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	: Mrs. NIHARIKA	Sample ID	: A0590565
Age/Gender	: 25 Years/Female	Reg. No	: 0312408050028
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Aug-2024 01:14 PM
Primary Sample	: Whole Blood	Received On	: 05-Aug-2024 04:35 PM
Sample Tested In	: Citrated Plasma	Reported On	: 05-Aug-2024 06:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Activated Partial Thromboplastin Time (APTT/PTTK)				
Patient Value	37.40	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

Comments:APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

PROTHROMBIN TIME (P TIME)

PT-Patient Value	14.1	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.08			
PT INR	1.10		0.9-1.2	

Interpretation :

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Note

1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity
2. Prolonged INR suggests potential bleeding disorder / bleeding complications
3. Results should be clinically correlated
4. Test conducted on Citrated plasma

*** End Of Report ***

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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Name	: Mrs. NIHARIKA	Sample ID	: A0590566
Age/Gender	: 25 Years/Female	Reg. No	: 0312408050028
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Aug-2024 01:14 PM
Primary Sample	: Whole Blood	Received On	: 05-Aug-2024 04:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Aug-2024 05:58 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)	**9.1**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**30.4**	%	40-50	Calculated
RBC Count	**3.76**	10^12/L	3.8-4.8	Cell Impedence
MCV	**81**	fl	81-101	Calculated
MCH	**24.3**	pg	27-32	Calculated
MCHC	**30.1**	g/dL	32.5-34.5	Calculated
RDW-CV	**14.4**	%	11.6-14.0	Calculated
Platelet Count (PLT)	287	10^9/L	150-410	Cell Impedance
Total WBC Count	**12.2**	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	**77**	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	02	%	2-10	Microscopy
Eosinophils	01	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	**9.39**	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.44	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.24	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.12	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis with Microcytic hypochromic anemia with Neutrophilic Leucocytosis			PAPs Staining

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REPORT

Name	: Mrs. NIHARIKA	Sample ID	: A0590563
Age/Gender	: 25 Years/Female	Reg. No	: 0312408050028
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Aug-2024 01:14 PM
Primary Sample	: Whole Blood	Received On	: 05-Aug-2024 04:48 PM
Sample Tested In	: Serum	Reported On	: 05-Aug-2024 05:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	2.81	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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MD BIOCHEMISTRY

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REPORT

Name	: Mrs. NIHARIKA	Sample ID	: A0590571
Age/Gender	: 25 Years/Female	Reg. No	: 0312408050028
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Aug-2024 01:14 PM
Primary Sample	:	Received On	: 05-Aug-2024 04:21 PM
Sample Tested In	: Urine	Reported On	: 05-Aug-2024 07:20 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	1.030		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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