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	: Master. SHAIK FAWAZ	Sample ID	: A0934331
Age/Gender	: 4 Years 8 Months 16 Days/Male	Reg. No	: 0312409150043
Referred by	: Dr. B PRABHAKAR REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 07:28 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 08:40 PM
Sample Tested In	: Citrated Plasma	Reported On	: 15-Sep-2024 09:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Activated Partial Thromboplastin Time (APTT/PTTK)				
Patient Value	37.30	sec	26-40	Photo Optical Clot Detection
Control Value	33.00	Sec		Agglutination

Comments:APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

PROTHROMBIN TIME (P TIME)

PT-Patient Value	13.6	Secs	10-15	Photo Optical Clot Detection
PT-Mean Control Value	13.00	Seconds		
PT Ratio	1.05			
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

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 07:28 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 08:40 PM
Sample Tested In	: Serum	Reported On	: 15-Sep-2024 10:11 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)	**9.7**	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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 07:28 PM
Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 08:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Sep-2024 09:05 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)	11.1	g/dL	11-14.5	Cynmeth Method
Haematocrit (HCT)	**31.7**	%	34-40	Calculated
RBC Count	4.04	10^12/L	4.0-5.2	Cell Impedence
MCV	78	fl	77-87	Calculated
MCH	27.4	pg	24-30	Calculated
MCHC	35.0	g/dL	31-37	Calculated
RDW-CV	**15.2**	%	11.6-14.0	Calculated
Platelet Count (PLT)	282	10^9/L	200-490	Cell Impedance
Total WBC Count	5.3	10^9/L	5.0-15.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	50	%	32-61	Cell Impedence
Lymphocytes	45	%	32-60	Cell Impedence
Monocytes	03	%	1-9	Microscopy
Eosinophils	02	%	0-7	Microscopy
Basophils	00	%	0-2	Microscopy
Absolute Neutrophils Count	2.65	10^9/L	1.6-9.5	Impedence
Absolute Lymphocyte Count	2.38	10^9/L	1.6-9.3	Impedence
Absolute Monocyte Count	**0.16**	10^9/L	0.5-1.4	Calculated
Absolute Eosinophils Count	0.11	10^9/L	0.0-1.1	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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Sep-2024 07:28 PM
Primary Sample	:	Received On	: 15-Sep-2024 08:40 PM
Sample Tested In	: Urine	Reported On	: 15-Sep-2024 10:06 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	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.015		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		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	02-03	/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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

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Swarnabala.M
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MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 15-Sep-2024 08:40 PM
Sample Tested In	: Serum	Reported On	: 16-Sep-2024 11:20 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

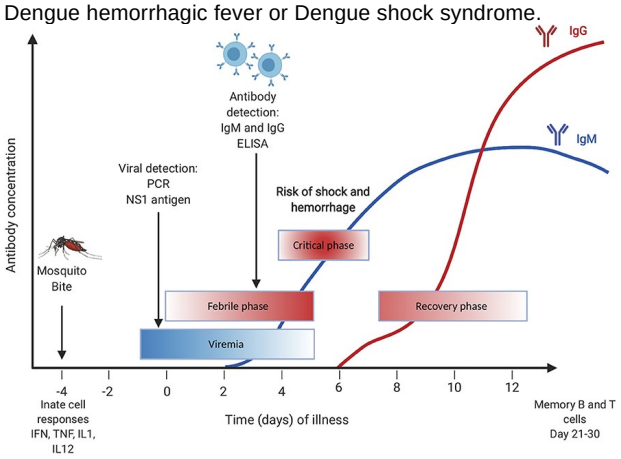
Test Name	Results	Units	Ref. Range	Method
Dengue NS1 Antigen	**1.20**	S/Co	< 0.8~ : Negative 0.8-1.1 : Equivocal > 1.1~ : Positive	ELISA

Interpretation:

Result	Interpretation
Negative	No detectable dengue NS1 antigen. The result does not rule out dengue infection. An additional sample should be tested for IgG & IgM serology in 7-14 days.
Equivocal	Repeat sample after 1 week
Positive	Presence of detectable dengue NS1 antigen. Dengue IgG & IgM serology assays should be performed on follow up samples after 5-7 days of onset of fever, to confirm dengue infection.

Note: Recommended test is NS1 Antigen by ELISA in the first 5 days of fever. After 7-10 days of fever, the recommended test is Dengue fever antibodies IgG & IgM by ELISA

Dengue viruses belong to the family Flaviviridae and have 4 subtypes (1-4). Dengue virus is transmitted by the mosquito Aedes aegypti and Aedes albopictus, widely distributed in Tropical and Subtropical areas of the world. Dengue is considered to be the most important arthropod borne viral disease due to the human morbidity and mortality it causes. The disease may be subclinical, self limiting, febrile or may progress to a severe form of Dengue hemorrhagic fever or Dengue shock syndrome.



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DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

*** End Of Report ***

Correlate Clinically.

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