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. MOHANA	Sample ID	: A0934149
Age/Gender	: 94 Years/Female	Reg. No	: 0312409110050
Referred by	: Dr. KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Sep-2024 07:42 PM
Primary Sample	: Whole Blood	Received On	: 11-Sep-2024 11:08 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Sep-2024 11:24 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)	**11.0**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.0	%	40-50	Calculated
RBC Count	4.50	10^12/L	3.8-4.8	Cell Impedence
MCV	81	fl	81-101	Calculated
MCH	**23.1**	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	**16.8**	%	11.6-14.0	Calculated
Platelet Count (PLT)	182	10^9/L	150-410	Cell Impedance
Total WBC Count	4.4	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	67	%	40-70	Cell Impedence
Lymphocytes	23	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	2.95	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.01	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.26	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.18	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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MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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Referred by	: Dr. KRISHNA RAO	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Sep-2024 07:42 PM
Primary Sample	: Whole Blood	Received On	: 11-Sep-2024 11:08 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 12-Sep-2024 12:07 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	**164**	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)	12.38	mg/dL	10.0-31.0	Calculated
Urea-Serum	26.5	mg/dL	10-50	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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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.62	mg/dL	0.55-1.02	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.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***

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