Tost Name



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)

Method

REPORT

Name : Mr. BAJARU Sample ID : 24864109 Age/Gender : 63 Years/Male Reg. No : 0312404130040 Referred by SPP Code : Dr. SELF : SPL-CV-172 Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 13-Apr-2024 06:42 PM Primary Sample : Whole Blood Received On : 13-Apr-2024 09:43 PM Sample Tested In : Whole Blood EDTA Reported On : 13-Apr-2024 10:46 PM Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY

SAGEP	ATH CARE	1.2	
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Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	15.8	g/dL	13-17	Cynmeth Method
RBC Count	5.17	10^12/L	4.5-5.5	Cell Impedence
Haematocrit (HCT)	46.5	%	40-50	Calculated
MCV	90	fl	81-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.9	g/dL	32.5-34.5	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	173	10^9/L	150-410	Cell Impedance
Total WBC Count	5.3	10^9/L	4.0-10.0	Impedance
Neutrophils	50	%	40-70	Cell Impedence
Absolute Neutrophils Count	2.65	10^9/L	2.0-7.0	Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Absolute Lymphocyte Count	2.12	10^9/L	1.0-3.0	Impedence
Monocytes	06	%	2-10	Microscopy
Absolute Monocyte Count	0.32	10^9/L	0.2-1.0	Calculated
Eosinophils	04	%	1-6	Microscopy
Absolute Eosinophils Count	0.21	10^9/L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
<u>Morphology</u>				
WBC	Within Norr	mal Limits		
RBC	Normocytic	normochromic	blood picture.	
Platelets	Adequate.			Microscopy
Erythrocyte Sedimentation Rate (ESR)	10		14 or less	Westergren method

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. BAJARU Age/Gender : 63 Years/Male

Referred by : Dr. SELF

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24864109

Reg. No : 0312404130040

SPP Code : SPL-CV-172

Collected On : 13-Apr-2024 06:42 PM

Received On : 13-Apr-2024 09:43 PM

Reported On : 13-Apr-2024 10:46 PM

Report Status : Final Report

HAEMATOLOGY

SAGEPATH CARE 1.2

Test Name Results Units Ref. Range Method









Swarnabala - M DR.SWARNA BALA MD PATHOLOGY





Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mr. BAJARU Sample ID : 24864111, 24864109, 248641

Age/Gender : 63 Years/Male Reg. No : 0312404130040

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Apr-2024 06:42 PM
Primary Sample : Whole Blood Received On : 13-Apr-2024 09:58 PM

Primary Sample : Whole Blood Received On : 13-Apr-2024 09:58 PM Sample Tested In : Plasma-NaF(R), Whole Blood EDT Reported On : 13-Apr-2024 10:10 PM

Client Address : Kimtee colony , Gokul Nagar, Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name Results Units Ref. Range Method

Glucose Random (RBS) 76 mg/dL 70-140 Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

	3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200		>=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.

Glycated Hemoglobin (HbA1c) 5.9 % Non Diabetic: < 5.7 HPLC

Pre diabetic: 5.7-6.4

Diabetic:>= 6.5

Mean Plasma Glucose 122.63 mg/dL Calculated

Interpretation:

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG): This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

Calcium8.7mg/dL8.5-10.1o-cresolphthalein
complexone (OCPC)

*** End Of Report ***

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DR. VAISHNAVI MD BIOCHEMISTRY



Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg. No. SAPALAPVLHT (Covid -19)

REPORT

 Name
 : Mr. BAJARU
 Sample ID
 : 24864108

 Age/Gender
 : 63 Years/Male
 Reg. No
 : 0312404130040

 Referred by
 : Dr. SELF
 SPP Code
 : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Apr-2024 06:42 PM
Primary Sample : Whole Blood Received On : 13-Apr-2024 09:58 PM
Sample Tested In : Serum Reported On : 13-Apr-2024 10:10 PM

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	125	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	195	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	44	mg/dL	< 100	Calculated
Cholesterol- VLDL	39	mg/dL	7-35	Calculated
Non HDL Cholesterol	83	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	2.98	%	0-4.0	Calculated
HDL / LDL Ratio	0.95			
LDL/HDL Ratio	1.05	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	I DI Cholesterol	Non HDL Cholesterol in (mg/dL)
Untimai	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	≥ 60	Adult:160-189 Children:>or=130	190 - 219
Very High		>or=500		Adult: >or=190	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL











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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Kida aa Baafila KET				
Kidney Profile-KFT				
Creatinine -Serum	0.93	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	19.1	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	8.93	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	9.60		6 - 22	
Uric Acid	5.5	mg/dL	3.5-7.2	Uricase
Sodium	138	mmol/L	136-145	ISE Direct
Potassium	3.9	mmol/L	3.5-5.1	ISE Direct
Chloride	101	mmol/L	98-108	ISE Direct
Liver Function Test (LFT)				
Bilirubin(Total)	0.7	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.6	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	21	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	12	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	49	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	25	U/L	15-85	IFCC
Protein - Total	6.6	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	2.6	g/dL	2.0-4.2	Calculated
A:G Ratio	1.54	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.75			

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR.VAISHNAVI MD BIOCHEMISTRY



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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

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Test Name	Kesuits	Ullits	Rei. Range	Welliou	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	117.30	ng/dL	40-181	CLIA	
T4 (Thyroxine)	8.2	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	2.37	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

Tost Name

T3 (Triiodothyronine	e):	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 Trimes	ster :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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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Iron Profile-I				
Iron(Fe)	98	μg/dL	65-175	Ferene
Total Iron Binding Capacity (TIBC)	325	μg/dL	250-450	Ferene
Transferrin	227.27	mg/dL	215-365	Calculated
Iron Saturation((% Transferrin Saturation)	30.15	%	20-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	227	μg/dL	110 - 370	FerroZine

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent
- Anemia of chronic disease: Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- Sideroblastic Anemia: Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high
- Hemolytic Anemia: Serum transferrin (and TIBC) normal to low, serum iron high, saturation high
- Hemochromatosis: Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high
- Protein depletion: Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal
- Liver disease: Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

Correlate Clinically.

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*** End Of Report ***





