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. U RAJESHWARI	Sample ID	: A0094038
Age/Gender	: 57 Years/Female	Reg. No	: 0312403210048
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Mar-2024 08:28 PM
Primary Sample	: Whole Blood	Received On	: 21-Mar-2024 10:04 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 21-Mar-2024 10:23 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)	**8.7**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**29.7**	%	40-50	Calculated
RBC Count	**4.26**	10^12/L	4.5-5.5	Cell Impedence
MCV	**70**	fl	81-101	Calculated
MCH	**20.5**	pg	27-32	Calculated
MCHC	**29.3**	g/dL	32.5-34.5	Calculated
RDW-CV	**16.9**	%	11.6-14.0	Calculated
Platelet Count (PLT)	193	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	55	%	40-70	Cell Impedence
Lymphocytes	39	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	4.95	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**3.51**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.36	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.18	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

ilac-MRA
MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. U RAJESHWARI	Sample ID	: A0094037
Age/Gender	: 57 Years/Female	Reg. No	: 0312403210048
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Mar-2024 08:28 PM
Primary Sample	: Whole Blood	Received On	: 21-Mar-2024 10:09 PM
Sample Tested In	: Serum	Reported On	: 21-Mar-2024 10:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	1.01	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.

Liver Function Test (LFT)

Bilirubin(Total)	0.6	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.2	Diazo
Bilirubin (Indirect)	0.5	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	25	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	16	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	**167**	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	**63**	U/L	5-55	IFCC
Protein - Total	7.1	g/dL	6.4-8.2	Biuret
Albumin	4.1	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3	g/dL	2.0-4.2	Calculated
A:G Ratio	1.37	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.56			

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.

ilac-MRA
MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY

*** End Of Report ***

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

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. U RAJESHWARI	Sample ID	: A0094037
Age/Gender	: 57 Years/Female	Reg. No	: 0312403210048
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 21-Mar-2024 08:28 PM
Primary Sample	: Whole Blood	Received On	: 21-Mar-2024 10:09 PM
Sample Tested In	: Serum	Reported On	: 22-Mar-2024 12:09 AM
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)	75.4	ng/dL	40-181	CLIA
T4 (Thyroxine)	6.5	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	**7.34**	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.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY