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. SHRUTHILAYA	Sample ID	: A0094147
Age/Gender	: 26 Years 4 Months 29 Days/Female	Reg. No	: 0312403260026
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 03:52 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 10:00 PM
Sample Tested In	: Serum	Reported On	: 27-Mar-2024 06:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
PDF Attached				
Double Marker				
Free -Beta -HCG	56.33	ng/mL	< 2 :Non-Pregnant 5.4 - 393.4 : Pregnant	CLIA
PAPP-A	14.02	mIU/mL	< 0.1 : Non-Pregnant 0.1-19.5 : Pregnant	CLIA

Interpretation:

DISORDER	SCREEN POSITIVE/HIGH RISK CUT OFF
Trisomy 21 (Down)	< 1:250
Trisomy 18/13	< 1:100

DISORDER	SCREEN NEGATIVE/LOW RISK CUT OFF
Trisomy 21 (Down)	> 1:250
Trisomy 18/13	> 1:100

Note: Statistical evaluation has been done using CE marked PRISCA 5 software. · Screening tests are based on statistical analysis of patient demographic and biochemical data. They simply indicate a high or low risk category. Confirmation of screen positives is recommended by Chorionic Villus Sampling (CVS). · The interpretive unit is MoM (Multiples of Median) which takes into account variables such as gestational age (ultrasound), maternal weight, race, insulin dependent Diabetes, multiple gestation, IVF (Date of Birth of Donor, if applicable), smoking & previous history of Down syndrome. Accurate availability of this data for Risk Calculation is critical. · Ideally all pregnant women should be screened for Prenatal disorders irrespective of maternal age. The test is valid between 9-13.6 weeks of gestation, but ideal sampling time is between 10-13 weeks gestation. · First trimester detection rate of Down syndrome is 60% with a false positive rate of 5%. A combination of Nuchal translucency, Nasal bone visualization and biochemical tests (Combined test) increases the detection rate of Down syndrome to 85% at the same false positive rate.

Comments: First trimester screening for Prenatal disorders (Trisomy 21, 18 & 13) is essential to identify those women at sufficient risk for a congenital anomaly in the fetus to warrant further evaluation and followup. For Open neural tube defects, second trimester screening before 20 weeks is recommended. These are screening procedures which cannot discriminate all affected pregnancies from all unaffected pregnancies. Screening cutoffs are established by using MoM values that maximize the detection rate and minimize false positives.

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY

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REPORT

Name	: Mrs. SHRUTHILAYA	Sample ID	: A0094151
Age/Gender	: 26 Years/Female	Reg. No	: 0312403260027
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 01:33 PM
Primary Sample	:	Received On	: 27-Mar-2024 01:28 PM
Sample Tested In	: Capillary Tube	Reported On	: 27-Mar-2024 01:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	03 min 10 sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05 min 30 ec	Minutes	3 - 7	Capillary Method

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mrs. SHRUTHILAYA	Sample ID	: A0094149
Age/Gender	: 26 Years/Female	Reg. No	: 0312403260027
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 01:33 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 10:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Mar-2024 10:19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	A			Tube Agglutination
Rh Typing	Positive			Tube Agglutination
Complete Blood Count (CBC)				
Haemoglobin (Hb)	**11.1**	g/dL	12-15	Cynmeth Method
RBC Count	**3.79**	10^12/L	4.5-5.5	Cell Impedence
Total WBC Count	6.9	10^9/L	4.0-10.0	Impedance
Platelet Count (PLT)	226	10^9/L	150-410	Cell Impedance
Haematocrit (HCT)	**33.8**	%	40-50	Calculated
MCV	89	fl	81-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	12.9	%	11.6-14.0	Calculated
Differential Count by Flowcytometry /Microscopy				
Neutrophils	55	%	40-70	Cell Impedence
Lymphocytes	39	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Smear				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. SHRUTHILAYA	Sample ID	: A0094150, A0094148
Age/Gender	: 26 Years/Female	Reg. No	: 0312403260027
Referred by	: Dr. MADHAVI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 01:33 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 10:00 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 26-Mar-2024 11:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	73	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.

Creatinine -Serum	0.72	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.

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REPORT

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	1.74	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)
First Trimester : 0.24-2.99
Second Trimester : 0.46-2.95
Third Trimester : 0.43-2.78
Cord Blood : 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Mar-2024 01:33 PM
Primary Sample	: Whole Blood	Received On	: 26-Mar-2024 10:00 PM
Sample Tested In	: Serum	Reported On	: 26-Mar-2024 11:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases

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IMMUNOLOGY & SEROLOGY

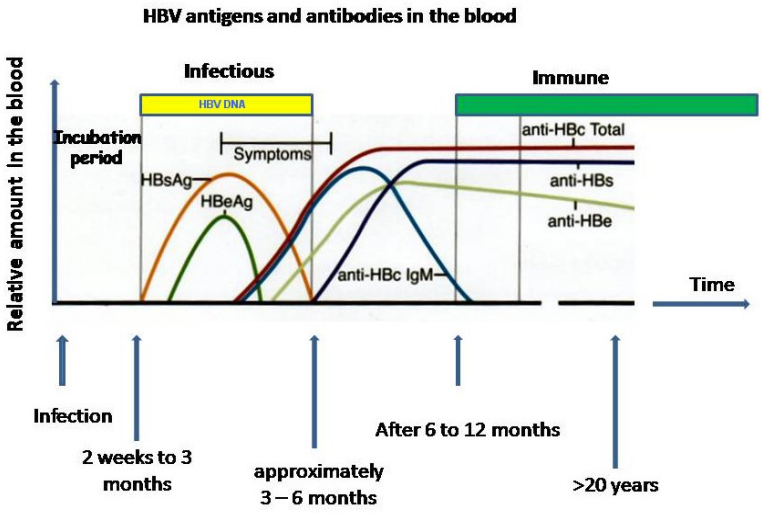
ANTE NATEL PROFILE-ELISA

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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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

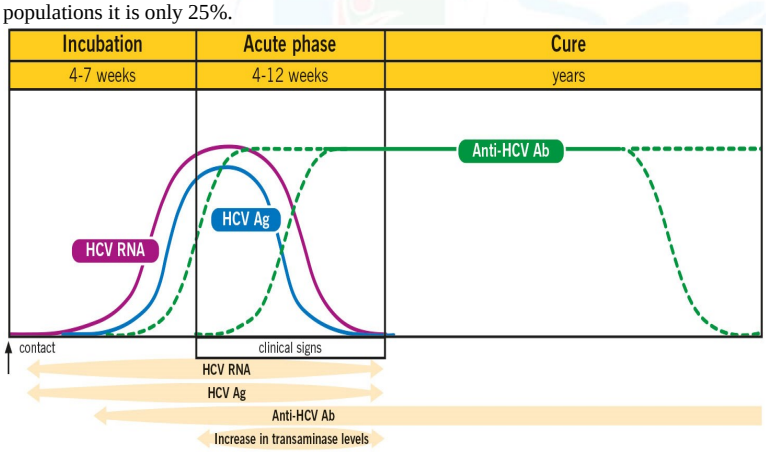
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Interpretation:

1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV 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 HCV.
2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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IMMUNOLOGY & SEROLOGY

ANTE NATEL PROFILE-ELISA

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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*** End Of Report ***

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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

SAGEPATH LABS PVT LTD.,

Date of report: **27-03-2024**
Prisca 5.1.0.17

MADHAVI LATHA

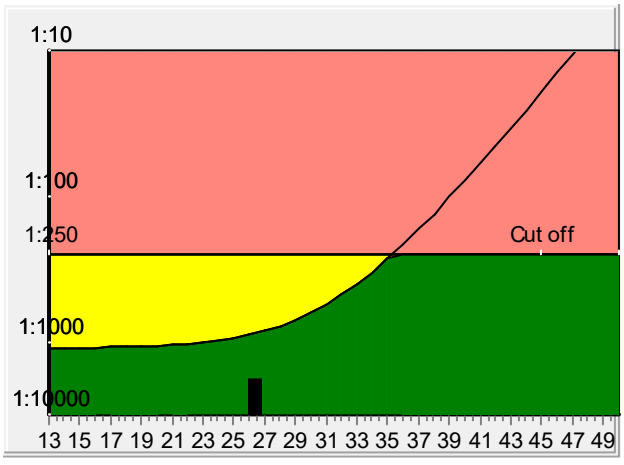
Patient data		Ultrasound data	
Name	Mrs. SHRUTHILAYA	Gestational age at sample date	12 + 0
Birthday	27-10-1997	Method	Scan
Age at sample date	26.4	Scan date	16-02-2024
Patient ID	0312403260026		

Correction factors					
Fetuses	1	IVF	no	Previous trisomy 21 pregnancies	unknown
Weight in kg	59	diabetes	no		
Smoker	no	Origin	Asian		

Pregnancy data		Parameter	Value	Corr. MoM
Sample Date	26-03-2024	PAPP-A	14.02mIU/mL	4.33
		fb-hCG	56.33 ng/mL	1.19

Risks at sampling date			
Age risk at sampling date	1:876	Trisomy 21	<1:10000
Overall population risk	1:600	Trisomy 13/18	<1:10000

Risk



Trisomy 21

The calculated risk for Trisomy 21 is below the cut off which represents a low risk.
After the result of the Trisomy 21 test it is expected that among more than 10000 women with the same data, there is one woman with a trisomy 21 pregnancy.
The PAPP-A level is high.
The calculated risk by PRISCA depends on the accuracy of the information provided by the referring physician.
Please note that risk calculations are statistical approaches and have no diagnostic value!

Trisomy 13/18

The calculated risk for trisomy 13/18 is < 1:10000, which indicates a low risk.

Sign of Physician

below cut off | Below Cut Off, but above Age Risk | above cut off