

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. A SATHYAVATHI Sample ID : A0287048

Age/Gender : 78 Years/Female Reg. No : 0312406030009

Referred by : Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm)) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 03-Jun-2024

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 03-Jun-2024 10:13 AM
Primary Sample : Whole Blood Received On : 03-Jun-2024 01:32 PM
Sample Tested In : Whole Blood EDTA Reported On : 03-Jun-2024 02:11 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)	10.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	32.7	%	40-50	Calculated
RBC Count	3.66	10^12/L	4.5-5.5	Cell Impedence
MCV	89	fl	81-101	Calculated
MCH	28.2	pg	27-32	Calculated
MCHC	31.6	g/dL	32.5-34.5	Calculated
RDW-CV	15.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	183	10^9/L	150-410	Cell Impedance
Total WBC Count	8.5	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	26	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.95	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.21	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.17	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	10^9/L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic anemia			PAPs Staining







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name : Mrs. A SATHYAVATHI Sample ID : A0287047, A0287050 Age/Gender : 78 Years/Female Reg. No : 0312406030009 Referred by : Dr. K KRISHNA RAO (MBBS,FCGP,DNB(osm)) SPP Code : SPL-CV-172

: V CARE MEDICAL DIAGNOSTICS Referring Customer Collected On : 03-Jun-2024 10:13 AM Primary Sample : Whole Blood : 03-Jun-2024 01:44 PM Received On

Sample Tested In : Plasma-NaF(R), Serum Reported On : 03-Jun-2024 03:38 PM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method

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

Interpretation of Plasma Glucose based on ADA guidelines 2018

merpretation of Flashia Glacose based on 71571 guidelines 2010				
Diagnosis	· · · · · · · · · · · · · · · · · · ·	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes		140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200	I I	>=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.

Blood Urea Nitrogen (BUN)-Serum

Blood Urea Nitrogen (BUN) Calculated 41 mg/dL 8.0-23.0 87.0 **Urea-Serum** mg/dL 17.1-49.2 Glutamate dehydrogenase+Calculation

Interpretation:

BUN stands for blood urea nitrogen. Urea nitrogen is what forms when protein breaks down. The BUN test is often done to check kidney function

- Higher-than-normal level may be due to:
- Congestive heart failure
- Excessive protein level in the gastrointestinal tract
- Gastrointestinal bleeding
- Hypovolemia (dehydration)
- Kidney disease, including glomerulonephritis, pyelonephritis, and acute tubular necrosis
- Lower-than-normal level may be due to:
- Liver failure
- Low protein diet
- Malnutrition











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CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Ref. Range	Method	
Creatinine -Serum	5.50	mg/dL	0.60-1.20	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.

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited

*** End Of Report ***









DR.VAISHNAVI MD BIOCHEMISTRY