SagePath®
Excellence In Health Care

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.
ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. P RAJESWARI	Sample ID	: A0012806
Age/Gender	: 35 Years/Female	Reg. No	: 0312401170002
Referred by	: Dr. MANASA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Jan-2024 12:33 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)	**11.8**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**35.2**	%	40-50	Calculated
RBC Count	**4.10**	10^12/L	4.5-5.5	Cell Impedence
MCV	86	fl	81-101	Calculated
MCH	28.7	pg	27-32	Calculated
MCHC	33.5	g/dL	32.5-34.5	Calculated
RDW-CV	**14.2**	%	11.6-14.0	Calculated
Platelet Count (PLT)	287	10^9/L	150-410	Cell Impedance
Total WBC Count	8.6	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	59	%	40-70	Cell Impedence
Lymphocytes	36	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.07	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**3.1**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.26	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.			PAPs Staining

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DR.SWARNA BALA
MD PATHOLOGY

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Age/Gender	: 35 Years/Female	Reg. No	: 0312401170002
Referred by	: Dr. MANASA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 12:23 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 17-Jan-2024 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	90	mg/dL	70-100	GOD-POD

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

Result rechecked and verified for abnormal cases

*** End Of Report ***

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REPORT

Name	: Mrs. P RAJESWARI	Sample ID	: A0012806, A0012805
Age/Gender	: 35 Years/Female	Reg. No	: 0312401170002
Referred by	: Dr. MANASA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 17-Jan-2024 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	5.8	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	119.76	mg/dL		Calculated

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Vitamin- B12 (cyanocobalamin)	480	pg/mL	200-911	CLIA

Interpretation:
This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.
Causes of vitamin B12 deficiency include:Diseases that cause malabsorption
1.Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
2.Above normal heat production (for example, with hyperthyroidism)
An increased vitamin B12 level is uncommon in:
1.Liver disease (such as cirrhosis or hepatitis)
2.Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.3	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	27	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	32	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	49	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	21	U/L	5-55	IFCC
Protein - Total	7.0	g/dL	6.4-8.2	Biuret
Albumin	4.5	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.5	g/dL	2.0-4.2	Calculated
A:G Ratio	1.8	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.84			

- **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.

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 09:42 AM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 12:23 PM
Sample Tested In	: Serum	Reported On	: 17-Jan-2024 02:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	134.25	ng/dL	70-204	CLIA
T4 (Thyroxine)	9.8	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	1.68	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.

Correlate Clinically.

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