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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. BHAGYAVATHI REDDY T	Sample ID	: A0934240
Age/Gender	: 74 Years/Female	Reg. No	: 0312409130016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Sep-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Sep-2024 03:48 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	**9.5**	g/dL	12-15	Cynmeth Method
RBC Count	3.83	10^12/L	3.8-4.8	Cell Impedence
Haematocrit (HCT)	**33.6**	%	40-50	Calculated
MCV	88	fl	81-101	Calculated
MCH	27.0	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	13.4	%	11.6-14.0	Calculated
Platelet Count (PLT)	295	10^9/L	150-410	Cell Impedance
Total WBC Count	5.0	10^9/L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedence
Absolute Neutrophils Count	3.5	10^9/L	2.0-7.0	Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Absolute Lymphocyte Count	1	10^9/L	1.0-3.0	Impedence
Monocytes	06	%	2-10	Microscopy
Absolute Monocyte Count	0.3	10^9/L	0.2-1.0	Calculated
Eosinophils	04	%	1-6	Microscopy
Absolute Eosinophils Count	0.2	10^9/L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Atypical cells / Blasts	0	%		
Morphology				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy

Result rechecked and verified for abnormal cases

*** End Of Report ***

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DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. BHAGYAVATHI REDDY T	Sample ID	: A0934240
Age/Gender	: 74 Years/Female	Reg. No	: 0312409130016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Sep-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Sep-2024 04:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	25	mm/hr	30 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.

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REPORT

Name	: Mrs. BHAGYAVATHI REDDY T	Sample ID	: A0934244
Age/Gender	: 74 Years/Female	Reg. No	: 0312409130016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Sep-2024 11:32 AM
Primary Sample	:	Received On	: 13-Sep-2024 01:48 PM
Sample Tested In	: Urine	Reported On	: 13-Sep-2024 02:35 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	1.020		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	7.0		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	04-05	/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.

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REPORT

Name	: Mrs. BHAGYAVATHI REDDY T	Sample ID	: A0934252
Age/Gender	: 74 Years/Female	Reg. No	: 0312409130016
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Sep-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 13-Sep-2024 03:58 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Glucose Fasting (F)	**115**	mg/dL	70-100	Hexokinase

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

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Glycated Hemoglobin (HbA1c)	6.4	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
Mean Plasma Glucose	136.98	mg/dL		Calculated

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated **HPLC** platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Sep-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 13-Sep-2024 01:40 PM
Sample Tested In	: Serum	Reported On	: 13-Sep-2024 05:25 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Calcium	9.6	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.

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Lipid Profile				
Cholesterol Total	**204**	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	**194**	mg/dL	< 150	GPO-POD
Cholesterol-HDL	42	mg/dL	40-60	Direct
Cholesterol-LDL	**123.2**	mg/dL	< 100	Calculated
Cholesterol- VLDL	**38.8**	mg/dL	7-35	Calculated
Non HDL Cholesterol	**162**	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	**4.86**	%	0-4.0	Calculated
HDL / LDL Ratio	0.34			
LDL/HDL Ratio	2.93	%	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

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Creatinine -Serum	0.87	mg/dL	0.55-1.02	Jaffes Kinetic
Urea-Serum	29.1	mg/dL	17.1-49.2	Calculated
Blood Urea Nitrogen (BUN)	13.6	mg/dL	8.0-23.0	Calculated
BUN / Creatinine Ratio	15.63		6 - 22	
Uric Acid	3.58	mg/dL	2.6-6.0	Uricase
Sodium	138	mmol/L	135-150	ISE Direct
Potassium	3.9	mmol/L	3.5-5.0	ISE Direct
Chloride	104	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

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Liver Function Test (LFT)				
Bilirubin(Total)	0.4	mg/dL	0.2-1.2	Diazo
Bilirubin (Direct)	0.2	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.2	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	20	U/L	5-48	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	10	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	**37**	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	15	U/L	5-55	IFCC
Protein - Total	6.9	g/dL	6.4-8.2	Biuret
Albumin	4.1	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	2.8	g/dL	2.0-4.2	Calculated
A:G Ratio	1.46	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	2.00			

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.

Result rechecked and verified for abnormal cases

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Sample Tested In	: Serum	Reported On	: 13-Sep-2024 05:25 PM
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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	162.51	ng/dL	40-181	CLIA
T4 (Thyroxine)	8.9	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	1.17	µlU/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.

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CLINICAL BIOCHEMISTRY

SAGEPATH CARE 1.2

Test Name	Results	Units	Ref. Range	Method
Iron Profile-I				
Iron(Fe)	**46**	µg/dL	50-170	Ferrozine
Total Iron Binding Capacity (TIBC)	418	µg/dL	250-450	Ferrozine
Transferrin	292.31	mg/dL	250-380	Calculated
Iron Saturation((% Transferrin Saturation)	**11**	%	15-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	**372**	ug/dL	110-370	FerroZine

Interpretation:

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

Correlate Clinically.

Result rechecked and verified for abnormal cases
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