

LABORATORY TEST REPORT










Name	: Mr. M V MUTHU		
Sample ID	: B2623389		
Age/Gender	: 52 Years/Male	Reg. No	: 0312505110024
Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:38 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-May-2025 03:38 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: Cymeth Method)	14.0	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	45.4	%	40-50
 RBC Count (Method: Cell Impedance)	4.58	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	99	fl	81-101
 MCH (Method: Calculated)	30.6	pg	27-32
 MCHC (Method: Calculated)	30.8	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	14.5	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	191	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	6.8	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)	4.76	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.36	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.41	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.27	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)

Normocytic normochromic



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mr. M V MUTHU		
Sample ID	: B2623391		
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Referred by	: Dr. T DURGA PRASAD	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:38 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Serum	Reported On	: 11-May-2025 08:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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 Amylase (Method: CNP - G3)	400.7	U/L	25-115
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Interpretation :

Amylase is an **enzyme** that helps digest carbohydrates. It is made in the pancreas and the glands that make saliva. When the pancreas is diseased or inflamed, amylase releases into the blood.

This test is most often used to diagnose or monitor acute pancreatitis. It may also detect some digestive tract problems.

The test may also be done for the following conditions:

- Chronic pancreatitis
- Pancreatic pseudocysts

Increased blood amylase level may occur due to:

- Acute pancreatitis
- Cancer of the pancreas, ovaries, or lungs
- Cholecystitis
- Gallbladder attack caused by disease
- Gastroenteritis (severe)
- Infection of the salivary glands (such as mumps) or a blockage

Decreased amylase level may occur due to:

- Cancer of the pancreas
- Damage to the pancreas with pancreatic scarring
- Kidney disease
- Toxemia of pregnancy

Lipase-Serum (Method: Enzymatic Colorimetric Assay)	1446	U/L	< 60
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Interpretation:

Lipase is a protein (enzyme) released by the pancreas into the small intestine. It helps the body absorb fat. This test is used to measure the amount of the lipase in the blood.

- Serum lipase concentration increases after an attack of acute pancreatitis
- In general, increases in amylase and lipase run in parallel course, but the elevation of lipase persists for a longer time. Elevations in serum lipase concentration may be also due to obstruction of the pancreatic duct by a calculus or by carcinoma, in acute and chronic renal disease as well as in treatments with opiates

*** End Of Report ***



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 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:38 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Serum	Reported On	: 11-May-2025 04:57 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)	0.64	mg/dL	0.1-1.2
 Bilirubin (Direct) (Method: Diazo)	0.34	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) (Method: Calculated)	0.3	mg/dL	0.2-1.0
 Aspartate Aminotransferase (AST/SGOT) (Method: IFCC UV Assay)	13.5	U/L	15-37
 Alanine Aminotransferase (ALT/SGPT) (Method: IFCC with out (P-S-P))	10.1	U/L	0-55
 Alkaline Phosphatase(ALP) (Method: Kinetic PNPP-AMP)	66.9	U/L	30-120
 Gamma Glutamyl Transpeptidase (GGTP) (Method: IFCC)	73.2	U/L	15-85
 Protein - Total (Method: Biuret)	6.63	g/dL	6.4-8.2
 Albumin (Method: Bromocresol Green (BCG))	4.0	g/dL	3.4-5.0
 Globulin (Method: Calculated)	2.63	g/dL	2.0-4.2
 A:G Ratio (Method: Calculated)	1.52	Ratio	0.8-2.0
 SGOT/SGPT Ratio (Method: Calculated)	1.34	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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