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. M RAMESH	Sample ID	: A0643763
Age/Gender	: 41 Years/Male	Reg. No	: 0312407050050
Referred by	: Dr. SHARAN	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jul-2024 08:42 PM
Primary Sample	: Whole Blood	Received On	: 05-Jul-2024 10:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Jul-2024 10:45 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)	14.3	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	**39.8**	%	40-50	Calculated
RBC Count	4.94	10^12/L	4.5-5.5	Cell Impedence
MCV	**81**	fl	81-101	Calculated
MCH	28.9	pg	27-32	Calculated
MCHC	**35.9**	g/dL	32.5-34.5	Calculated
RDW-CV	14.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	247	10^9/L	150-410	Cell Impedance
Total WBC Count	5.1	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	43	%	40-70	Cell Impedence
Lymphocytes	**51**	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	2.19	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.6	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	**0.15**	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.15	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Relative Lymphocytosis			PAPs Staining

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Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 05-Jul-2024 10:32 PM
Sample Tested In	: Serum	Reported On	: 05-Jul-2024 11:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
25 - Hydroxy Vitamin D	**12.28**	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

Interpretation:

1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.

2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.

3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.

4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:

1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	**209**	pg/mL	211-911	CLIA

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

1.Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
2.Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

1.Liver disease (such as cirrhosis or hepatitis)
2.Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

Result rechecked and verified for abnormal cases

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DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 05-Jul-2024 10:27 PM
Sample Tested In	: Serum	Reported On	: 06-Jul-2024 12:35 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

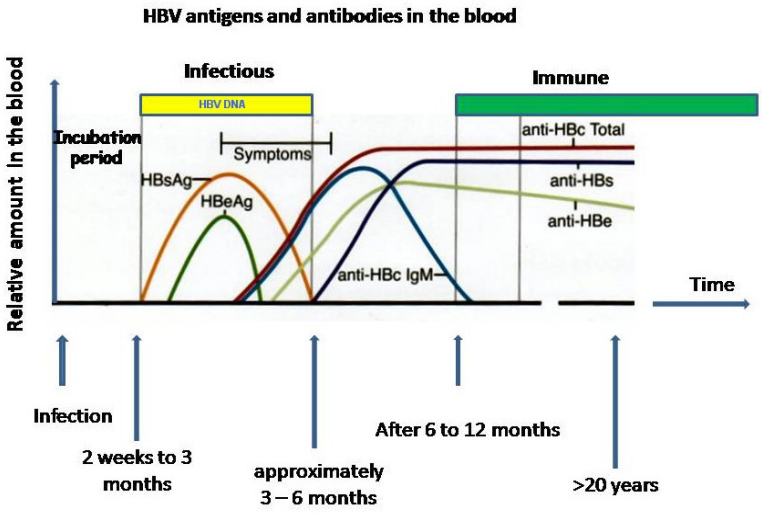
VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.36	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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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

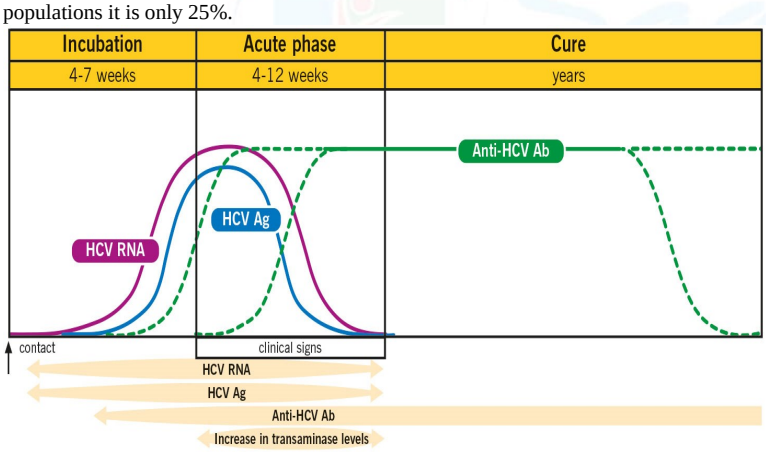
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.22	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

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

VIRAL SCREENING

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.26	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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