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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. MOHAMMED SAMMIUDDIN	Sample ID	: 24754159
Age/Gender	: 37 Years/Male	Reg. No	: 0312312180011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	:	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Capillary Tube	Reported On	: 18-Dec-2023 07:11 PM
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 30 sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 50 sec	Minutes	3 - 7	Capillary Method

*** End Of Report ***

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Website:- www.sagepathlabs.com

REPORT

Name	: Mr. MOHAMMED SAMMIUDDIN	Sample ID	: 24754132
Age/Gender	: 37 Years/Male	Reg. No	: 0312312180011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	: Whole Blood	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Citrated Plasma	Reported On	: 18-Dec-2023 04:25 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

*** End Of Report ***

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MD PATHOLOGY

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REPORT

Name	: Mr. MOHAMMED SAMMIUDDIN	Sample ID	: 24754134
Age/Gender	: 37 Years/Male	Reg. No	: 0312312180011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	: Whole Blood	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Dec-2023 01:56 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)	15.8	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	47.7	%	40-50	Calculated
RBC Count	**5.58**	10^12/L	4.5-5.5	Cell Impedence
MCV	85	fl	81-101	Calculated
MCH	28.3	pg	27-32	Calculated
MCHC	33.2	g/dL	32.5-34.5	Calculated
RDW-CV	12.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	254	10^9/L	150-410	Cell Impedance
Total WBC Count	5.9	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	63	%	40-70	Cell Impedence
Lymphocytes	33	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.72	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.95	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	**0.12**	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.12	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			PAPs Staining

Result rechecked and verified for abnormal cases

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mr. MOHAMMED SAMMIUDDIN	Sample ID	: 24754134
Age/Gender	: 37 Years/Male	Reg. No	: 0312312180011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	: Whole Blood	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Dec-2023 02:16 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	4		10 or less	Westergren method

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mr. MOHAMMED SAMMIUDDIN	Sample ID	: 24754131
Age/Gender	: 37 Years/Male	Reg. No	: 0312312180011
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	: Whole Blood	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 18-Dec-2023 02:01 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)	79	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.

DR.VAISHNAVI
MD BIOCHEMISTRY

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Dec-2023 12:02 PM
Primary Sample	: Whole Blood	Received On	: 18-Dec-2023 12:59 PM
Sample Tested In	: Serum	Reported On	: 18-Dec-2023 06:48 PM
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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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

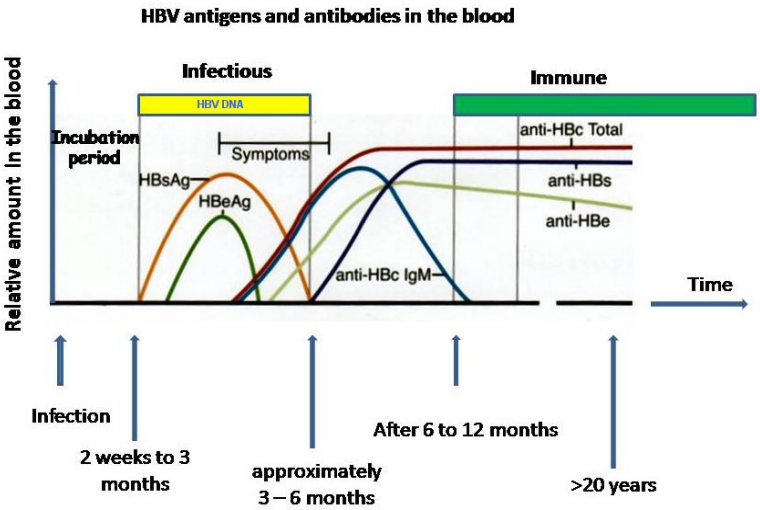
VIRAL SCREENING

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	: 18-Dec-2023 06:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

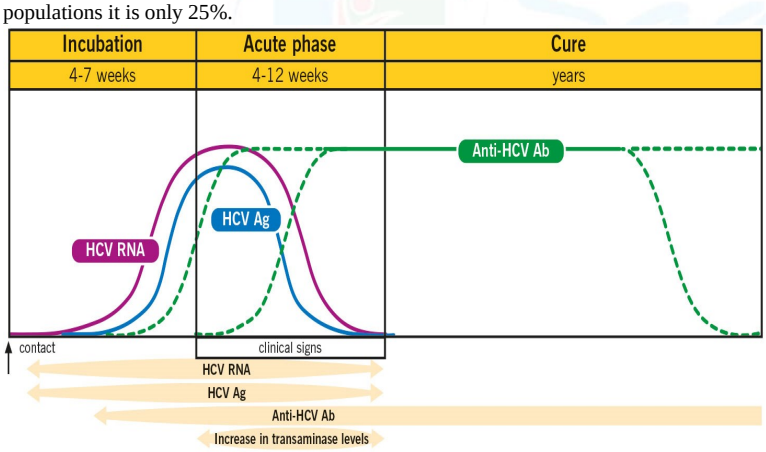
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.48	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

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	0.20	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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