillary Method)</small>	4:30 Sec	Minutes	3 - 7



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 10:08 AM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:29 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-May-2025 03:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Blood Grouping (A B O)

(Method: Tube Agglutination)

AB

Rh Typing

(Method: Tube Agglutination)

Positive

*** End Of Report ***



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Swarnabala - M

DR.SWARNA BALA
MD PATHOLOGY










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Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:29 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-May-2025 03:36 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report







HAEMATOLOGY
ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Complete Blood Count (CBC)

 Haemoglobin (Hb) <small>(Method: Cymeth Method)</small>	11.6	g/dL	12-15
 RBC Count <small>(Method: Cell Impedance)</small>	4.47	10 ¹² /L	3.8-4.8
 Total WBC Count <small>(Method: Impedance)</small>	8.1	10 ⁹ /L	4.0-10.0
 Platelet Count (PLT) <small>(Method: Cell Impedance)</small>	158	10 ⁹ /L	150-410
 Haematocrit (HCT) <small>(Method: Calculated)</small>	37.3	%	40-50
 MCV <small>(Method: Calculated)</small>	83	fl	81-101
 MCH <small>(Method: Calculated)</small>	26.0	pg	27-32
 MCHC <small>(Method: Calculated)</small>	31.2	g/dL	32.5-34.5
 RDW-CV <small>(Method: Calculated)</small>	17.7	%	11.6-14.0

Differential Count by Flowcytometry /Microscopy

 Neutrophils <small>(Method: Cell Impedance)</small>	70	%	40-70
 Lymphocytes <small>(Method: Cell Impedance)</small>	23	%	20-40
 Monocytes <small>(Method: Microscopy)</small>	05	%	2-10
 Eosinophils <small>(Method: Microscopy)</small>	02	%	1-6
 Basophils <small>(Method: Microscopy)</small>	00	%	1-2

Smear

WBC	Within Normal Limits
RBC	Anisocytosis with Normocytic normochromic
Platelets <small>(Method: Microscopy)</small>	Adequate.




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 Swarnabala - M
 DR.SWARNA BALA
 MD PATHOLOGY

LABORATORY TEST REPORT

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Referred by	: Dr. HARITHA		SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS		Collected On	: 11-May-2025 10:08 AM
Primary Sample	: Whole Blood		Received On	: 11-May-2025 03:22 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),		Reported On	: 11-May-2025 05:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka		Report Status	: Final Report



CLINICAL BIOCHEMISTRY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Glucose Fasting (F)	71	mg/dL	70-100
(Method: Hexokinase)			

(Method: Hexokinase)

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.

Glucose Post Prandial (PP)	101	mg/dL	70-140
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(Method: Hexokinase (HK))

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma 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.

- Postprandial glucose level is a screening test for Diabetes Mellitus
- 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 HbA_{1c} for further evaluation.

Creatinine	0.62	mg/dL	0.60-1.10
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Creatinine
(Method: Sarcosine Oxidase Method)

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.



DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 11-May-2025 05:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY
ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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Blood Urea Nitrogen (BUN)-Serum

 Blood Urea Nitrogen (BUN) (Method: Calculated)	6	mg/dL	7.0-18.0
 Urea-Serum (Method: Urease-GLDH,UV Method)	13.3	mg/dL	12.8-42.8

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
 - Congestive heart failure
 - Excessive protein level in the gastrointestinal tract
 - Gastrointestinal bleeding
 - Hypovolemia (dehydration)
 - Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
 - Liver failure
 - Low protein diet
 - Malnutrition

 TSH -Thyroid Stimulating Hormone (Method: CLIA)	3.49	μIU/mL	0.35-5.5
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Pregnancy & Cord Blood
TSH (Thyroid Stimulating Hormone (μIU/mL))

First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.




 DR. LAVANYA LAGSETTY
 MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:22 PM
Sample Tested In	: Serum	Reported On	: 11-May-2025 06:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


IMMUNOLOGY & SEROLOGY
ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Biological Reference Interval
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 VDRL- Syphilis Antibodies
(Method: Slide Flocculation)

Non Reactive

Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

*** End Of Report ***



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DR. RUTURAJ MANIKLAL KOLHAPURE
 MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

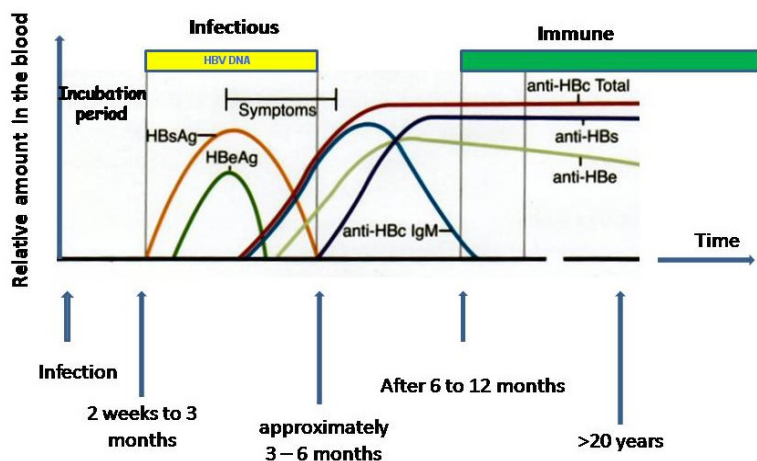
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.34	S/Co	<1.00 :Negative >1.00 :Positive

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]

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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

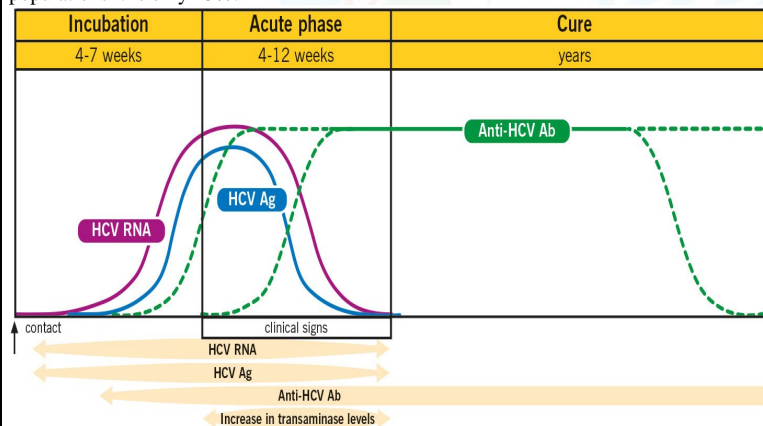
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.23	S/Co	< 1.00 : Negative > 1.00 : Positive

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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IMMUNOLOGY & SEROLOGY
ANTE NATEL PROFILE-ELISA

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

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