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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	: Miss. SRIVIDYA	Sample ID	: A0934376, A0934350
Age/Gender	: 23 Years/Female	Reg. No	: 0312409160071
Referred by	: Dr. VENKATA RAMANA Y	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:25 PM
Sample Tested In	: Citrated Plasma, Capillary Tub	Reported On	: 17-Sep-2024 12:03 AM
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	30.50	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

Bleeding Time & Clotting Time				
Bleeding Time (BT)	2:30 Sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	5:50 Sec	Minutes	3 - 7	Capillary Method
PROTHROMBIN TIME (P TIME)				
PT-Patient Value	13.7	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

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DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Miss. SRIVIDYA	Sample ID	: A0933742
Age/Gender	: 23 Years/Female	Reg. No	: 0312409160071
Referred by	: Dr. VENKATA RAMANA Y	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Sep-2024 12:36 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Blood Grouping (A B O)	B			Tube Agglutination
Rh Typing	Positive			Tube Agglutination

*** End Of Report ***

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Sep-2024 11:55 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	**11.9**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.0	%	40-50	Calculated
RBC Count	4.32	10^12/L	3.8-4.8	Cell Impedence
MCV	91	fl	81-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	33.6	g/dL	32.5-34.5	Calculated
RDW-CV	12.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	353	10^9/L	150-410	Cell Impedance
Total WBC Count	8.8	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	25	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	6.16	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.2	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	Normocytic Normochromic			PAPs Staining

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Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Miss. SRIVIDYA	Sample ID	: A0934375, A0934373
Age/Gender	: 23 Years/Female	Reg. No	: 0312409160071
Referred by	: Dr. VENKATA RAMANA Y	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:36 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 17-Sep-2024 12:38 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	88	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.

Urea-Serum	28.2	mg/dL	12.8-42.8	Calculated

Interpretation:

- Catabolism of proteins and amino acids results in the formation of urea, which is predominantly cleared from the body by the kidneys.
- Increased urea with normal creatinine concentrations indicates a pre-renal increase in urea which may be due to a high protein diet, increased protein catabolism, reabsorption of blood proteins after GI haemorrhage, glucocorticoid treatment, dehydration or decreased perfusion of the kidneys.
- An increase in both urea and creatinine concentrations may indicate an obstructive post-renal condition such as malignancy, nephrolithiasis or prostatism.
- A low urea and increased creatinine may indicate acute tubular necrosis, low protein intake, starvation or severe liver disease.

Creatinine -Serum	0.84	mg/dL	0.60-1.10	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.

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DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Miss. SRIVIDYA	Sample ID	: A0934375, A0934373
Age/Gender	: 23 Years/Female	Reg. No	: 0312409160071
Referred by	: Dr. VENKATA RAMANA Y	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
25 - Hydroxy Vitamin D	42.71	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

Interpretation:
1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).
Those who are at high risk of having low levels of vitamin D include:
1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency
Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin)	339	pg/mL	200-911	CLIA

Interpretation:
This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.
Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
-

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Sep-2024 06:29 PM
Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:36 PM
Sample Tested In	: Serum	Reported On	: 17-Sep-2024 12:46 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Result rechecked and verified for abnormal cases

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IMMUNOLOGY & SEROLOGY

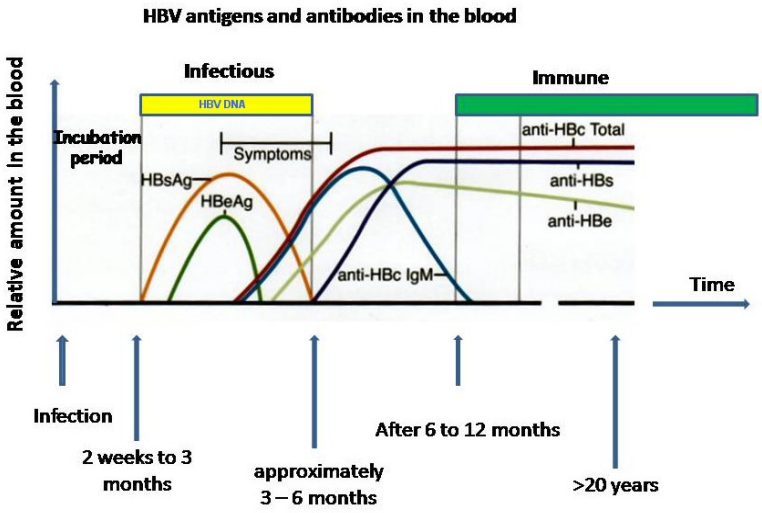
SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.30	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.



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

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Primary Sample	: Whole Blood	Received On	: 16-Sep-2024 11:36 PM
Sample Tested In	: Serum	Reported On	: 17-Sep-2024 12:52 AM
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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

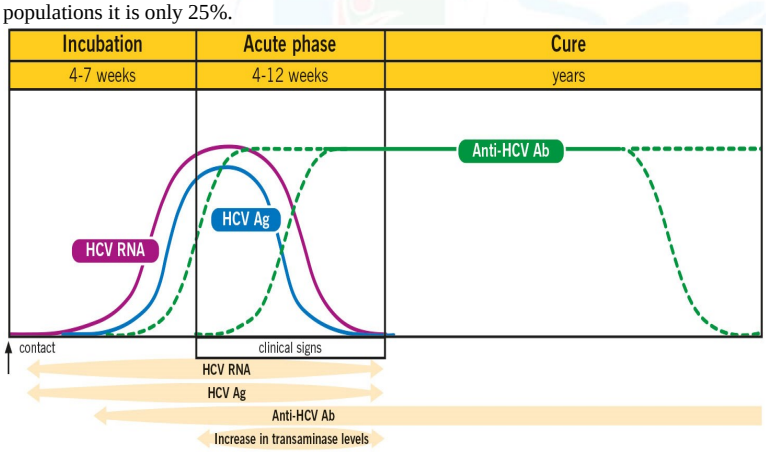
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

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%.



Note:

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

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IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.43	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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