

REPORT

| | | | |
|--------------------|---------------------------------------|---------------|------------------------|
| Name | : Mrs. B L LALITHA KUMARI | Sample ID | : A0012928 |
| Age/Gender | : 59 Years/Female | Reg. No | : 0312401200031 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-Jan-2024 10:51 AM |
| Primary Sample | : Whole Blood | Received On | : 20-Jan-2024 11:54 AM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 20-Jan-2024 12:11 PM |
| Client Address | : Kimtee colony ,Gokul Nagar, Tarnaka | Report Status | : Final Report |

HAEMATOLOGY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|-----------------------------------|---------------------------------------|---------------------|------------|----------------|
| COMPLETE BLOOD COUNT (CBC) | | | | |
| Haemoglobin (Hb) | 12.4 | g/dL | 12-15 | Cynmeth Method |
| RBC Count | 4.48 | 10 ¹² /L | 4.5-5.5 | Cell Impedance |
| Haematocrit (HCT) | 38.0 | % | 40-50 | Calculated |
| MCV | 85 | fl | 81-101 | Calculated |
| MCH | 27.6 | pg | 27-32 | Calculated |
| MCHC | 32.6 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 13.7 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 268 | 10 ⁹ /L | 150-410 | Cell Impedance |
| Total WBC Count | 7.0 | 10 ⁹ /L | 4.0-10.0 | Impedance |
| Neutrophils | 56 | % | 40-70 | Cell Impedance |
| Absolute Neutrophils Count | 3.92 | 10 ⁹ /L | 2.0-7.0 | Impedance |
| Lymphocytes | 37 | % | 20-40 | Cell Impedance |
| Absolute Lymphocyte Count | 2.59 | 10 ⁹ /L | 1.0-3.0 | Impedance |
| Monocytes | 04 | % | 2-10 | Microscopy |
| Absolute Monocyte Count | 0.28 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Eosinophils | 03 | % | 1-6 | Microscopy |
| Absolute Eosinophils Count | 0.21 | 10 ⁹ /L | 0.02-0.5 | Calculated |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Atypical cells / Blasts | 0 | % | | |
| Morphology | | | | |
| WBC | Within normal limits. | | | |
| RBC | Normocytic normochromic blood picture | | | |
| Platelets | Adequate | | | Microscopy |

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR.SWARNA BALA
MD PATHOLOGY

REPORT

| | | | |
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| Primary Sample | : Whole Blood | Received On | : 20-Jan-2024 11:54 AM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 20-Jan-2024 12:58 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

HAEMATOLOGY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

| | | | | |
|---|---|--|------------|-------------------|
| Erythrocyte Sedimentation Rate (ESR) | 6 | | 12 or less | Westergren method |
|---|---|--|------------|-------------------|

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



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MD PATHOLOGY

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| Name | : Mrs. B L LALITHA KUMARI | Sample ID | : A0012928, A0012930 |
| Age/Gender | : 59 Years/Female | Reg. No | : 0312401200031 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-Jan-2024 10:51 AM |
| Primary Sample | : Whole Blood | Received On | : 20-Jan-2024 11:54 AM |
| Sample Tested In | : Whole Blood EDTA, Serum | Reported On | : 20-Jan-2024 03:35 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------------|--------------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 7.0 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 154.2 | 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

| | | | | |
|----------------|------------|-------|----------|-------------------------------------|
| Calcium | 9.3 | mg/dL | 8.5-10.1 | o-cresolphthalein complexone (OCPC) |
|----------------|------------|-------|----------|-------------------------------------|

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR. VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------|---------|-------|------------|------------|
| Lipid Profile | | | | |
| Cholesterol Total | 135 | mg/dL | < 200 | CHOD-POD |
| Triglycerides-TGL | 88 | mg/dL | < 150 | GPO-POD |
| Cholesterol-HDL | 44 | mg/dL | 40-60 | Direct |
| Cholesterol-LDL | 73.4 | mg/dL | < 100 | Calculated |
| Cholesterol- VLDL | 17.6 | mg/dL | 7-35 | Calculated |
| Non HDL Cholesterol | 91 | mg/dL | < 130 | Calculated |
| Cholesterol Total /HDL Ratio | 3.07 | % | 0-4.0 | Calculated |
| HDL / LDL Ratio | 0.60 | | | |
| LDL/HDL Ratio | 1.67 | % | 0-3.5 | Calculated |

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders 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 Children: < 170 | < 150 | 40-59 | Adult:<100 Children: <110 | <130 |
| Above Optimal | ----- | ----- | | 100-129 | 130 - 159 |
| Borderline High | Adult: 200-239 Children:171-199 | 150-199 | | Adult: 130-159 Children: 111-129 | 160 - 189 |
| High | Adult:>or=240 Children:>or=200 | 200-499 | ≥ 60 | Adult:160-189 Children:>or=130 | 190 - 219 |
| Very High | ----- | >or=500 | | Adult: >or=190 ----- | >=220 |

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

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------|---------|--------|------------|-------------------------------------|
| Kidney Profile-KFT | | | | |
| Creatinine -Serum | 0.69 | mg/dL | 0.60-1.10 | Sarcosine oxidase |
| Urea-Serum | 17.5 | mg/dL | 12.8-42.8 | Glutamate dehydrogenase+Calculation |
| Blood Urea Nitrogen (BUN) | 8.19 | mg/dL | 7.0-18.0 | Calculated |
| BUN / Creatinine Ratio | 11.87 | | 6 - 22 | |
| Uric Acid | 5.9 | mg/dL | 2.6-6.0 | Uricase |
| Sodium | 139 | mmol/L | 136-145 | ISE Direct |
| Potassium | 4.0 | mmol/L | 3.5-5.1 | ISE Direct |
| Chloride | 98 | mmol/L | 98-108 | ISE Direct |

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|---------------------------------------|---------|-------|------------|--------------------------|
| Liver Function Test (LFT) | | | | |
| Bilirubin(Total) | 0.8 | mg/dL | 0.3-1.2 | Diazo |
| Bilirubin (Direct) | 0.2 | mg/dL | 0.0 - 0.2 | Diazo |
| Bilirubin (Indirect) | 0.6 | mg/dL | 0.2-1.0 | Calculated |
| Aspartate Aminotransferase (AST/SGOT) | 18 | U/L | 5-40 | IFCC with out (P-5-P) |
| Alanine Aminotransferase (ALT/SGPT) | 20 | 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) | 44 | U/L | 5-55 | IFCC |
| Protein - Total | 7.0 | g/dL | 6.4-8.2 | Biuret |
| Albumin | 4.1 | g/dL | 3.4-5.0 | Bromocresol purple (BCP) |
| Globulin | 2.9 | g/dL | 2.0-4.2 | Calculated |
| A:G Ratio | 1.41 | % | 0.8-2.0 | Calculated |
| SGOT/SGPT Ratio | 0.90 | | | |

- **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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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|-----------|---------|-------|------------|--------|
|-----------|---------|-------|------------|--------|

Thyroid Profile-I(TFT)

| | | | | |
|---|--------|--------|----------|------|
| T3 (Triiodothyronine) | 101.25 | ng/dL | 40-181 | CLIA |
| T4 (Thyroxine) | 7.3 | µg/dL | 3.2-12.6 | CLIA |
| TSH -Thyroid Stimulating Hormone | 5.33 | 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.

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

| Test Name | Results | Units | Ref. Range | Method |
|--|---------|-------|------------|------------|
| Iron Profile-I | | | | |
| Iron(Fe) | 82 | µg/dL | 50-170 | Ferene |
| Total Iron Binding Capacity (TIBC) | 396 | µg/dL | 250-450 | Ferene |
| Transferrin | 276.92 | mg/dL | 250-380 | Calculated |
| Iron Saturation((% Transferrin Saturation) | 20.71 | % | 15-50 | Calculated |
| Unsaturated Iron Binding Capacity (UIBC) | 314 | ug/dL | 110-370 | FerroZine |

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.



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DR. VAISHNAVI
MD BIOCHEMISTRY

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| Name | : Mrs. B L LALITHA KUMARI | Sample ID | : A0012929 |
| Age/Gender | : 59 Years/Female | Reg. No | : 0312401200031 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-Jan-2024 10:51 AM |
| Primary Sample | : | Received On | : 20-Jan-2024 11:58 AM |
| Sample Tested In | : Urine | Reported On | : 20-Jan-2024 01:55 PM |
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CLINICAL PATHOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|-------------|-------|----------------------|---------------------------|
| Complete Urine Analysis (CUE) | | | | |
| Physical Examination | | | | |
| Colour | Pale Yellow | | Straw to light amber | |
| Appearance | Clear | | Clear | |
| Chemical Examination | | | | |
| Glucose | Negative | | Negative | Strip Reflectance |
| Protein | Absent | | Negative | Strip Reflectance |
| Bilirubin (Bile) | Negative | | Negative | Strip Reflectance |
| Urobilinogen | Negative | | Negative | Ehrlichs reagent |
| Ketone Bodies | Negative | | Negative | Strip Reflectance |
| Specific Gravity | 1.020 | | 1.000 - 1.030 | Strip Reflectance |
| Blood | Negative | | Negative | Strip Reflectance |
| Reaction (pH) | 6.0 | | 5.0 - 8.5 | Reagent Strip Reflectance |
| Nitrites | Negative | | Negative | Strip Reflectance |
| Leukocyte esterase | Negative | | Negative | Reagent Strip Reflectance |
| Microscopic Examination (Microscopy) | | | | |
| PUS(WBC) Cells | 02-03 | /hpf | 00-05 | Microscopy |
| R.B.C. | Nil | /hpf | Nil | Microscopic |
| Epithelial Cells | 01-02 | /hpf | 00-05 | Microscopic |
| Casts | Absent | | Absent | Microscopic |
| Crystals | Absent | | Absent | Microscopic |
| Bacteria | Nil | | Nil | |
| Budding Yeast Cells | Nil | | Absent | Microscopy |

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

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MD PATHOLOGY