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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)
Website:- www.sagepathlabs.com

REPORT

Name	: Mr. THOFEEQ	Sample ID	: 24754036
Age/Gender	: 27 Years/Male	Reg. No	: 0312312090025
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Dec-2023 02:38 PM
Primary Sample	: Whole Blood	Received On	: 09-Dec-2023 03:25 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 09-Dec-2023 05:30 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)	**245**	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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Dec-2023 02:38 PM
Primary Sample	: Whole Blood	Received On	: 09-Dec-2023 03:25 PM
Sample Tested In	: Serum	Reported On	: 09-Dec-2023 04:56 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	0.78	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	: Mr. THOFEEQ	Sample ID	: 24754038
Age/Gender	: 27 Years/Male	Reg. No	: 0312312090025
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Dec-2023 02:38 PM
Primary Sample	: Semen	Received On	: 09-Dec-2023 03:25 PM
Sample Tested In	: Semen	Reported On	: 09-Dec-2023 04:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
SEMEN ANALYSIS				
Time of Collection	02:38 PM	AM/PM		
Period of Abstinence (In Days)	3	Days		
Physical Examination				
Volume	2.00	mL	>1.5	
Colour	Pearly white		Pearly White	
Viscosity	Viscous		Viscous	
Liquifaction Time	35 mins	Mins	15 - 60	
Chemical Examination				
Semen Fructose	Present			Chemical
PH	Alkaline			Chemical
Microscopic Examination				
Total Sperm Concentration	65	million/ml	over 15 million	Neubauer chamber
Total Sperm count	130.00	Millions/ejaculate	over 40 million	
Pus Cells	06-08	/HPF		
Epithelial Cells	01-02	/HPF		
Rbc	02-04			
Sperm vitality	Live- 59 % dead- 41%	%	>58	Dye exclusion
Morphology				
Normal morphology	10.00	%	>4.0%	Microscopy
Abnormal Morphology	90	%		Microscopy
head defects	30.00	%		Microscopy
Neck & mid piece	40.00	%		Microscopy
Tail defects	20.00	%		Microscopy
Motility				
Progressive (P)	35.00	%	>32	Microscopy of Wet mount
Non Progressive (NP)	10.00	%		Microscopy of Wet mount
Total Motility(P+NP)	45	%	>40	Microscopy of Wet mount
Non Motile	55.00	%		Microscopy of Wet mount
Others	-			
Impression	Normozoospermia with evidence of infection.			

Comments: This assay helps in determining male fertility status. Male infertility can be due to decrease in the number of viable sperms, abnormal sperm morphology and abnormalities of the seminal fluid.

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method

Sperm count:

- Sperm count measures the concentration of sperm in a man's ejaculate, distinguished from total sperm count, which is the sperm count multiplied with volume.

Motility:

- Grade a: Sperm with progressive motility. These are the strongest and swim fast in a straight line. Sometimes it is also denoted motility IV.
- Grade b: (non-linear motility): These also move forward but tend to travel in a curved or crooked motion. Sometimes also denoted motility III.
- Grade c: These have non-progressive motility because they do not move forward despite the fact that they move their tails. Sometimes also denoted motility II.
- Grade d: These are immotile and fail to move at all. Sometimes also denoted motility .

Morphology:

- The WHO criteria as described in 2010 state that a sample is normal (samples from men whose partners had a pregnancy in the last 12 months) if 4% (or 5th centile) or more of the observed sperm have normal morphology.

Liquifaction:

- The liquefaction is the process when the gel formed by proteins from the seminal vesicles is broken up and the semen becomes more liquid. It normally takes less than 20 minutes for the sample to change from a thick gel into a liquid

Abnormalities:

- Aspermia: absence of semen.
- Azoospermia: absence of sperm.
- Oligozoospermia: Very low sperm count.

*** End Of Report ***

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 09-Dec-2023 02:38 PM
Primary Sample	: Whole Blood	Received On	: 09-Dec-2023 03:25 PM
Sample Tested In	: Serum	Reported On	: 09-Dec-2023 07:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

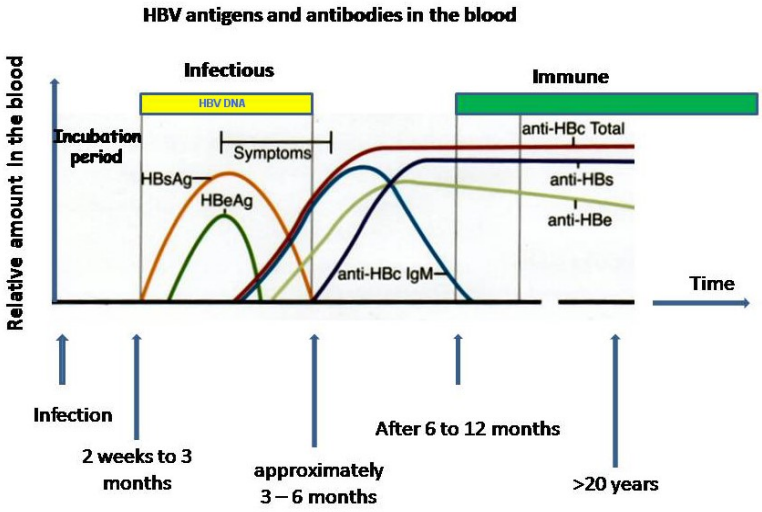
IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.47	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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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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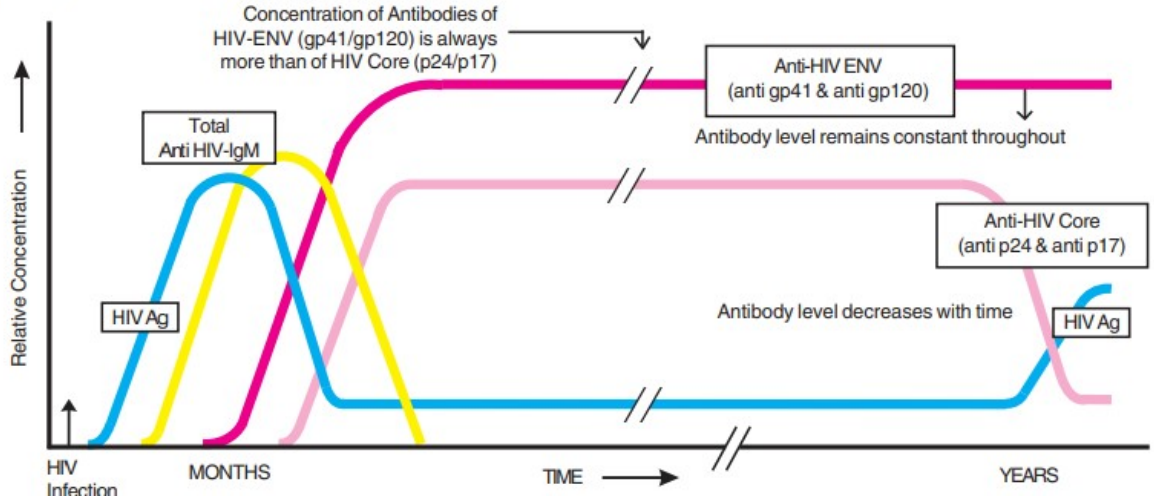
IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.31	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample.This means the patient has either not been exposed to HIV 1 / 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levelsof antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1 / 2.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels. "
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports inderminate should be repeated with a second sample taken 14-28 days. In case the serological results continue to be inderminate the sample should be subject to western blot for confirmation.



Correlate Clinically.

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