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ICMR Reg .No. SAPALAPVLHT (Covid -19)
Ph:- 040-40125441, Email:- info@sagepathlabs.com
Website:- www.sagepathlabs.com

REPORT

Name	: Mrs. JANANI	Sample ID	: 24753599
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	:	Received On	: 11-Nov-2023 09:38 AM
Sample Tested In	: Capillary Tube	Reported On	: 11-Nov-2023 09:39 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03 min 50 sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	06 min 30 sec	Minutes	3 - 7	Capillary Method

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753519
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Nov-2023 12:28 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	O			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 .

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MD PATHOLOGY

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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753519
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Nov-2023 11:41 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)	12.0	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**37.1**	%	40-50	Calculated
RBC Count	4.60	10^12/L	4.5-5.5	Cell Impedence
MCV	**80**	fl	81-101	Calculated
MCH	**26.2**	pg	27-32	Calculated
MCHC	32.5	g/dL	32.5-34.5	Calculated
RDW-CV	**14.3**	%	11.6-14.0	Calculated
Platelet Count (PLT)	339	10^9/L	150-410	Cell Impedance
Total WBC Count	**16.3**	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	67	%	40-70	Cell Impedence
Lymphocytes	25	%	20-40	Cell Impedence
Monocytes	05	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	**10.92**	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**4.08**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.82	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.49	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Leucocytosis			PAPs Staining

Swarnabala - M
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Website:- www.sagepathlabs.com

REPORT

Name	: Mrs. JANANI	Sample ID	: 24753577
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:19 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 10-Nov-2023 11:46 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)	132	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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MD BIOCHEMISTRY

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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753574
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:19 PM
Sample Tested In	: Serum	Reported On	: 11-Nov-2023 01:17 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	3.32	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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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753574
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Nov-2023 05:16 PM
Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:08 PM
Sample Tested In	: Serum	Reported On	: 11-Nov-2023 12:33 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

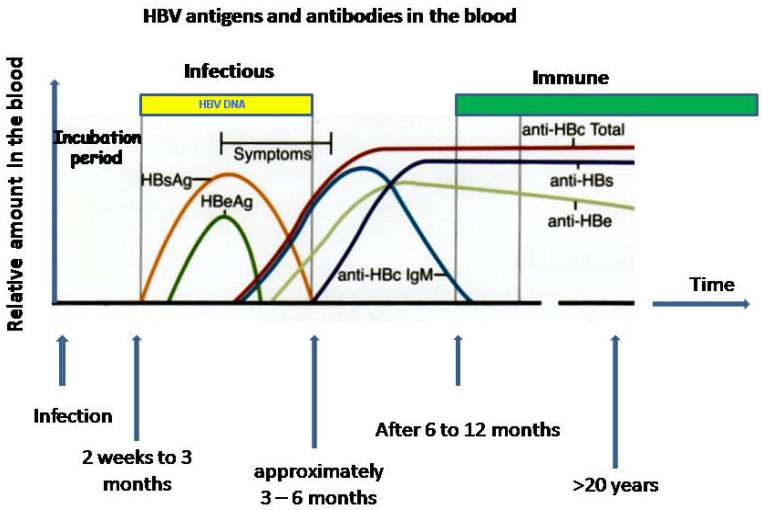
VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.33	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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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753574
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
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Sample Tested In	: Serum	Reported On	: 11-Nov-2023 12:33 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

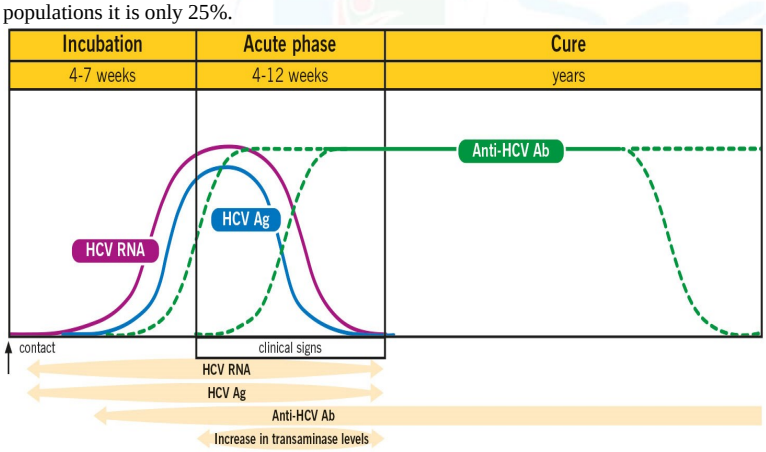
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.27	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

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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REPORT

Name	: Mrs. JANANI	Sample ID	: 24753574
Age/Gender	: 46 Years/Female	Reg. No	: 0312311100035
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
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Primary Sample	: Whole Blood	Received On	: 10-Nov-2023 11:08 PM
Sample Tested In	: Serum	Reported On	: 11-Nov-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
HIV (1& 2) Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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