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

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	14.2	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	41.9	%	40-50	Calculated
RBC Count	4.83	10^12/L	4.5-5.5	Cell Impedence
MCV	87	fl	81-101	Calculated
MCH	29.5	pg	27-32	Calculated
MCHC	33.9	g/dL	32.5-34.5	Calculated
RDW-CV	13.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	160	10^9/L	150-410	Cell Impedance
Total WBC Count	5.3	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	3.71	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.06	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.32	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.21	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic			PAPs Staining

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Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mr. L LAXMAIAH	Sample ID	: A0590379, A0590382
Age/Gender	: 70 Years/Male	Reg. No	: 0312408010015
Referred by	: Dr. SATISH G AGRAHARAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Aug-2024 10:26 AM
Primary Sample	: Whole Blood	Received On	: 01-Aug-2024 01:58 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 01-Aug-2024 05:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	98	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=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)	11.0	mg/dL	8.0-23.0	Calculated
Urea-Serum	23.0	mg/dL	17.1-49.2	Calculated

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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Primary Sample	: Whole Blood	Received On	: 01-Aug-2024 01:58 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 01-Aug-2024 05:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.90	mg/dL	0.70-1.30	Jaffes Kinetic

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.

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REPORT

Name	: Mr. L LAXMAIAH	Sample ID	: A0590357
Age/Gender	: 70 Years/Male	Reg. No	: 0312408010015
Referred by	: Dr. SATISH G AGRAHARAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Aug-2024 10:26 AM
Primary Sample	:	Received On	: 01-Aug-2024 02:37 PM
Sample Tested In	: Urine	Reported On	: 01-Aug-2024 05:01 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	HAZY		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	1.010		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	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	06-08	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/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.

Laboratory is NABL Accredited

*** End Of Report ***

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