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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. NAVANEETHA	Sample ID	: A0934009
Age/Gender	: 28 Years/Female	Reg. No	: 0312409070005
Referred by	: Dr. ARUN KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Sep-2024 10:17 AM
Primary Sample	: Whole Blood	Received On	: 07-Sep-2024 04:04 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Sep-2024 05:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	9	mm/hr	10 or less	Westergren method

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

*** End Of Report ***

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Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Complete Blood Count (CBC)				
Haemoglobin (Hb)	12.1	g/dL	12-15	Cynmeth Method
RBC Count	4.05	10^12/L	3.8-4.8	Cell Impedence
Total WBC Count	6.8	10^9/L	4.0-10.0	Impedance
Platelet Count (PLT)	302	10^9/L	150-410	Cell Impedance
Haematocrit (HCT)	**32.5**	%	40-50	Calculated
MCV	**80**	fl	81-101	Calculated
MCH	29.8	pg	27-32	Calculated
MCHC	**32.0**	g/dL	32.5-34.5	Calculated
RDW-CV	13.8	%	11.6-14.0	Calculated
Differential Count by Flowcytometry /Microscopy				
Neutrophils	65	%	40-70	Cell Impedence
Lymphocytes	30	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Smear				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

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Sample Tested In	: Serum	Reported On	: 07-Sep-2024 07:37 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Calcium	9.4	mg/dL	8.5-10.1	Arsenazo

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

Total IgE	27.1	IU/mL	Upto 378	CLIA

Interpretation:

- Allergies are a common and chronic condition that involves the body's immune system. Normally, your immune system works to fight off viruses, bacteria, and other infectious agents. When you have an allergy, your immune system treats a harmless substance, like dust or pollen, as a threat. To fight this perceived threat, your immune system makes antibodies called immunoglobulin E (IgE).
- Substances that cause an allergic reaction are called allergens. Besides dust and pollen, other common allergens include animal dander, foods, including nuts and shellfish, and certain medicines, such as penicillin.
- Allergy symptoms can range from sneezing and a stuffy nose to a life-threatening complication called anaphylactic shock. Allergy blood tests measure the amount of IgE antibodies in the blood. A small amount of IgE antibodies is normal. A larger amount of IgE may mean you have an allergy.

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

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	185	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	76	mg/dL	< 150	GPO-POD
Cholesterol-HDL	51	mg/dL	40-60	Direct
Cholesterol-LDL	**118.8**	mg/dL	< 100	Calculated
Cholesterol- VLDL	15.2	mg/dL	7-35	Calculated
Non HDL Cholesterol	**134**	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	3.63	%	0-4.0	Calculated
HDL / LDL Ratio	0.43			
LDL/HDL Ratio	2.33	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	**≥ 60**	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -------	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula**). Calculated values not provided for LDL and VLDL

Result rechecked and verified for abnormal cases

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.61	mg/dL	0.60-1.10	Jaffes Kinetic
Urea-Serum	17.1	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	7.99	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	13.10		6 - 22	
Uric Acid	4.5	mg/dL	2.6-6.0	Uricase
Sodium	140	mmol/L	135-150	ISE Direct
Potassium	4.2	mmol/L	3.5-5.0	ISE Direct
Chloride	105	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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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.8	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.6	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	33	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	38	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	130	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	36	U/L	5-55	IFCC
Protein - Total	6.8	g/dL	6.4-8.2	Biuret
Albumin	4.1	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.7	g/dL	2.0-4.2	Calculated
A:G Ratio	1.52	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	0.87			

Alanine Aminotransferase(ALT) is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.
Aspartate Aminotransferase (AST) is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.
Alkaline phosphate (ALP) is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.
Gamma-glutamyl Transpeptidase (GGTP) is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.
Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.
Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	102.82	ng/dL	70-204	CLIA
T4 (Thyroxine)	10.3	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	3.19	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.

Correlate Clinically.

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