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. KAMESWARAMMA | Sample ID | : A0094070 |
| Age/Gender | : 65 Years/Female | Reg. No | : 0312403200022 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-Mar-2024 07:11 AM |
| Primary Sample | : Whole Blood | Received On | : 20-Mar-2024 12:30 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 20-Mar-2024 02:20 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) | **10.6** | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | **32.5** | % | 40-50 | Calculated |
| RBC Count | **3.53** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | 92 | fl | 81-101 | Calculated |
| MCH | 30.0 | pg | 27-32 | Calculated |
| MCHC | 32.6 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | **14.1** | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 208 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 7.7 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 48 | % | 40-70 | Cell Impedence |
| Lymphocytes | 40 | % | 20-40 | Cell Impedence |
| Monocytes | 08 | % | 2-10 | Microscopy |
| Eosinophils | 04 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 3.7 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | **3.08** | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.62 | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.31 | 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. KAMESWARAMMA | Sample ID | : A0094071, A0094072, A00940 |
| Age/Gender | : 65 Years/Female | Reg. No | : 0312403200022 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 20-Mar-2024 07:11 AM |
| Primary Sample | : Whole Blood | Received On | : 20-Mar-2024 12:30 PM |
| Sample Tested In | : Plasma-NaF(F), Plasma-NaF(PP), | Reported On | : 20-Mar-2024 03:27 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Glucose Fasting (F)** | 98 | 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 Post Prandial (PP)** | 122 | 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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

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## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Blood Urea Nitrogen (BUN)-Serum** | | | | |
| Blood Urea Nitrogen (BUN) | 8.58 | mg/dL | 8.0-23.0 | Calculated |
| Urea-Serum | 18.4 | mg/dL | 17.1-49.2 | 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

| | | | | |
|---|---|---|---|---|
| **Creatinine -Serum** | 0.63 | mg/dL | 0.60-1.20 | 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.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***

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