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Sagepath Labs Pvt. Ltd.
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	: Mrs. G BHAVANI	Sample ID	: 24854467
Age/Gender	: 22 Years/Female	Reg. No	: 0312310200037
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06:49 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 21-Oct-2023 03:24 AM
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)	**11.7**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**37.3**	%	40-50	Calculated
RBC Count	**4.49**	10^12/L	4.5-5.5	Cell Impedence
MCV	83	fl	81-101	Calculated
MCH	**26.1**	pg	27-32	Calculated
MCHC	**31.3**	g/dL	32.5-34.5	Calculated
RDW-CV	**14.5**	%	11.6-14.0	Calculated
Platelet Count (PLT)	**447**	10^9/L	150-410	Cell Impedance
Total WBC Count	8.5	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	61	%	40-70	Cell Impedence
Lymphocytes	31	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.19	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.64	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.51	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.with Thrombocytosis			PAPs Staining

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Name	: Mrs. G BHAVANI	Sample ID	: 24854470
Age/Gender	: 22 Years/Female	Reg. No	: 0312310200037
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06:49 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 20-Oct-2023 11:50 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	87	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Result rechecked and verified for abnormal cases

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DR.VAISHNAVI
MD BIOCHEMISTRY

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Age/Gender	: 22 Years/Female	Reg. No	: 0312310200037
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06:49 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Serum	Reported On	: 20-Oct-2023 11:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Anti Mullerian Hormone (AMH)	1.3	ng/mL	Refer Table	CLIA

Age Ranges in Females:		**Fertility Ranges:**
18-25 Years: 0.96-13.34 ng/mL	26-30 Years: 0.17-7.37 ng/mL	Optimal Fertility: 4.0-6.8 ng/mL
31-35 Years: 0.07-7.35 ng/mL	36-40 Years: 0.03-7.15 ng/mL	Satisfactory Fertility: 2.2-4.0 ng/mL
41-45 Years: < 3.27 ng/mL	> 46 Years: < 1.15 ng/mL	Low Fertility: 0.3-2.2 ng/mL
Male Reference Range: 0.73-16.05 ng/mL		

OVER VIEW:

Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

Clinical Significance:

- Assess gonadal function in children
- Evaluation of infants with ambiguous genitalia and other intersex conditions.
- Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
- Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
- Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
- Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
- Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.

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Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Serum	Reported On	: 20-Oct-2023 11:57 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	2.93	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06:49 PM
Primary Sample	:	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Urine	Reported On	: 21-Oct-2023 03:40 AM
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	1.010		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	5.5		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	02-03	/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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Swarnabala - M
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Sample Tested In	: Serum	Reported On	: 21-Oct-2023 12:48 AM
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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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IMMUNOLOGY & SEROLOGY

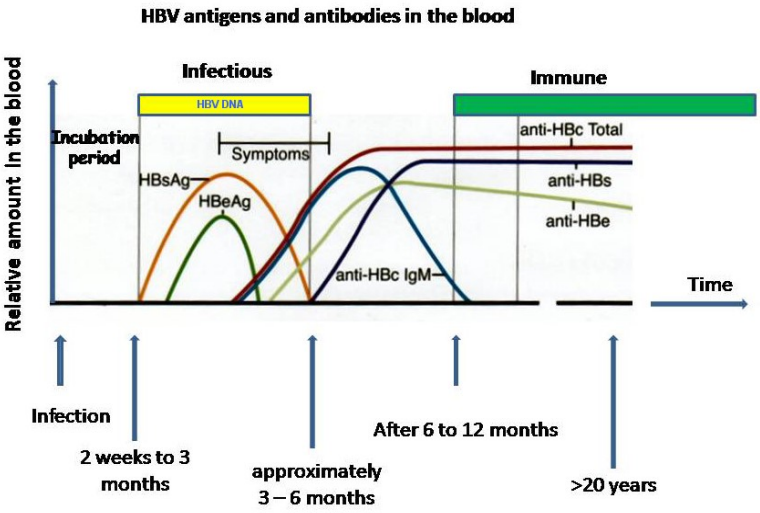
VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.34	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	: 21-Oct-2023 12:41 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

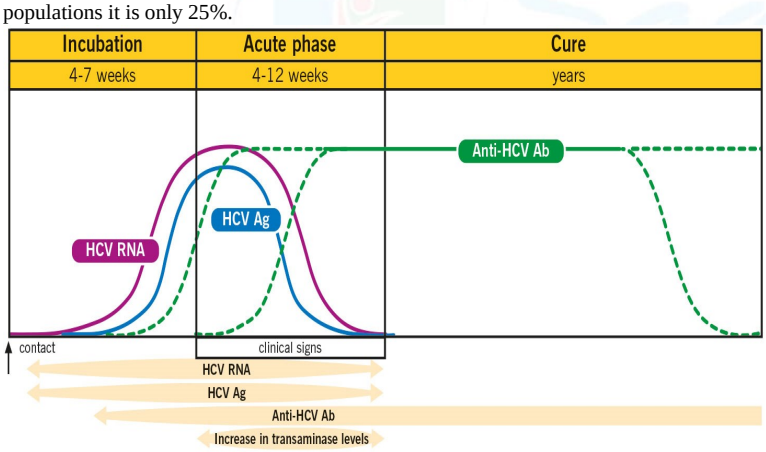
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

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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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.23	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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