

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

-	REPO	RT	
Name	: Mr. SITHA RAMAIAH	Sample ID	: 24864333
Age/Gender	: 74 Years/Male	Reg. No	: 0312404270002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 07:44 AM
Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 12:45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Apr-2024 02:08 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY **SAGEPATH CARE 1.2** Test Name Results Units Ref. Range Method COMPLETE BLOOD COUNT (CBC) Haemoglobin (Hb) 12.0 g/dL 13-17 Cynmeth Method **RBC Count** 10^12/L Cell Impedence 4.65 4.5-5.5 Haematocrit (HCT) 36.0 % 40-50 Calculated MCV 78 fl 81-101 Calculated MCH 25.8 27-32 Calculated pg MCHC 33.3 g/dL 32.5-34.5 Calculated **RDW-CV** Calculated 15.3 % 11.6-14.0 Platelet Count (PLT) 298 10^9/L 150-410 Cell Impedance **Total WBC Count** 10^9/L 4.0-10.0 7.0 Impedance **Neutrophils** 65 % 40-70 Cell Impedence 10^9/L **Absolute Neutrophils Count** 4.55 2.0-7.0 Impedence 28 % 20-40 Cell Impedence Lymphocytes Absolute Lymphocyte Count 10^9/L 1.96 1.0-3.0 Impedence Monocytes 04 % 2-10 Microscopy 10^9/L **Absolute Monocyte Count** 0.28 0.2-1.0 Calculated 03 1-6 **Eosinophils** % Microscopy 0.21 **Absolute Eosinophils Count** 10^9/L 0.02-0.5 Calculated **Basophils** 0 % 1-2 Microscopy **Absolute Basophil ICount** 0.00 10^9/L 0.0-0.3 Calculated Atypical cells / Blasts 0 % Morphology WBC Within normal limits. RBC Normocytic normochromic blood picture Platelets Adequate Microscopy



Swarnabale - 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. SITHA RAMAIAH	Sample ID	: 24864333
Age/Gender	: 74 Years/Male	Reg. No	: 0312404270002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 07:44 AM
Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 12:45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Apr-2024 02:08 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY				
SAGEPATH CARE 1.2				
Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR) 24 30 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)

			REPO	KI —		
ame	: Mr. SITHA RAMA	IAH		S	Sample ID	: 24864331, 24864336, 248
je/Gender	: 74 Years/Male			R	Reg. No	: 0312404270002
eferred by	: Dr. SELF			S	SPP Code	: SPL-CV-172
ferring Cu	stomer : V CARE MEDICA	L DIAGNOSTICS		С	Collected On	: 27-Apr-2024 07:44 AM
mary Sam				R	Received On	: 27-Apr-2024 12:45 PM
mple Test		Plasma-NaF(PP)	1	R	Reported On	: 27-Apr-2024 06:39 PM
ent Addre					eport Status	: Final Report
		CLINIC	AL BIOC	HEMIS	TRY	
		SAGE	EPATH	CARE 1	.2	
est Name		Results	Units		Ref. Range	Method
ilucose Fas	sting (F)	161	mg/dl		70-100	GOD-POD
		-	mg/u	-	70-100	600-100
Diagnosis	Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL)	2018 2hrsPlasma Glucos	e(ma/dl)	HbA1c(%)	RBS(mg/dL)	
Prediabetes	100-125	140-199	se(iiig/uL)	5.7-6.4	NA NA	-
		1			>=200(with symptoms)	-
Diabetes	> = 126	>=200		> = 6.5		
	petes care 2018:41(suppl.1):S13-S27					
Reference: Dial	Jeles care 2010.41(30ppl.1).010 021			_	70-140	Hexokinase (HK)
	st Prandial (PP)	256	mg/dl			
ilucose Po			mg/ai			
Interpretation of	st Prandial (PP)			HbA1c(%)	RBS(mg/dL)	
Interpretation of Diagnosis	<b>st Prandial (PP)</b> Plasma Glucose based on ADA guidelines	2018		1	RBS(mg/dL)	
Interpretation of Diagnosis Prediabetes Diabetes	St Prandial (PP) Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL)	2018  2hrsPlasma Glucose( 140-199 > = 200		HbA1c(%)		are
Blucose Pos Interpretation of Diagnosis Prediabetes Diabetes Diabetes Reference: Diat • Postprand • If glucose • If level af • Advise H	st Prandial (PP) Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL) 100-125 > = 126 Detes care 2018:41(suppl.1):S13-S27 tial glucose level is a screening test for Dia level is >140 mg/dL and <200 mg/dL, then ter 2 hours = >200 mg/dL diabetes mellitu bA1c for further evaluation.	2018 2hrsPlasma Glucose( 140-199 > = 200 Abetes Mellitus n GTT (glucose tolerance to is is confirmed.	(mg/dL)	HbA1c(%) 5.7-6.4 > = 6.5	NA >=200(with symptoms)	HPI C
Sucose Pos Interpretation of Diagnosis Prediabetes Diabetes Diabetes Reference: Diat • Postprand • If glucose • If level af • Advise H	st Prandial (PP) Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL) 100-125 > = 126 Detes care 2018:41(suppl.1):S13-S27 tial glucose level is a screening test for Dia level is >140 mg/dL and <200 mg/dL, then ter 2 hours = >200 mg/dL diabetes mellitu	2018 2hrsPlasma Glucose( 140-199 > = 200 Abetes Mellitus n GTT (glucose tolerance	(mg/dL)	HbA1c(%) 5.7-6.4 > = 6.5	NA	HPLC
Sucose Pos Interpretation of Diagnosis Prediabetes Diabetes Diabetes Reference: Diat • Postprand • If glucose • If level af • Advise H	st Prandial (PP) Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL) 100-125 > = 126 Detes care 2018:41(suppl.1):S13-S27 tial glucose level is a screening test for Dia level is >140 mg/dL and <200 mg/dL, thei ter 2 hours = >200 mg/dL diabetes mellitu bA1c for further evaluation.	2018 2hrsPlasma Glucose( 140-199 > = 200 Abetes Mellitus n GTT (glucose tolerance to is is confirmed.	(mg/dL)	HbA1c(%) 5.7-6.4 > = 6.5	NA >=200(with symptoms) Health Ca Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4	HPLC Calculated
Slucose Pos Interpretation of Diagnosis Prediabetes Diabetes Diabetes Reference: Diat • Postprand • If glucose • If level af • Advise H Slycated He Mean Plasm Interpretation: • Glycatect	st Prandial (PP) Plasma Glucose based on ADA guidelines FastingPlasma Glucose(mg/dL) 100-125 > = 126 Detes care 2018:41(suppl.1):S13-S27 tial glucose level is a screening test for Dia level is >140 mg/dL and <200 mg/dL, then ter 2 hours = >200 mg/dL diabetes mellitu bA1c for further evaluation. moglobin (HbA1c) a Glucose I hemoglobins (GHb), also called glyc ation of serum glucose. Since red bloc	2018 2hrsPlasma Glucose( 140-199 > = 200 2betes Mellitus a GTT (glucose tolerance to sis is confirmed. 9.3 220.21 200 200 200 200 200 200 200 200 200 2	(mg/dL) Henne test) is advised % mg/dl tances forme ge of 120 da only 4% to 6	HbA1c(%) 5.7-6.4 > = 6.5 Control 10 L d when gluc ys, the meas % of hemog	NA >=200(with symptoms) Health Ca Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 cose binds to hemoglobin, at surement of GHb provides a lobin is bound to glucose, w	Calculated nd occur in amounts proportional to the n index of a person's average blood glucoso thile elevated glycohemoglobin levels are so

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited



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. SITHA RAMAIAH	Sample ID	: 24864334
	Age/Gender	: 74 Years/Male	Reg. No	: 0312404270002
	Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
	Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 07:44 AM
	Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 12:45 PM
	Sample Tested In	: Serum	Reported On	: 27-Apr-2024 06:28 PM
10.	Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report
2				

Ē

SAGEPATH CARE 1.2				
Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	134	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	182	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	55.6	mg/dL	< 100	Calculated
Cholesterol- VLDL	36.4	mg/dL	7-35	Calculated
Non HDL Cholesterol	92	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.19	%	0-4.0	Calculated
HDL / LDL Ratio	0.76			
LDL/HDL Ratio	1.32	%	0-3.5	Calculated

**CLINICAL BIOCHEMISTRY** 

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)	Trialvcerides	HDL Cholesterol (mg/dL)	LDL Cholesterol	Non HDL Cholesterol in (mg/dL)
Optimal	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





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. SITHA RAMAIAH
Age/Gender	: 74 Years/Male
Referred by	: Dr. SELF
Referring Customer	: V CARE MEDICAL DIAGNOSTICS
Primary Sample	: Whole Blood
Sample Tested In	: Serum
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka

 Sample ID
 : 24864334

 Reg. No
 : 0312404270002

 SPP Code
 : SPL-CV-172

 Collected On
 : 27-Apr-2024 07:44 AM

 Received On
 : 27-Apr-2024 12:45 PM

 Reported On
 : 27-Apr-2024 06:28 PM

 Report Status
 : Final Report

CLINICAL BIOCHEMISTRY				
SAGEPATH CARE 1.2				
Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.82	mg/dL	0.70-1.30	Sarcosine oxidase
Urea-Serum	35.2	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Blood Urea Nitrogen (BUN)	16.45	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	20.06		6 - 22	
Uric Acid	6.0	mg/dL	3.5-7.2	Uricase
Sodium	144	mmol/L	136-145	ISE Direct
Potassium	3.9	mmol/L	3.5-5.1	ISE Direct
Chloride	98	mmol/L	98-108	ISE Direct
Liver Function Test (LFT)				
Bilirubin(Total)	0.4	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.1	mg/dL	0.0 - 0.5	Diazo
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	18	U/L	5-48	IFCC with out (P-5-P)
Alanine Aminotransferase (ALT/SGPT)	13	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	121	U/L	40-150	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	15-85	IFCC
Protein - Total	7.5	g/dL	6.4-8.2	Biuret
Albumin	4.0	g/dL	3.4-5.0	Bromocresol purple (BCP)
Globulin	3.5	g/dL	2.0-4.2	Calculated
A:G Ratio	1.14	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.38			

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited







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. SITHA RAMAIAH	Sample ID	: 24864334
Age/Gender	: 74 Years/Male	Reg. No	: 0312404270002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 07:44 AM
Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 12:45 PM
Sample Tested In	: Serum	Reported On	: 27-Apr-2024 06:28 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 Thyroid Profile-I(TFT) T3 (Triiodothyronine) 110.52 ng/dL 40-181 CLIA T4 (Thyroxine) 8.7 µg/dL 3.2-12.6 CLIA **TSH - Thyroid Stimulating Hormone** 1.93 µIU/mL 0.35-5.5 CLIA

#### Pregnancy & Cord Blood

T3 (Triiodothyronin	ie):	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 Trime	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 n	g/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.







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. SITHA RAMAIAH
Age/Gender	: 74 Years/Male
Referred by	: Dr. SELF
Referring Customer	: V CARE MEDICAL DIAGNOSTICS
Primary Sample	: Whole Blood
Sample Tested In	: Serum
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24864334 Reg. No : 0312404270002 SPP Code : SPL-CV-172 Collected On : 27-Apr-2024 07:44 AM Received On : 27-Apr-2024 12:45 PM Reported On : 27-Apr-2024 06:28 PM **Report Status** : Final Report

CLINICAL BIOCHEMISTRY								
SAGEPATH CARE 1.2								
Test Name	Results	Units	Ref. Range	Method				
Iron Profile-I								
Iron(Fe)	43	µg/dL	65-175	Ferene				
Total Iron Binding Capacity (TIBC)	469	µg/dL	250-450	Ferene				
Transferrin	327.97	mg/dL	215-365	Calculated				
Iron Saturation((% Transferrin Saturation)	9.17	%	20-50	Calculated				
Unsaturated Iron Binding Capacity (UIBC)	426	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 disease

• 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.





BIOCHEMISTRY



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

	KLFUKT		
Name	: Mr. SITHA RAMAIAH	Sample ID	: 24864322
Age/Gender	: 74 Years/Male	Reg. No	: 0312404270002
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 07:44 AM
Primary Sample	:	Received On	: 27-Apr-2024 12:45 PM
Sample Tested In	: Urine	Reported On	: 27-Apr-2024 03:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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	Strip Reflectance				
Protein	(+)		Negative	Strip Reflectance				
Bilirubin (Bile)	Negative		Negative	Strip Reflectance				
Urobilinogen	Negative		Negative	Ehrlichs reagent				
Ketone Bodies	Negative		Negative	Strip Reflectance				
Specific Gravity	1.015		1.000 - 1.030	Strip Reflectance				
Blood	Negative		Negative	Strip Reflectance				
Reaction (pH)	6.5		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	03-04	/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 \*\*\*



Swarnabala - M DR.SWARNA BALA MD PATHOLOGY