

PATIENT NAME: MRS. RUCHIKA SONAVANE
AGE/SEX : 25 Years /Female
CENTER : Caremarque Diagnostics
REFERRING : DR POOJA BANSAL

REG.ID : 102305
REG ON : 23-November-2025
REPORT PRINT DATE : 24-November-2025

COMPLETE BLOOD COUNT

Test Name	Result	Unit	Reference Range			
Haemoglobin	6.5	gm/dl	12.0-16.0			
R.B.C. Count	3.91	Mill/Cmm	4.00-5.20			
Packed Cell Volume(PCV)	21.9	%	36-52			
Mean Corpuscular Volume	56.0	fL	80.0-96.0			
Mean Corpuscular Haemoglobin	16.6	pg	26.0-34.0			
Mean Corpuscular Hb conc	29.7	g/dL	30-36			
RDW-CV	22.5	%	11.5-15.0			
DIFFERENTIAL COUNT						
Total WBC Count	7380	/cmm	4000-11000			
Neutrophils	68	%	40-75			
Lymphocytes	27	%	20-45			
Eosinophils	03	%	00-06			
Monocytes	02	%	00-10			
Basophils	00	%	0-1			
Absolute Neutrophils	4.77	10 ³ /µL	2.00 to 7.00			
Absolute Lymphocyte	2.24	10 ³ /µL	1-3			
Absoulte Monocyte	0.21	10 ³ /µL	0.2-1.00			
Absolute Eosinophils	0.15	10 ³ /µL	0.02-0.50			
Absolute Basophils	0.0	10 ³ /µL	0-0			
PLATELET PARAMETERS						
Platelet Count	624000	/cmm	150000-450000			
MPV	9.10	fL	6-11			
PERIPHERAL SMEAR						
RBC Morphology	Hypochromia(+),Microcytosis(++), Anisocytosis(++)					
WBC Morphology	Normal					
Platelets on smear	Increased on smear					
Test Technique:- Spectrophotometric / Electronic Impedance /Calculation						
*CBC DONE ON FULLY AUTOMATED (H-560) 5 PART DIFFERENTIAL CELL COUNTER & MICROSCOPY						

----- END OF REPORT -----

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Dr. Mrudula Tillu
M.D. D.P.B. Mumbai
Reg. No.58050

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BLOOD SUGAR ESTIMATION

Test Name	Result	Unit	Reference Range
Blood Sugar Fasting	96.9	mg/dL	70-110

Method Glucose Oxidase Peroxidase

Urine Sugar Interpretation : (Approx.)

Trace : 0.10 g/dl

Present (+) : 0.25 g/dl

Present (++) : 0.50 g/dl

Present (+++) : 1.00 g/dl

Present (++++) : > 2.00 g/dl

REFERENCE: (ADA 2018 Guidelines)

REMARK :

1. All abnormal values are Rechecked.

2. Kindly correlate clinically.

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER

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BIOCHEMISTRY

Test Name	Result	Unit	Reference Range
Urea	12.8	mg/dL	18-55
Blood Urea Nitrogen (BUN)	5.98	mg/dL	7-18

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER

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URINE EXAMINATION

Test Name	Result
PHYSICAL EXAMINATION	
Quantity	10 ml
Colour	Pale Yellow
Appearance	Slightly Hazy
Deposit	Absent
PH	6.0
Specific Gravity	1.020
CHEMICAL EXAMINATION	
Protein	Absent
Sugar	Absent
Ketone	Absent
Occult Blood	Absent
Bile Pigments	Absent
Bile salts	Absent
Urobilinogen	Absent
MICROSCOPIC EXAMINATION	
PUS Cells	4 - 5 /HPF
Epithelial cells	6 - 8 /HPF
RBC	Absent
Crystals	Absent
Casts	Absent
Amorphous Material	Absent
Bacteria	Absent
Yeast Cells	Absent

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HIV HbsAg HCV

Test Name	Result	Unit	Reference Range
* HIV Antibody (Screening Test)	Non Reactive		
Method	Immunochromatography		
Kit Used	TRIDOT		
Note	Reactive samples should be confirmed by western blot		
HbsAg	Non Reactive		
Method	Rapid Imunochromatography		
Kit Used	HEPACARD		
Note	Reactive samples should be confirmed by confirmatory test		
*HCV Antibodies (Hepatitis C Virus)	Non Reactive		
Method	Immunochromatography		
Kit Used	TRIDOT		
Note	This is a screening test. Reactive samples should be confirmed by confirmatory test		

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VDRL

Test Name	Result
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VDRL TEST

VBRE
Result

Non Reactive

Method

Rapid Plasma Reagins method (RPR)

.VDRL is useful Screening Test for Syphilis

.Rinsing Titres Are found in active disease and levels subside after Successful Treatment.

.false positive Reaction are known to occur when the patient has infection other than syphilis such as acute infection, collagen diseases, leprosy ,malaria, infectious mononucleosis, hepatitis etc.

All Positive reactions Should be Confirmed by a specific Treponemal test such as TPHA or FTA-ABS

This is screening test . Reactive sample should be confirm by confirmatory test .

The test was run alongwith positive & negative controls.

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BIOCHEMISTRY

Test Name	Result		
BLOOD GROUP			
ABO Type	"B"		
RH(D) Type	Positive		
Method	Slide And Tube Method		
HBA1C			
HbA1C- Glycated Haemoglobin	5.2	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5 Refer interpretation for monitoring ranges.
Estimated Average Glucose (eAG)	102.54	mg/dL	

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. Interference of Haemoglobinopathies in HbA1c estimation.
For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.

Particle enhanced Immunoturbidimetry method

BIOCHEMISTRY TEST DONE ON FULLY AUTOMATED (EM 200) ANALYZER

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