

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mrs Anuradha Dekaphukan MRN : 10200000014057 Gender/Age : FEMALE , 45y (02/05/1977)

Collected On : 14/04/2023 02:00 PM Received On : 14/04/2023 04:07 PM Reported On : 14/04/2023 04:38 PM

Barcode : 012304141713 Specimen : Plasma Consultant : Dr. Gayathri Meganathan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8335075306

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	111	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.

(Post Prandial Blood Sugar (PPBS) -> Auto Authorized)



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Patient Name : Mrs Anuradha Dekaphukan MRN : 10200000014057 Gender/Age : FEMALE , 45y (02/05/1977)

Collected On : 14/04/2023 10:14 AM Received On : 14/04/2023 12:56 PM Reported On : 14/04/2023 01:20 PM

Barcode : 012304141048 Specimen : Plasma Consultant : Dr. Gayathri Meganathan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8335075306

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	92	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



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(Fasting Blood Sugar (FBS) -> Auto Authorized)



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Collected On : 14/04/2023 10:14 AM Received On : 14/04/2023 12:56 PM Reported On : 14/04/2023 01:43 PM

Barcode : 022304140585 Specimen : Whole Blood - ESR Consultant : Dr. Gayathri Meganathan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8335075306

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	6	mm/1hr	0.0-12.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

--End of Report--

Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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MC-2688



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Final Report

Patient Name : Mrs Anuradha Dekaphukan MRN : 10200000014057 Gender/Age : FEMALE , 45y (02/05/1977)

Collected On : 14/04/2023 10:14 AM Received On : 14/04/2023 12:56 PM Reported On : 14/04/2023 01:15 PM

Barcode : 022304140584 Specimen : Whole Blood Consultant : Dr. Gayathri Meganathan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8335075306

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	10.3 L	g/dL	12.0-15.0
Red Blood Cell Count (Electrical Impedance)	5.99 H	million/ μ l	3.8-4.8
PCV (Packed Cell Volume) / Hematocrit (Calculated)	33.1 L	%	36.0-46.0
MCV (Mean Corpuscular Volume) (Derived)	55.2 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	17.2 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	31.2 L	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	16.8 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	215	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.1	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	57.3	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	32.5	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	7.8	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	1.9	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.5	%	0.0-2.0

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Absolute Neutrophil Count (Calculated)	3.5	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.99	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.48	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.12	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
RBC Indices aid in typing of anemia.
WBC Count: If below reference range, susceptibility to infection.
If above reference range- Infection*
If very high in lakhs-Leukemia
Neutrophils -If above reference range-acute infection, mostly bacterial
Lymphocytes -If above reference range-chronic infection/ viral infection
Monocytes -If above reference range- TB,Typhoid,UTI
Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
Basophils - If above reference range, Leukemia, allergy
Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
* In bacterial infection with fever total WBC count increases.
Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
In typhoid and viral fever WBC may be normal.
DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report--



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

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Collected On : 14/04/2023 10:14 AM Received On : 14/04/2023 12:56 PM Reported On : 14/04/2023 01:45 PM

Barcode : 052304140084 Specimen : Serum Consultant : Dr. Gayathri Meganathan(OBSTETRICS & GYNAECOLOGY)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 8335075306

SEROLOGY

Test	Result	Unit	Biological Reference Interval
SYPHILIS TREPONEMAL ANTIBODIES (IG M & IG G) (REVERSE ALGORITHM)			
Syphilis Treponemal Antibodies (Ig M & Ig G) (Reverse Algorithm) (Enhanced Chemiluminescence Immunoassay (CLIA))	0.02	-	<0.80 - Negative- Indicates no active or previous infection with Treponema pallidum 0.80-1.20 - Positive-Unable to determine if Treponema pallidum infection has occurred. The sample should retest > 1.20 - Reactive- Indicate active or previous infection with Treponema pallidum

Interpretation Notes

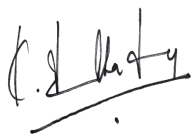
- SYPHILIS TREPONEMAL ANTIBODIES (IG M & IG G) (REVERSE ALGORITHM)**

<0.80 - Negative- Indicates no active or previous infection with Treponema pallidum 0.80-1.20 - Positive-Unable to determine if Treponema pallidum infection has occurred. The sample should retest > 1.20 - Reactive-Indicate active or previous infection with Treponema pallidum

Serological tests for Treponema pallidum may aid in the early diagnosis of syphilis. Specific IgM is detectable towards the end of the second week of infection and IgG after about four weeks. By the time symptoms develop most patients have detectable anti-treponemal antibodies.

Reverse algorithm followed Syphilis treponemal antibodies (IG M & IG G) reactive RPR tested if reactive reported, if RPR not reactive TPHA tested if reactive reported a non reactive sample for TPHA is retested after 2 weeks.

--End of Report--



Dr. Mallika Reddy K
 MD, Microbiology
 Consultant

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