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Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)
Ph:- 040-40125441, Email:- info@sagepathlabs.com
Website:- www.sagepathlabs.com

REPORT

Name	: Baby. TABITHA	Sample ID	: 24217070
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:00 PM
Sample Tested In	: Citrated Plasma	Reported On	: 15-Sep-2023 11:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Activated Partial Thromboplastin Time (APTT/PTTK)				
Patient Value	34.50	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

Comments:APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

*** End Of Report ***

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MD PATHOLOGY

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217070
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
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Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:00 PM
Sample Tested In	: Citrated Plasma	Reported On	: 15-Sep-2023 11:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
PROTHROMBIN TIME (P TIME)				
PT-Patient Value	14.7	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.13			
PT INR	1.20		0.9-1.2	

Interpretation :

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217072
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2023 10:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	**34.9**	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217071
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2023 11:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	B			Tube Agglutination
Rh Typing	Positive			Tube Agglutination

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

Result rechecked and verified for abnormal cases

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Name	: Baby. TABITHA	Sample ID	: 24217071
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2023 11:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.4	g/dL	11.5-15.5	Cynmeth Method
Haematocrit (HCT)	**34.8**	%	35-45	Calculated
RBC Count	**4.15**	10^12/L	4.5-5.5	Cell Impedence
MCV	84	fl	77-95	Calculated
MCH	29.7	pg	25-33	Calculated
MCHC	35.5	g/dL	31-37	Calculated
RDW-CV	11.7	%	11.6-14.0	Calculated
Platelet Count (PLT)	450	10^9/L	170-450	Cell Impedance
Total WBC Count	8.3	10^9/L	5.0-13.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	57	%	43-64	Cell Impedence
Lymphocytes	36	%	25-48	Cell Impedence
Monocytes	04	%	0-9	Microscopy
Eosinophils	03	%	0-7	Microscopy
Basophils	0	%	0-2	Microscopy
Absolute Neutrophils Count	4.7	10^9/L	1.9-8.6	Impedence
Absolute Lymphocyte Count	3.0	10^9/L	1.3-6.6	Impedence
Absolute Monocyte Count	0.3	10^9/L	0.0- 1.2	Calculated
Absolute Eosinophils Count	0.3	10^9/L	0.0-1.0	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining

Result rechecked and verified for abnormal cases

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217072
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2023 10:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Urea	16.6	mg/dL	10.7-38.5	Glutamate dehydrogenase+Calculation
Creatinine -Serum	0.69	mg/dL	0.52-0.69	Sarcosine oxidase
Uric Acid	2.6	mg/dL	2.6-6.0	Uricase
Sodium	145	mmol/L	138-145	ISE Direct
Potassium	4.2	mmol/L	3.4-4.7	ISE Direct
Chloride	100	mmol/L	98-108	ISE Direct

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217072
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2023 10:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.4	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	24	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	208	U/L	< 500	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	10	U/L	5-55	IFCC
Protein - Total	7.0	g/dL	6.4-8.2	Biuret
Albumin	4.5	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.5	g/dL	2.0-4.2	Calculated
A:G Ratio	1.8	%	0.8-2.0	Calculated

- **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.

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Website:- www.sagepathlabs.com

REPORT

Name	: Baby. TABITHA	Sample ID	: 23259695
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	:	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Urine	Reported On	: 15-Sep-2023 11:06 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.005		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	01-02	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy
Others	-			Microscopic

Comments :

Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

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REPORT

Name	: Baby. TABITHA	Sample ID	: 24217072
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 16-Sep-2023 12:37 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation

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).

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Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 16-Sep-2023 12:34 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

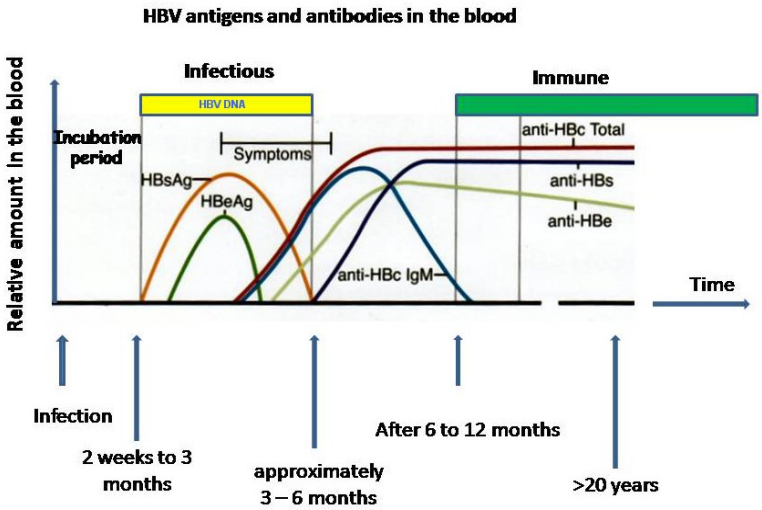
VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.36	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

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.



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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Sample Tested In	: Serum	Reported On	: 16-Sep-2023 12:34 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

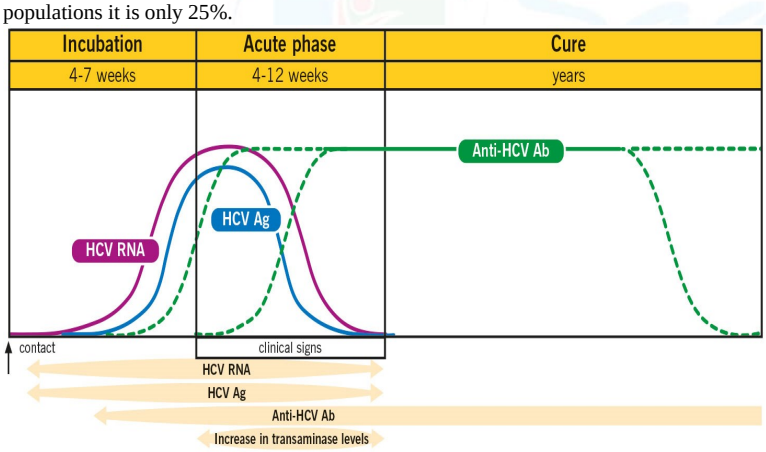
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation:

1. 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.
2. 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:

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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Name	: Baby. TABITHA	Sample ID	: 24217072
Age/Gender	: 9 Years/Female	Reg. No	: 0312309150064
Referred by	: Dr. LAKSHMI PRASANNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2023 07:17 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2023 10:03 PM
Sample Tested In	: Serum	Reported On	: 16-Sep-2023 12:35 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.26	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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