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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. SARITHA	Sample ID	: A0093802
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Mar-2024 10:13 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)	**9.7**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**30.0**	%	40-50	Calculated
RBC Count	**4.41**	10^12/L	4.5-5.5	Cell Impedence
MCV	**68**	fl	81-101	Calculated
MCH	**21.9**	pg	27-32	Calculated
MCHC	**32.3**	g/dL	32.5-34.5	Calculated
RDW-CV	**16.3**	%	11.6-14.0	Calculated
Platelet Count (PLT)	220	10^9/L	150-410	Cell Impedance
Total WBC Count	8.2	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	05	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.58	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.05	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.41	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 Microcytic hypochromic anemia			PAPs Staining

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REPORT

Name	: Mrs. SARITHA	Sample ID	: A0093803, A0093801
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 08-Mar-2024 10:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	88	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.

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN)	8.0	mg/dL	7.0-18.0	Calculated
Urea-Serum	17.7	mg/dL	12.8-42.8	Glutamate dehydrogenase+Calculation

Interpretation:
BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- **Higher-than-normal level may be due to:**
- Congestive heart failure
- Excessive protein level in the gastrointestinal tract
- Gastrointestinal bleeding
- Hypovolemia (dehydration)
- Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- **Lower-than-normal level may be due to:**
- Liver failure
- Low protein diet
- Malnutrition

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REPORT

Name	: Mrs. SARITHA	Sample ID	: A0093803, A0093801
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 08-Mar-2024 10:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.89	mg/dL	0.60-1.10	Sarcosine oxidase

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

Result rechecked and verified for abnormal cases

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REPORT

Name	: Mrs. SARITHA	Sample ID	: A0093801
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2024 10:29 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)	106.72	ng/dL	70-204	CLIA
T4 (Thyroxine)	7.3	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	0.90	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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REPORT

Name	: Mrs. SARITHA	Sample ID	: A0093204
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	:	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Urine	Reported On	: 08-Mar-2024 11:02 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	hazy		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	1.030		1.000 - 1.030	Strip Reflectance
Blood	(+)		Negative	Strip Reflectance
Reaction (pH)	5.5		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	03-05	/hpf	00-05	Microscopy
R.B.C.	06-08	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/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.

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REPORT

Name	: Mrs. SARITHA	Sample ID	: A0093801
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
Primary Sample	: Whole Blood	Received On	: 08-Mar-2024 09:57 PM
Sample Tested In	: Serum	Reported On	: 08-Mar-2024 11:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

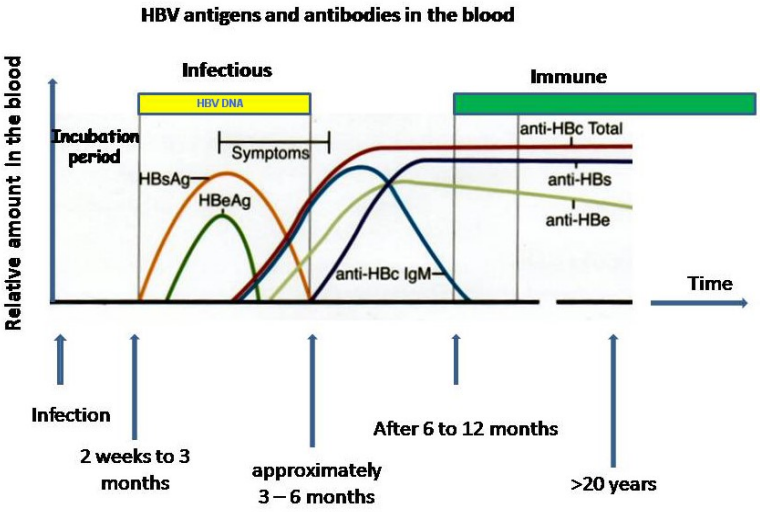
IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.39	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.



Note:
1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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Name	: Mrs. SARITHA	Sample ID	: A0093801
Age/Gender	: 28 Years/Female	Reg. No	: 0312403080056
Referred by	: Dr. SUNITHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Mar-2024 07:55 AM
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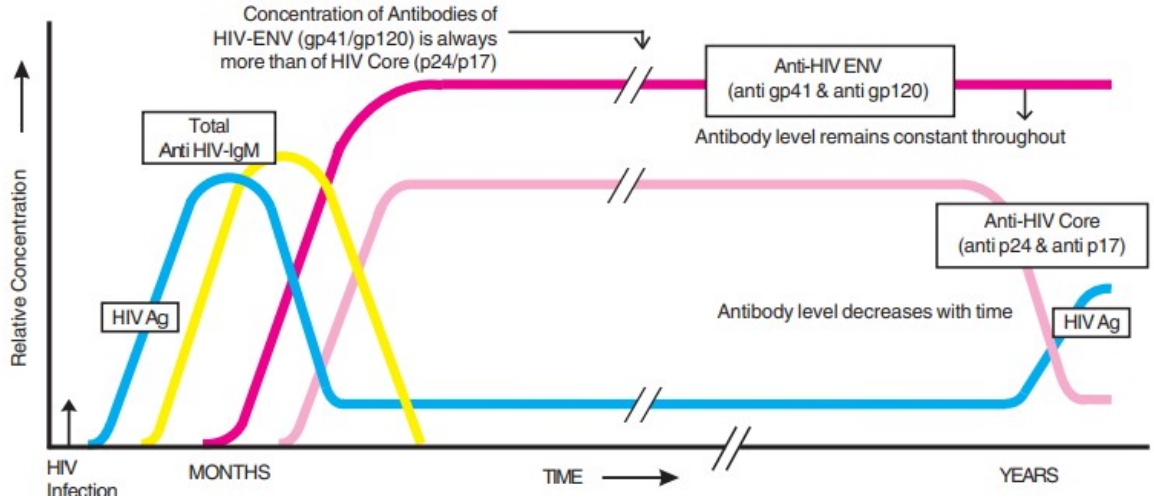
Sample Tested In	: Serum	Reported On	: 08-Mar-2024 11:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation

- Non Reactive result implies that antibodies to HIV 1 / 2 have not been detected in the sample.This means the patient has either not been exposed to HIV 1 / 2 infection or the sample has been tested during the "window phase" i.e. before the development of detectable levelsof antibodies. Hence a Non Reactive result does not exclude the possibility of exposure or infection with HIV 1 / 2.
- Pre and Post test counseling to be done by the concerned referring doctor. The sensitivity and specificity of this test has been determined by National HIV Reference Centers of Govt. of India and WHO collaborating Centers, using various other test panels. "
- Reactive samples by ELISA Method are confirmed by 2 other supplemental tests for confirm of HIV infection as per NACO guidelines.
- All patients' reports inderminate should be repeated with a second sample taken 14-28 days. In case the serological results continue to be inderminate the sample should be subject to western blot for confirmation.



Correlate Clinically.

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