

# Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Req. No. SAPALAPVLHT (Covid -19)

## REPORT

Name : Mr. MALLESH Sample ID : A0934129 Age/Gender : 27 Years/Male Reg. No : 0312409100048 Referred by SPP Code : Dr. Ravisankar Reddy : SPL-CV-172 Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 10-Sep-2024 09:47 PM Primary Sample : Whole Blood Received On : 10-Sep-2024 10:47 PM Sample Tested In : Citrated Plasma Reported On : 10-Sep-2024 11:09 PM

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

HAEMATOLOGY							
Test Name	Results	Units	Ref. Range	Method			
PROTHROMBIN TIME (P TIME)							
PT-Patient Value	13.8	Secs	10-15	Photo Optical Clot Detection			
PT-Mean Control Value	13.00	Seconds					
PT Ratio	1.06						
PT INR	1.00		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



# 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. MALLESHSample ID: A0934128Age/Gender: 27 Years/MaleReg. No: 0312409100048Referred by: Dr. Ravisankar ReddySPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 10-Sep-2024 09:47 PM
Primary Sample : Whole Blood Received On : 10-Sep-2024 10:53 PM
Sample Tested In : Serum Reported On : 11-Sep-2024 12:33 AM

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

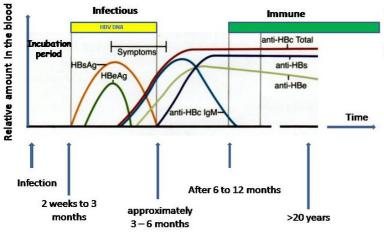
IMMUNOLOGY & SEROLOGY							
Test Name	Results	Units	Ref. Range	Method			
Hepatitis B Surface Antigen (HBsAg)	0.35	S/Co	<1.00 :Negative >1.00 :Positive	ELISA			

## 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.

## HBV antigens and antibodies in the blood



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

\*\*\* End Of Report \*\*\*

Laboratory is NABL Accredited







DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST



## 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. MALLESH Sample ID : A0934128 Reg. No Age/Gender : 27 Years/Male : 0312409100048 Referred by : Dr. Ravisankar Reddy SPP Code : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 10-Sep-2024 09:47 PM Primary Sample : Whole Blood : 10-Sep-2024 10:53 PM Received On Sample Tested In : Serum Reported On : 11-Sep-2024 12:33 AM

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

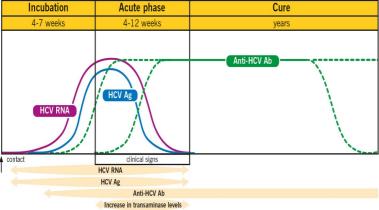
#### **IMMUNOLOGY & SEROLOGY** Results Units Ref. Range Method **Test Name Hepatitis C Virus Antibody** 0.20 S/Co < 1.00 : Negative **ELISA** > 1.00 : Positive

### 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%



- 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

Correlate Clinically.

Laboratory is NABL Accredited

\*\*\* End Of Report \*\*\*







DR. RUTURAJ MANIKLAL KOLHAPURE MD, MICROBIOLOGIST