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. UMA | Sample ID | : 24854891 |
| Age/Gender | : 49 Years/Female | Reg. No | : 0312401170073 |
| Referred by | : Dr. SUNITHA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Jan-2024 09:18 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Jan-2024 10:20 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 17-Jan-2024 11:27 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) | **10.1** | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | **33.0** | % | 40-50 | Calculated |
| RBC Count | **4.28** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | **77** | fl | 81-101 | Calculated |
| MCH | **23.7** | pg | 27-32 | Calculated |
| MCHC | **30.8** | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | **15.7** | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 327 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 5.4 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 58 | % | 40-70 | Cell Impedence |
| Lymphocytes | 35 | % | 20-40 | Cell Impedence |
| Monocytes | 04 | % | 2-10 | Microscopy |
| Eosinophils | 03 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 3.13 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 1.89 | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.22 | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.16 | 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 and few Microcytic hypochromic | | | PAPs Staining |

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DR.SWARNA BALA
MD PATHOLOGY

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| Name | : Mrs. UMA | Sample ID | : 24854892 |
| Age/Gender | : 49 Years/Female | Reg. No | : 0312401170073 |
| Referred by | : Dr. SUNITHA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Jan-2024 09:18 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Jan-2024 10:20 PM |
| Sample Tested In | : Plasma-NaF(R) | Reported On | : 17-Jan-2024 10:42 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)** | 82 | 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

*** End Of Report ***

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## REPORT

| | | | |
|---|---|---|---|
| Name | : Mrs. UMA | Sample ID | : 24854890 |
| Age/Gender | : 49 Years/Female | Reg. No | : 0312401170073 |
| Referred by | : Dr. SUNITHA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Jan-2024 09:18 PM |
| Primary Sample | : Whole Blood | Received On | : 17-Jan-2024 10:20 PM |
| Sample Tested In | : Serum | Reported On | : 17-Jan-2024 10:45 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Lipid Profile** | | | | |
| Cholesterol Total | **224** | mg/dL | < 200 | CHOD-POD |
| Triglycerides-TGL | 109 | mg/dL | < 150 | GPO-POD |
| Cholesterol-HDL | 42 | mg/dL | 40-60 | Direct |
| Cholesterol-LDL | **160.2** | mg/dL | < 100 | Calculated |
| Cholesterol- VLDL | 21.8 | mg/dL | 7-35 | Calculated |
| Non HDL Cholesterol | **182** | mg/dL | < 130 | Calculated |
| Cholesterol Total /HDL Ratio | **5.33** | % | 0-4.0 | Calculated |
| HDL / LDL Ratio | 0.26 | | | |
| LDL/HDL Ratio | **3.81** | % | 0-3.5 | Calculated |

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

| NCEP Recommendations | Cholesterol Total in (mg/dL) | Triglycerides in (mg/dL) | HDL Cholesterol (mg/dL) | LDL Cholesterol in (mg/dL) | Non HDL Cholesterol in (mg/dL) |
|---|---|---|---|---|---|
| Optimal | Adult: < 200<br>Children: < 170 | < 150 | 40-59 | Adult:<100<br>Children: <110 | <130 |
| Above Optimal | ----- | ----- | | 100-129 | 130 - 159 |
| Borderline High | Adult: 200-239<br>Children:171-199 | 150-199 | | Adult: 130-159<br>Children: 111-129 | 160 - 189 |
| High | Adult:>or=240<br>Children:>or=200 | 200-499 | **≥ 60** | Adult:160-189<br>Children:>or=130 | 190 - 219 |
| Very High | ----- | >or=500 | | Adult: >or=190<br>------- | >=220 |

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula**). Calculated values not provided for LDL and VLDL

Result rechecked and verified for abnormal cases

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| Primary Sample | : Whole Blood | Received On | : 17-Jan-2024 10:20 PM |
| Sample Tested In | : Serum | Reported On | : 17-Jan-2024 10:42 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)** | 117.32 | ng/dL | 70-204 | CLIA |
| **T4 (Thyroxine)** | 7.9 | µg/dL | 3.2-12.6 | CLIA |
| **TSH -Thyroid Stimulating Hormone** | 4.14 | 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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