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 KAMALAMMA	Sample ID	: A0012811
Age/Gender	: 84 Years/Female	Reg. No	: 0312401170033
Referred by	: Dr. SRINIVAS TANKARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 12:57 PM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 04:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Jan-2024 04:25 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)	12.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**38.2**	%	40-50	Calculated
RBC Count	**4.32**	10^12/L	4.5-5.5	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	**31.9**	g/dL	32.5-34.5	Calculated
RDW-CV	**15.0**	%	11.6-14.0	Calculated
Platelet Count (PLT)	**427**	10^9/L	150-410	Cell Impedance
Total WBC Count	**12.9**	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	68	%	40-70	Cell Impedence
Lymphocytes	25	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	**8.77**	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**3.23**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.52	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.39	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic with Leucocytosis and Thrombocytosis			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. P KAMALAMMA	Sample ID	: A0012810
Age/Gender	: 84 Years/Female	Reg. No	: 0312401170033
Referred by	: Dr. SRINIVAS TANKARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Jan-2024 12:57 PM
Primary Sample	: Whole Blood	Received On	: 17-Jan-2024 04:00 PM
Sample Tested In	: Serum	Reported On	: 17-Jan-2024 05:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
25 - Hydroxy Vitamin D	44.62	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

Interpretation:

1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.

2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.

3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.

4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	558	pg/mL	110-800	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)

Correlate Clinically.

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*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY