

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

	REPOR	Т ————————————————————————————————————	
Name	: Mrs. JAYA LAKSHMI	Sample ID	: A0093662
Age/Gender	: 54 Years/Female	Reg. No	: 0312403030023
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Mar-2024 10:01 AM
Primary Sample	: Whole Blood	Received On	: 03-Mar-2024 01:36 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Mar-2024 04:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
Referring Customer Primary Sample Sample Tested In	: V CARE MEDICAL DIAGNOSTICS : Whole Blood : Whole Blood EDTA	Collected On Received On Reported On	: 03-Mar-2024 10:01 AM : 03-Mar-2024 01:36 PM : 03-Mar-2024 04:28 PM

HAEMATOLOGY **HEALTH PROFILE A-1 PACKAGE** Test Name Results Units Ref. Range Method **Erythrocyte Sedimentation Rate (ESR)** 8 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. **Complete Blood Count (CBC)** Haemoglobin (Hb) 13.3 g/dL 12-15 **Cynmeth Method RBC** Count 4.75 10^12/L 4.5-5.5 **Cell Impedence Total WBC Count** 12.7 10^9/L 4.0-10.0 Impedance Platelet Count (PLT) 389 10^9/L 150-410 **Cell Impedance** Haematocrit (HCT) 39.8 40-50 Calculated % MCV 81-101 Calculated 84 fl MCH 27-32 Calculated 28.0 pg MCHC g/dL 32.5-34.5 Calculated 33.4 **RDW-CV** 11.6-14.0 Calculated 13.7 % Differential Count by Flowcytometry /Microscopy Neutrophils 40-70 **Cell Impedence** 64 % 20-40 Lymphocytes 29 % **Cell Impedence** 2-10 Monocytes 04 % Microscopy Eosinophils 03 % 1-6 Microscopy **Basophils** 0 1-2 % Microscopy Smear WBC Leucocytosis RBC Normocytic normochromic Platelets Adequate. Microscopy



Swarnabale - M DR.SWARNA BALA MD PATHOLOGY

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# Sagepath Labs Pvt. Ltd.

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me	: Mrs. JAYA LAKS				ple ID	: A0093663, A0093664, A00
e/Gender	: 54 Years/Fema	le	e		No	: 0312403030023
erred by	: Dr. SELF			-	Code	: SPL-CV-172
	tomer : V CARE MEDIC	AL DIAGNOSTICS		Colle	ected On	: 03-Mar-2024 10:01 AM
nary Samp	e : Whole Blood			Rece	eived On	: 03-Mar-2024 01:36 PM
nple Teste	d In : Plasma-NaF(F)	, Plasma-NaF(PP),		Repo	orted On	: 03-Mar-2024 05:57 PM
ent Addres	s : Kimtee colony	,Gokul Nagar,Tarna	aka	Repo	ort Status	: Final Report
		CLINICAL		HEMISTR	Y	
		HEALTH PRO				
est Name		Results	Units	Ref.	. Range	Method
ucose Fast	ting (F)	122	mg/dL	70-1	100	GOD-POD
terpretation o	f Plasma Glucose based on AD			, ,	1	٦
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasm Glucose(mg/		HbA1c(%)	RBS(mg/dL)	
rediabetes	100-125	140-199	)	5.7-6.4	NA	
	> = 126	> = 200		> = 6.5	>=200(with symptoms)	
)iabetes		F = 200			oymptomoy	
eference: D	viabetes care 2018:41(supp	I.1):S13-S27 <b>151</b>	mg/dL	70-1	140	Hexokinase (HK)
eference: D	viabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma	151 DA guidelines 2018 2hrsPlasma			140 RBS(mg/dL)	Hexokinase (HK)
eference: D ucose Post nterpretation o Diagnosis	iabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL)	151 DA guidelines 2018 2hrsPlasma Glucose(mg/dL)	lenc	HbA1c(%)	RBS(mg/dL)	Hexokinase (HK)
eference: D lucose Post nterpretation o Diagnosis	viabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma	151 DA guidelines 2018 2hrsPlasma	lenc	HbA1c(%) 5.7-6.4	RBS(mg/dL) NA	Hexokinase (HK)
Reference: D lucose Post Interpretation of Diagnosis Prediabetes	iabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL)	151 DA guidelines 2018 2hrsPlasma Glucose(mg/dL)	lenc	HbA1c(%) 5.7-6.4	RBS(mg/dL)	Hexokinase (HK)
Iucose Post Interpretation of Diagnosis Prediabetes Diabetes	viabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL) 100-125	151       DA guidelines 2018       2hrsPlasma Glucose(mg/dL)       140-199       > = 200	lenc	HbA1c(%) 5.7-6.4	RBS(mg/dL) NA >=200(with	Hexokinase (HK)
Reference: D Iucose Post Interpretation of Diagnosis Prediabetes Diabetes Reference: D • Postpram • If glucos • If level a	viabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL) 100-125 > = 126	151         DA guidelines 2018         2hrsPlasma Glucose(mg/dL)         140-199         > = 200         I.1):S13-S27         test for Diabetes Mellitu:         mg/dL, then GTT (gluc)	s cose tolera	HbA1c(%) 5.7-6.4 > = 6.5	RBS(mg/dL) NA >=200(with symptoms)	Hexokinase (HK)
Reference: D Iucose Post Interpretation of Diagnosis Prediabetes Diabetes Reference: D • Postpram • If glucos • If level a	biabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL) 100-125 > = 126 biabetes care 2018:41(supp dial glucose level is a screening se level is >140 mg/dL and <200 fter 2 hours = >200 mg/dL diab	151         DA guidelines 2018         2hrsPlasma Glucose(mg/dL)         140-199         > = 200         I.1):S13-S27         test for Diabetes Mellitu:         mg/dL, then GTT (gluc)	s cose tolera	HbA1c(%) 5.7-6.4 > = 6.5	RBS(mg/dL) NA >=200(with symptoms)	Hexokinase (HK)
Reference: D Iucose Post Interpretation of Diagnosis Prediabetes Diabetes Reference: D • Postpran • If glucos • If level a • Advise F	biabetes care 2018:41(supp t Prandial (PP) of Plasma Glucose based on AE FastingPlasma Glucose(mg/dL) 100-125 > = 126 biabetes care 2018:41(supp dial glucose level is a screening se level is >140 mg/dL and <200 fter 2 hours = >200 mg/dL diab	151       DA guidelines 2018       PhrsPlasma Glucose(mg/dL)       140-199       > = 200       I.1):S13-S27       test for Diabetes Mellitus       mg/dL, then GTT (glucosetes mellitus is confirmed)	s scose tolera ad. mg/dL	HbA1c(%) 5.7-6.4 > = 6.5	RBS(mg/dL) NA >=200(with symptoms)	o-cresolphthalein



Result rechecked and verified for abnormal cases

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		REPORT
Name	: Mrs. JAYA LAKSHMI	
Age/Gender	: 54 Years/Female	
Referred by	: Dr. SELF	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	
Primary Sample	: Whole Blood	
Sample Tested In	: Serum	
Client Address	: Kimtee colony ,Gokul Nagar,Tarn	aka

Sample ID : A0093661 Reg. No : 0312403030023 SPP Code : SPL-CV-172 Collected On : 03-Mar-2024 10:01 AM Received On : 03-Mar-2024 01:36 PM Reported On : 03-Mar-2024 05:57 PM : Final Report **Report Status** 

CLINICAL BIOCHEMISTRY					
	HEALTH P	ROFILE A-1	PACKAGE		
Test Name	Results	Units	Ref. Range	Method	
Lipid Profile					
Cholesterol Total	201	mg/dL	< 200	CHOD-POD	
Triglycerides-TGL	101	mg/dL	< 150	GPO-POD	
Cholesterol-HDL	44	mg/dL	40-60	Direct	
Cholesterol-LDL	136.8	mg/dL	< 100	Calculated	
Cholesterol- VLDL	20.2	mg/dL	7-35	Calculated	
Non HDL Cholesterol	157	mg/dL	< 130	Calculated	
Cholesterol Total /HDL Ratio	4.57	%	0-4.0	Calculated	
HDL / LDL Ratio	0.32				
LDL/HDL Ratio	3.11	%	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	HDL Cholesterol (mg/dL)	LDL Cholesterol	Non HDL Cholesterol in (mg/dL)
	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





BIOCHEMISTRY

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Name	: Mrs. JAYA LAKSHMI	0
Age/Gender	: 54 Years/Female	F
Referred by	: Dr. SELF	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	(
Primary Sample	: Whole Blood	F
Sample Tested In	: Serum	F
Client Address	: Kimtee colony ,Gokul Nagar,Tarna	ka F

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	CLINICAL BIOCHEMISTRY						
	HEALTH P	ROFILE A-1	PACKAGE				
Test Name	Results	Units	Ref. Range	Method			
Kidney Profile-KFT							
Creatinine -Serum	0.71	mg/dL	0.60-1.10	Sarcosine oxidase			
Urea-Serum	18.7	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation			
Blood Urea Nitrogen (BUN)	8.74	mg/dL	7.0-18.0	Calculated			
BUN / Creatinine Ratio	12.31		6 - 22				
Uric Acid	3.9	mg/dL	2.6-6.0	Uricase			
Sodium	141	mmol/L	136-145	ISE Direct			
Potassium	4.0	mmol/L	3.5-5.1	ISE Direct			
Chloride	102	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 though 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.





BIOCHEMISTRY



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Referred by	: Dr. SELF
Referring Customer	: V CARE MEDICAL DIAGNOSTICS
Primary Sample	: Whole Blood
Sample Tested In	: Serum
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka

FPORT -

Sample ID	: A0093661
Reg. No	: 0312403030023
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Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
HEALTH PROFILE A-1 PACKAGE					
Test Name	Results	Units	Ref. Range	Method	
Liver Function Test (LFT)					
Bilirubin(Total)	0.4	mg/dL	0.3-1.2	Diazo	
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo	
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated	
Aspartate Aminotransferase (AST/SGOT)	15	U/L	5-40	IFCC with out (P-5-P)	
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)	
Alkaline Phosphatase(ALP)	63	U/L	40-150	Kinetic PNPP-AMP	
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	5-55	IFCC	
Protein - Total	7.5	g/dL	6.4-8.2	Biuret	
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)	
Globulin	3.5	g/dL	2.0-4.2	Calculated	
A:G Ratio	1.14	%	0.8-2.0	Calculated	
SGOT/SGPT Ratio	1.25				

• 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.

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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Name	: Mrs. JAYA LAKSHMI
Age/Gender	: 54 Years/Female
Referred by	: Dr. SELF
Referring Customer	: V CARE MEDICAL DIAGNOSTICS
Primary Sample	: Whole Blood
Sample Tested In	: Serum
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka

 Sample ID
 : A0093661

 Reg. No
 : 0312403030023

 SPP Code
 : SPL-CV-172

 Collected On
 : 03-Mar-2024 10:01 AM

 Received On
 : 03-Mar-2024 01:36 PM

 Reported On
 : 03-Mar-2024 04:02 PM

 Report Status
 : Final Report

CLINICAL BIOCHEMISTRY HEALTH PROFILE A-1 PACKAGE					
Test Name Results Units Ref. Range Method					
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	96.33	ng/dL	40-181	CLIA	
T4 (Thyroxine)	12.0	µg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	0.46	µIU/mL	0.35-5.5	CLIA	

REPOR<sup>1</sup>

Pregnancy	&	Cord	Blood	
ogneney			21004	

T3 (Triiodothyronin	ne):	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 Trime	ester :100-260 ng/dL	0-260 ng/dL Second Trimester: 0.46-2.95 µIU/mL	
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 n	g/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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Age/Gender	: 54 Years/Female
Referred by	: Dr. SELF
Referring Customer	: V CARE MEDICAL DIAGNOSTICS
Primary Sample	:
Sample Tested In	: Urine
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka

**REPORT** -

Sample ID	: A0093660
Reg. No	: 0312403030023
SPP Code	: SPL-CV-172
Collected On	: 03-Mar-2024 10:01 AM
Received On	: 03-Mar-2024 01:36 PM
Reported On	: 03-Mar-2024 05:07 PM
Report Status	: Final Report

	CLINI	CAL PATH	OLOGY	
HEALTH PROFILE A-1 PACKAGE				
Test Name	Results	Units	Ref. Range	Method
Complete Using Analysis (CUE)				
Complete Urine Analysis (CUE) <u>Physical Examination</u>				
Colour	Pale Yellow	v	Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	(+)		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	1.015		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	2			
PUS(WBC) Cells	03-04	/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

Correlate Clinically.

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Swarnabala - M DR.SWARNA BALA MD PATHOLOGY