

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

## REPORT

Name : Mr. MUCCHUMARRI CHINNA RAMANJULA REDDY Sample ID : 24753886

Age/Gender : 68 Years/Male Reg. No : 0312312040004

Referred by : Dr. SENTHIL J RJAPPA MD, DNB, DM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-Dec-2023 09:31 AM Primary Sample : Whole Blood Received On : 04-Dec-2023 10:23 AM

Sample Tested In : Whole Blood EDTA Reported On : 04-Dec-2023 11:48 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)	8.6	g/dL	13-17	Cynmeth Method	
Haematocrit (HCT)	27.1	%	40-50	Calculated	
RBC Count	3.19	10^12/L	4.5-5.5	Cell Impedence	
MCV	80	fl	81-101	Calculated	
MCH	26.8	pg	27-32	Calculated	
MCHC	31.6	g/dL	32.5-34.5	Calculated	
RDW-CV	15.1	%	11.6-14.0	Calculated	
Platelet Count (PLT)	547	10^9/L	150-410	Cell Impedance	
Total WBC Count	17.4	10^9/L	4.0-10.0	Impedance	
Differential Leucocyte Count (DC)					
Neutrophils	75	%	40-70	Cell Impedence	
Lymphocytes	20	%	20-40	Cell Impedence	
Monocytes	03	%	2-10	Microscopy	
Eosinophils	02	%	1-6	Microscopy	
Basophils	00	%	1-2	Microscopy	
Absolute Neutrophils Count	13.05	10^9/L	2.0-7.0	Impedence	
Absolute Lymphocyte Count	3.48	10^9/L	1.0-3.0	Impedence	
Absolute Monocyte Count	0.52	10^9/L	0.2-1.0	Calculated	
Absolute Eosinophils Count	0.35	10^9/L	0.02-0.5	Calculated	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
Morphology	Anisocytosis with Microcytic hypochromic anemia with Neutrophilic Leucocytosis and Thrombocytosis			PAPs Staining	









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### REPORT

Name : Mr. MUCCHUMARRI CHINNA RAMANJULA REDDY Sample ID : 24753882

Age/Gender : 68 Years/Male Reg. No : 0312312040004

Referred by : Dr. SENTHIL J RJAPPA MD, DNB, DM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-Dec-2023 09:31 AM
Primary Sample : Whole Blood Received On : 04-Dec-2023 10:23 AM

Sample Tested In : Plasma-NaF(R) Reported On : 04-Dec-2023 11:14 AM

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) 294 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200		>=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

\*\*\* End Of Report \*\*\*

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# REPORT

Name : Mr. MUCCHUMARRI CHINNA RAMANJULA REDDY Sample ID : 24753885

Age/Gender : 68 Years/Male Reg. No : 0312312040004

Referred by : Dr. SENTHIL J RJAPPA MD, DNB, DM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 04-Dec-2023 09:31 AM Primary Sample : Whole Blood Received On : 04-Dec-2023 10:23 AM

Sample Tested In : Serum Reported On : 04-Dec-2023 11:14 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Kidney Profile-KFT					
Creatinine -Serum	1.30	mg/dL	0.70-1.30	Sarcosine oxidase	
Urea-Serum	33.0	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation	
Blood Urea Nitrogen (BUN)	15.42	mg/dL	8.0-23.0	Calculated	
BUN / Creatinine Ratio	11.86		6 - 22		
Uric Acid	6.0	mg/dL	3.5-7.2	Uricase	
Sodium	138	mmol/L	136-145	ISE Direct	
Potassium	4.0	mmol/L	3.5-5.1	ISE Direct	
Chloride	105	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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CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Liver Function Test (LFT)					
Bilirubin(Total)	0.7	mg/dL	0.2-1.2	Diazo	
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.5	Diazo	
Bilirubin (Indirect)	0.5	mg/dL	0.2-1.0	Calculated	
Aspartate Aminotransferase (AST/SGOT)	26	U/L	5-48	IFCC with out (P-5-P)	
Alanine Aminotransferase (ALT/SGPT)	20	U/L	0-55	IFCC with out (P-5-P)	
Alkaline Phosphatase(ALP)	120	U/L	40-150	Kinetic PNPP-AMP	
Gamma Glutamyl Transpeptidase (GGTP)	41	U/L	15-85	IFCC	
Protein - Total	6.7	g/dL	6.4-8.2	Biuret	
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)	
Globulin	2.7	g/dL	2.0-4.2	Calculated	
A:G Ratio	1.48	%	0.8-2.0	Calculated	
SGOT/SGPT Ratio	1.30				
CCC I/CCI I Italio	1.00				

- 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.

Correlate Clinically.

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\*\*\* End Of Report \*\*\*







