VIJAYA DIAGNOSTIC CENTRE®

H No. 2-137/10, Plot No.42, NH65, Opposite R.S. Brothers, Gangaram, Chanda Nagar, Hyderabad - 500050, Telangana

TEST REPORT

Name	: **Mrs. J SWATHI**			Registered on	: 15-Nov-2026 12:12
Age/Gender	: **32 Years / Female**	BirthDate :	01-Jan-1994	Collected on	: 15-Nov-2026 11:10
Registration ID	: **260840034830**			Released on	: 15-Nov-2026 15:14
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Fluoride Plasma			Regn Centre	: **Nallagandla - 84**

PLASMA GLUCOSE (RANDOM)

TEST NAME.		RESULT	UNIT.	BIOLOGICAL REFERENCE INTERVAL
Plasma Glucose (Random)	:	107	mg/dL	70-140

Method: Hexokinase

Interpretation / Limitations :

Impaired Glucose Tolerance : 140-199

Diabetes : >/= 200

- The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.
- ADA (American Diabetes Association) guidelines – 2025 are adapted for the evaluation of glucose levels.

MC-7476

DR. NEHA GAJBI
MD PATHOLOGY
Registration No: TSMC/FMR/30414

* Suggested Clinical Correlation, If Necessary Kindly Discuss with signatory

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TEST REPORT

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Age/Gender	: **32 Years / Female**	BirthDate :	01-Jan-1994	Collected on	: 15-Nov-2026 11:10
Registration ID	: **260840034830**			Released on	: 15-Nov-2026 16:21
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Serum			Regn Centre	: **Nallagandla - 84**

TSH-ULTRASENSITIVE

TEST NAME.		RESULT	UNIT.	BIOLOGICAL REFERENCE INTERVAL
TSH - Ultrasensitive	:	0.781	µIU/mL	Non pregnant : 0.55 - 4.78 Pregnant 1st Trimester : 0.3 - 4.5 2nd Trimester : 0.5 - 4.6 3rd Trimester : 0.8 - 5.2
Method: Chemiluminescence Immuno Assay (CLIA)				

Interpretation / Limitations :

- This test is useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) Hypothyroidism.
- TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.
- Helpful in monitoring T4 replacement or T4 supressive therapy.
- Helpful to quantify TSH levels in the subnormal range.
- TSH levels are subjected to circadian variation, hence the time of the day has influence on the measure of serum TSH concentrations.
- TSH levels are increased in Primary hypothyroidism, subclinical hypothyroidism.
- TSH levels are decreased in Graves disease, Primary hyperthyroidism, TSH deficiency.

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Registration ID	: **260840034830**			Released on	: 15-Nov-2026 16:01
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Whole Blood - EDTA			Regn Centre	: **Nallagandla - 84**

BLOOD GROUPING & Rh TYPING

TEST NAME		RESULT
Blood Group	:	"B"
Rh D Typing	:	Positive
Method	:	Column Agglutination Method

Interpretation / Limitations:

- Recent blood transfusion, if any, may interfere with the interpretation of blood grouping.
- Suggested reconfirmation of the Blood Group & Rh Typing before blood transfusion.
- Subgroups of ABO and Bombay blood group need to be further verified.
- Blood Group in newborn:-
  - Performed on forward grouping only as Anti-A & Anti-B generally develop few months after birth (3-4 months)
  - The blood group and Rh antigen may change in the new born, hence please repeat the test after 6 months

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Registration ID	: **260840034830**			Released on	: 15-Nov-2026 16:06
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Urine			Regn Centre	: **Nallagandla - 84**

CUE (COMPLETE URINE EXAMINATION)

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Physical Examination			
Colour	: Colorless		
Method: Refractrometry			
Appearance	: Clear		
Method: Refractrometry			
Specific Gravity	: **1.003**		1.005 - 1.030
Method: Refractrometry			
Chemical Examination			
Reaction/pH	: 5.5		5.0 - 8.0
Method : Double Indicator			
Protein	: Nil		Neg-Trace
Method: Protein error Principle			
Glucose	: Nil		Negative
Method: GOD-POD			
Urobilinogen	: Normal		Normal
Method: Azo dyes			
Bilirubin	: Negative		Negative
Method: Azo dyes			
Ketones	: Negative		Negative
Method: Nitroprussside			
Nitrites	: Negative		Negative
Method: Modified Griess Reaction			
Microscopic Examination			
Pus Cells	: 1-2		0 - 5
RBC	: Nil		0 - 2
Epithelial Cells	: 3-4	cells / HPF	0 - 5
Casts	: Nil		Absent
Crystals	: Nil		Absent
Method	: Reflectance Spectrophotometry, Microscopy		

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Registration ID	: **260840034830**			Released on	: 15-Nov-2026 16:48
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Serum			Regn Centre	: **Nallagandla - 84**

HEPATITIS C ANTIBODY - RAPID

TEST NAME.		RESULT	BIOLOGICAL REFERENCE INTERVAL
Hepatitis C Antibody	:	Non Reactive	Non Reactive
Method: Immunochromatography			

Interpretation/ Limitations:

Non Reactive	Negative for HCV antibodies
Reactive	Positive for HCV antibodies

- This test is a screening assay; It should not be used as sole criteria for detection of Hepatitis C virus infection.
- A negative test result may occur if the level of antibody in a specimen is below the sensitivity of the test or if a poor - quality specimen is obtained.
- A negative result indicates no detectable antibodies at the time of testing; however, early infection cannot be excluded due to the window period. Follow-up testing may be warranted if recent exposure is suspected.
- Antibodies to HCV infection will develop 3-6 months after exposure.
- False positives results may be observed in 5% cases, due to cross reactive antibodies because of other Viral infections, Influenza vaccination, Parasitic infections and Autoimmune diseases. In such clinically ambiguous cases, confirmation with supplemental assays is advised.
- All reactive tests should be rechecked by ELISA or Automated Immunoassays and repeat testing after 6 months is indicated based on patient's clinical condition.
- HCV RNA detection and quantification by PCR is the confirmatory test for HCV infection.

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Sample Type	: Serum		Regn Centre : **Nallagandla - 84**

VDRL/RPR (SYPHILIS)

TEST NAME.		RESULT	BIOLOGICAL REFERENCE INTERVAL
RPR	:	Non Reactive	Non Reactive

Method: Slide Flocculation

Interpretation/Limitations :

Nonreactive	Specimen is negative for Syphilis antibodies or antibodies are at an undetectable level.
Reactive	Specimen is positive for Syphilis antibodies.

- A reactive card test may suggest past or present infection with pathogenic Treponeme.
- Rapid Plasma Reagin (RPR) titres > 1: 8 dilutions are considered significant.
- A non-reactive RPR card test doesn't rule out an incubating Syphilis infection.
- Biological false positive result may be seen in conditions like Malaria, Leprosy, Rheumatoid arthritis, Collagen diseases, Measles, Mumps, Leptospirosis, autoimmune diseases, certain viral infections, or pregnancy.
- All Reactive test results should be confirmed by Treponemal-specific antibody test, such as TPHA.
- Non-Reactive (Negative) results suggests absence of detectable reagin antibodies. However, early primary syphilis, latent stages, or immunocompromised states may yield False-negative results.
- Quantitative titres can aid in disease staging and monitoring treatment response, but a single qualitative result should not be used in isolation for clinical decisions.
- Note : RPR test performed in the sample has similar sensitivity and interpretation as VDRL test .

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Sample Type	: Serum			Regn Centre	: **Nallagandla - 84**

VDRL/RPR (SYPHILIS)

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Sample Type	: Serum			Regn Centre	: **Nallagandla - 84**

HIV 1 & 2- RAPID

TEST NAME		RESULT	BIOLOGICAL REFERENCE INTERVAL
HIV 1 & 2 Antibodies	:	Non Reactive	Non Reactive

Method: EIA

Interpretation/Limitations :

Non Reactive	Negative for HIV 1 & 2 antibodies
Reactive	Positive for HIV - 1 antibodies / HIV -2 antibodies/ or both HIV1 &2 antibodies

- This is a qualitative screening test by rapid immunoassay method for the detection of antibodies to Human Immunodeficiency Virus in human serum, performed as per latest NACO guidelines.
- HIV Antibodies appear after 4-12 weeks of infection. The disease may be asymptomatic for long periods of time based on the immunity status.
- A Nonreactive result does not exclude the possibility of HIV infection. Levels of HIV antibodies may be undetectable in the window period.
- False reactive results due to cross reactive antibodies may be observed in other conditions like - autoimmune diseases, malignancies, influenza vaccination, malaria, tuberculosis.
- HIV western blot test or HIV detection by molecular assay is the confirmatory test.
- Indeterminate results or anomalous results should be rechecked after 4weeks.
- Testing for HIV antibodies as a screening marker for HIV infection is not recommended in children below 18 months of age. (Ref : National guideline for HIV testing care & treatment Sep 2024)

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Registration ID	: **260840034830**			Released on	: 15-Nov-2026 15:03
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Whole Blood - EDTA			Regn Centre	: **Nallagandla - 84**

COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin	:	12.4	gm/dL	12.0 - 15.0
Method: Photometric Measurement				
Total RBC Count	:	4.4	millions/cumm	3.8 - 4.8
Method: Coulter Principle				
Packed Cell Volume / Hematocrit	:	37.6	%	36.0 - 46.0
Method: Automated, Calculated				
Mean Corpuscular Volume (MCV)	:	85.6	fL	83.0 - 101.0
Method: Derived From RBC Histogram				
Mean Corpuscular Hemoglobin (MCH)	:	28.3	pg	27.0 - 32.0
Method: Calculated				
Mean Corpuscular Hemoglobin Concentration (MCHC)	:	33.0	gm/dL	31.5 - 34.5
Method: Calculated				
RDW (CV)	:	13.2	%	11.6 - 14.0
Method: Automated, Derived From RBC Histogram				
Total Leucocytes Count (TLC/WBC)	:	7900	Cells/cumm	4000 - 10000
Method: Coulter Principle				
Differential count				
Neutrophils	:	77	%	40 - 80
Method: VCS Technology / Microscopy				
Lymphocytes	:	**17**	%	20 - 40
Method: VCS Technology / Microscopy				
Eosinophils	:	1	%	1 - 6
Method: VCS Technology / Microscopy				
Monocytes	:	5	%	2 - 10
Method: VCS Technology / Microscopy				
Basophils	:	0	%	0-2
Method: VCS Technology / Microscopy				
Absolute Leucocyte Count				
Absolute Neutrophil Count	:	6083	Cells/cumm	2000 - 7000
Method: Calculated				
Absolute Lymphocyte Count	:	1343	Cells/cumm	1000 - 3000
Method: Calculated				

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COMPLETE BLOOD PICTURE (CBP)

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Absolute Eosinophil Count	:	79	Cells/cumm	20 - 500
Method: Calculated				
Absolute Monocyte Count	:	395	Cells/cumm	200 - 1000
Method: Calculated				
Platelet Count	:	241000	Cells/cumm	150000 - 410000
Method: Coulter Principle and Microscopy				
Peripheral Smear				
RBC	:	Normocytic Normochromic		
Method: Microscopy of Leishman stained smear				
WBC	:	Normal in morphology, maturity and distribution		
Method: Microscopy of Leishman stained smear				
Platelets	:	Adequate		
Method: Microscopy of Leishman stained smear				

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Sample Type	: Serum		Regn Centre : **Nallagandla - 84**

HEPATITIS B SURFACE ANTIGEN - RAPID

TEST NAME.		RESULT	BIOLOGICAL REFERENCE INTERVAL
Hepatitis B Surface Antigen	:	Non Reactive	Non Reactive

Method: Immunochromatography

Interpretation/Limitations :

Non Reactive	Negative for Hepatitis B Virus surface antigen
Reactive	Positive for Hepatitis B Virus surface antigen

- Hepatitis B virus surface antigen (HBsAg) is the first serological marker of Hepatitis B infection, which is detectable with in 9 weeks after exposure, but the symptoms manifest after 3-6 months after infection.
- A negative result generally means that HBsAg is not detected in the sample. However, this does not completely exclude infection, especially during the early phase (window period) or in cases of low antigen levels.
- This test should not be used as sole criterion for confirmation of Hepatitis B viral infection. Test results should be interpreted in conjugation with patient history and other Hepatitis B Virus (HBV) serologic markers (anti-HBs Ab, anti-HBc Total, anti-HBc IgM, HBeAg, anti-HBe Abs) and molecular assays.
- Individuals who recently received Hepatitis B vaccination may have transient positive HBsAg test results.
- False positive results are associated with autoimmune diseases, malignancies, EBV infection. Such results should be repeated after 12 weeks.
- False-negative results may occur due to low antigen levels. Repeat testing or confirmatory assays may be necessary if clinical suspicion persists.

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Registration ID	: **260840034830**			Released on	: 16-Nov-2026 11:45
Ref. By	: Dr DEEPTHI RALLABANDI			Printed on	: 16-Nov-2026 12:00
Sample Type	: Whole Blood - EDTA			Regn Centre	: **Nallagandla - 84**

ABNORMAL HAEMOGLOBIN STUDY

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGRAM STUDY			
Haemoglobin	: 12.4	gm/dL	12.0 - 15.0
Method : Cyanomethemoglobin method			
Total RBC Count	: 4.4	millions/cumm	3.8 - 4.8
Method: Coulter Principle/ Electrical Impedance			
Mean Corpuscular Volume (MCV)	: 85.6	fL	83.0 - 101.0
Method: Automated, Derived From RBC Histogram			
Mean Corpuscular Hemoglobin (MCH)	: 28.3	pg	27.0 - 32.0
Method: Automated, Calculated			
RDW (CV)	: 13.2	%	11.6 - 14.0
Method: Automated, Derived From RBC Histogram			
RBC MORPHOLOGY	: Normocytic Normochromic		
Method: Microscopy of Leishman stained smear			
CHROMATOGRAM FINDINGS			
HbA	: 82.90	%	
HbF	: 1.00	%	0 - 2.0
HbA2	: **1.60**	%	2.0 - 3.5
HbS	: 0.0	%	
HbD	: 0.0	%	
HbE	: 0.0	%	
HbC	: 0.0	%	
Method	: High Performance Liquid Chromatography		
Impression	: Chromatogram shows low HbA2 with normal HbF		
Notes	: Suggestive molecular testing for confirmation Suggestive of absence of beta thalassemia trait and absence of common abnormal haemoglobins. Kindly confirm by doing parental screening and DNA analysis. Alpha and delta thalassemia cannot be ruled out (in view of reduced HbA2)		

Interpretation / Limitations :

- This methodology for the detection of abnormal hemoglobins is limited to some common haemoglobin disorders. A normal report cannot rule out occurrence of other rare haemoglobinopathies
- All results have to be correlated with age and history of blood transfusion. If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended
- In case of haemoglobinopathy in parents or family, DNA analysis is recommended to rule out α-Thalassemia & silent carriers
- Mild to moderate increase in fetal Hemoglobin can be seen in acquired conditions like pregnancy, megaloblastic anemia, thyrotoxicosis, hypoxia, CKD, recovering marrow, myelodysplastic Syndrome(MDS), aplastic anemia, paroxysmal nocturnal hemoglobinuria(PNH), medications etc.

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3-6-16 & 17, Street No. 19, Opp. Lane to Tanishq, Chandra Nagar, Himayatnagar, Hyderabad - 500029

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Sample Type	: Whole Blood - EDTA			Regn Centre	: **Nallagandla - 84**

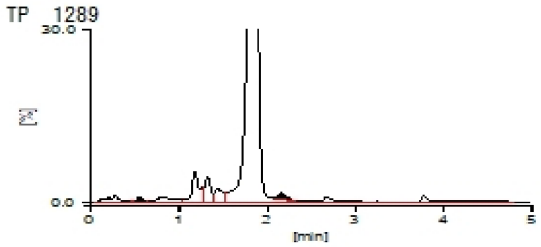
ABNORMAL HAEMOGLOBIN STUDY

HLC-723 G11 V03.11 2026-11-16 09:53:54
ID 3260840034830
Sample No. 2026111609420005 SL 0001 - 03
Patient ID
Name
Comment

CALIB F Y =1.2773X + 0.1089
A2 Y =1.6299X - 0.0941

Name	%	Time	Area
F	1.0	0.56	10.67
A0	82.9	1.85	1276.86
A2	1.6	2.17	16.44
E+			
D+			
S+			
C+			
Total Area			1540.67

HbF 1.0 % **HbA2 1.6 %**



[Unknown Peak]

Name	%	Time	Area
P00	1.6	0.28	24.74
P01	0.0	0.47	0.50
P02	0.1	0.65	1.50
P03	1.5	0.81	22.45
P04	4.4	1.19	68.14
P05	3.0	1.33	46.79
P06	2.1	1.44	31.60

16-11-2026 09:53:55 VDC 1 / 1

---------- End of Report ----------

MC-2657

DR. KRISHNA DEV
MD (Path),PDF(Haematopathology)
Registration No:APMC/FMR/75640

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