## — REPORT —

| | | | |
|---|---|---|---|
| Name | : Mrs. PRISCILLA | Sample ID | : A0093852 |
| Age/Gender | : 23 Years/Female | Reg. No | : 0312403120018 |
| Referred by | : Dr. Nivedita Ashrit MD (Obs/Gyn) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 12-Mar-2024 09:52 AM |
| Primary Sample | : Whole Blood | Received On | : 12-Mar-2024 01:10 PM |
| Sample Tested In | : Citrated Plasma | Reported On | : 12-Mar-2024 02:25 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## HAEMATOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Activated Partial Thromboplastin Time (APTT/PTTK)** | | | | |
| Patient Value | 34.90 | sec | 26-40 | Photo Optical Clot Detection |
| Control Value | 33.00 | Sec | | Agglutination |

**Comments:** APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

| | | | | |
|---|---|---|---|---|
| **PROTHROMBIN TIME (P TIME)** | | | | |
| **PT-Patient Value** | 13.7 | Secs | 10-15 | Photo Optical Clot Detection |
| **PT-Mean Control Value** | 13.00 | Seconds | | |
| **PT Ratio** | 1.05 | | | |
| **PT INR** | 1.10 | | 0.9-1.2 | |

**Interpretation :**

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

**Note**

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

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**DR.SWARNA BALA**
**MD PATHOLOGY**

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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. PRISCILLA | Sample ID | : A0093880 |
| Age/Gender | : 23 Years/Female | Reg. No | : 0312403120018 |
| Referred by | : Dr. Nivedita Ashrit MD (Obs/Gyn) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 12-Mar-2024 09:52 AM |
| Primary Sample | : | Received On | : 12-Mar-2024 01:13 PM |
| Sample Tested In | : Urine | Reported On | : 12-Mar-2024 02:44 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

### CLINICAL BIOCHEMISTRY

### GLUCOSE FASTING

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Fasting Urine Glucose** | Negative | | Negative | Automated Strip Test |

**DR.VAISHNAVI**
**MD BIOCHEMISTRY**

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# 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. PRISCILLA | Sample ID | : A0093850 |
| Age/Gender | : 23 Years/Female | Reg. No | : 0312403120018 |
| Referred by | : Dr. Nivedita Ashrit MD (Obs/Gyn) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 12-Mar-2024 09:52 AM |
| Primary Sample | : Whole Blood | Received On | : 12-Mar-2024 01:10 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 12-Mar-2024 01:25 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) | **11.4** | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | **35.4** | % | 40-50 | Calculated |
| RBC Count | **4.41** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | **80** | fl | 81-101 | Calculated |
| MCH | **25.8** | pg | 27-32 | Calculated |
| MCHC | **32.2** | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 14.0 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 200 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 9.0 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 70 | % | 40-70 | Cell Impedence |
| Lymphocytes | 27 | % | 20-40 | Cell Impedence |
| Monocytes | 02 | % | 2-10 | Microscopy |
| Eosinophils | 01 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 6.3 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 2.43 | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | **0.18** | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.09 | 10^9/L | 0.02-0.5 | Calculated |
| Absolute Basophil lCount | 0.00 | 10^9/L | 0.0-0.3 | Calculated |
| Morphology | Normocytic normochromic blood picture. | | | PAPs Staining |

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**DR.SWARNA BALA**
**MD PATHOLOGY**

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## REPORT

| | | | |
|---|---|---|---|
| Name | : Mrs. PRISCILLA | Sample ID | : A0093851, A0093853 |
| Age/Gender | : 23 Years/Female | Reg. No | : 0312403120018 |
| Referred by | : Dr. Nivedita Ashrit MD (Obs/Gyn) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 12-Mar-2024 09:52 AM |
| Primary Sample | : Whole Blood | Received On | : 12-Mar-2024 01:00 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF-1hr | Reported On | : 12-Mar-2024 04:12 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Glucose Fasting (F)** | 84 | mg/dL | 70-100 | GOD-POD |

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

### Glucose Challenge Test (50 Gms of glucose):Pregnancy

| | | | | |
|---|---|---|---|---|
| Glucose Challenge Test (GCT): | **153** | mg/dL | 70 - 140 | Hexokinase (HK) |

**Interpretation:**

- 50 grams glucose challenge test is a screening tool for gestational diabetes in pregnant women with no risk factors. GCT is done between 24 and 28 weeks of gestation.
- Plasma glucose level of > 140 mg/dL constitutes a positive screen and these women should be followed by a diagnostic oral glucose tolerance test(OGTT)
- This assay is a single step test procedure developed by Diabetes in Pregnancy Study Group India (DIPSI) to diagnose GDM. It has been approved by Ministry of Health, Government of India and is also recommended by WHO.

**Note: Sample collection done after 60 minutes of 50 grams of glucose load with approximately 450 mL of water.**

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**MD BIOCHEMISTRY**

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--- REPORT ---

| | | | |
|---|---|---|---|
| Name | : Mrs. PRISCILLA | Sample ID | : A0093880 |
| Age/Gender | : 23 Years/Female | Reg. No | : 0312403120018 |
| Referred by | : Dr. Nivedita Ashrit MD (Obs/Gyn) | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 12-Mar-2024 09:52 AM |
| Primary Sample | : | Received On | : 12-Mar-2024 01:13 PM |
| Sample Tested In | : Urine | Reported On | : 12-Mar-2024 01:55 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 | 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 | 1.010 | | 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.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***

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