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	: Mr. T VENKATESH	Sample ID	: A0013388
Age/Gender	: 42 Years/Male	Reg. No	: 0312404180029
Referred by	: Dr. KAMALESH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Apr-2024 12:57 PM
Primary Sample	: Whole Blood	Received On	: 18-Apr-2024 04:13 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Apr-2024 04:57 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)	14.9	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	42.6	%	40-50	Calculated
RBC Count	**4.39**	10^12/L	4.5-5.5	Cell Impedence
MCV	97	fl	81-101	Calculated
MCH	32.0	pg	27-32	Calculated
MCHC	34.0	g/dL	32.5-34.5	Calculated
RDW-CV	**15.1**	%	11.6-14.0	Calculated
Platelet Count (PLT)	267	10^9/L	150-410	Cell Impedance
Total WBC Count	7.5	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.25	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.5	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.45	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.3	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic			PAPs Staining

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DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Apr-2024 12:57 PM
Primary Sample	: Whole Blood	Received On	: 18-Apr-2024 04:13 PM
Sample Tested In	: Serum	Reported On	: 18-Apr-2024 04:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Liver Function Test (LFT)

Test Name	Results	Units	Ref. Range	Method
Bilirubin(Total)	1.1	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.9	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	38	U/L	5-40	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	31	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	109	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	57	U/L	15-85	IFCC
Protein - Total	7.0	g/dL	6.4-8.2	Biuret
Albumin	3.7	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.3	g/dL	2.0-4.2	Calculated
A:G Ratio	1.12	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.23			

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.

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DR.VAISHNAVI
MD BIOCHEMISTRY

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Age/Gender	: 42 Years/Male	Reg. No	: 0312404180029
Referred by	: Dr. KAMALESH	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Apr-2024 12:57 PM
Primary Sample	:	Received On	: 18-Apr-2024 04:13 PM
Sample Tested In	: Urine	Reported On	: 18-Apr-2024 05:00 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	1.025		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	02-04	/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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