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. ESHWARAMMA | Sample ID | : A0590845 |
| Age/Gender | : 89 Years/Male | Reg. No | : 0312408150002 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 15-Aug-2024 08:12 AM |
| Primary Sample | : Whole Blood | Received On | : 15-Aug-2024 03:49 PM |
| Sample Tested In | : Serum | Reported On | : 15-Aug-2024 05:15 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **C-Reactive protein-(CRP)** | **99.62** | mg/L | Upto:6.0 | Immunoturbidimetry |

**Interpretation:**

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Result rechecked and verified for abnormal cases

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY

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## REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. ESHWARAMMA | Sample ID | : A0590846 |
| Age/Gender | : 89 Years/Male | Reg. No | : 0312408150002 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 15-Aug-2024 08:12 AM |
| Primary Sample | : Whole Blood | Received On | : 15-Aug-2024 03:45 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 15-Aug-2024 04:21 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) | **8.8** | g/dL | 13-17 | Cynmeth Method |
| Haematocrit (HCT) | **28.0** | % | 40-50 | Calculated |
| RBC Count | **3.09** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | 91 | fl | 81-101 | Calculated |
| MCH | 28.5 | pg | 27-32 | Calculated |
| MCHC | 32.5 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | **19.2** | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 150 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 8.6 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 70 | % | 40-70 | Cell Impedence |
| Lymphocytes | 24 | % | 20-40 | Cell Impedence |
| Monocytes | 04 | % | 2-10 | Microscopy |
| Eosinophils | 02 | % | 1-6 | Microscopy |
| Basophils | 00 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 6.02 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 2.06 | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.34 | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.17 | 10^9/L | 0.02-0.5 | Calculated |
| Absolute Basophil lCount | 0.00 | 10^9/L | 0.0-0.3 | Calculated |
| Morphology | Anisocytosis With Normocytic Normochromic | | | PAPs Staining |

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## REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. ESHWARAMMA | Sample ID | : A0590845 |
| Age/Gender | : 89 Years/Male | Reg. No | : 0312408150002 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 15-Aug-2024 08:12 AM |
| Primary Sample | : Whole Blood | Received On | : 15-Aug-2024 03:49 PM |
| Sample Tested In | : Serum | Reported On | : 15-Aug-2024 04:53 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** | **7.98** | 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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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## REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. ESHWARAMMA | Sample ID | : A0590845 |
| Age/Gender | : 89 Years/Male | Reg. No | : 0312408150002 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 15-Aug-2024 08:12 AM |
| Primary Sample | : Whole Blood | Received On | : 15-Aug-2024 03:49 PM |
| Sample Tested In | : Serum | Reported On | : 15-Aug-2024 05:15 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |



## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Kidney Profile-KFT** | | | | |
| Creatinine -Serum | 1.27 | mg/dL | 0.70-1.30 | Jaffes Kinetic |
| Urea-Serum | 46.6 | mg/dL | 17.1-49.2 | Calculated |
| Blood Urea Nitrogen (BUN) | 21.78 | mg/dL | 8.0-23.0 | Calculated |
| BUN / Creatinine Ratio | 17.15 | | 6 - 22 | |
| Uric Acid | **7.8** | mg/dL | 3.5-7.2 | Uricase |
| Sodium | 142 | mmol/L | 135-150 | ISE Direct |
| Potassium | 3.9 | mmol/L | 3.5-5.0 | ISE Direct |
| Chloride | 101 | mmol/L | 94-110 | ISE Direct |

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

# REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. ESHWARAMMA | Sample ID | : A0643623 |
| Age/Gender | : 89 Years/Male | Reg. No | : 0312408150002 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 15-Aug-2024 08:12 AM |
| Primary Sample | : | Received On | : 15-Aug-2024 03:45 PM |
| Sample Tested In | : Urine | Reported On | : 15-Aug-2024 05:16 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 | Yellowish | | Straw to light amber | |
| Appearance | HAZY | | Clear | |
| **Chemical Examination** | | | | |
| Glucose | Negative | | Negative | Strip Reflectance |
| Protein | (+) | | Negative | Strip Reflectance |
| Bilirubin (Bile) | (+) | | Negative | Strip Reflectance |
| Urobilinogen | Negative | | Negative | Ehrlichs reagent |
| Ketone Bodies | Negative | | Negative | Strip Reflectance |
| Specific Gravity | 1.005 | | 1.000 - 1.030 | Strip Reflectance |
| Blood | (+) | | Negative | Strip Reflectance |
| Reaction (pH) | 7.0 | | 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. | 02-04 | /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
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*** End Of Report ***

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