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

LABORATORY TEST REPORT

Name	: Mr. G SATHYAM		
Sample ID	: A0934467		
Age/Gender	: 71 Years/Male	Reg. No	: 0312409200012
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 08:52 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:53 PM
Sample Tested In	: Serum	Reported On	: 20-Sep-2024 02:16 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
C-Reactive protein-(CRP) *(Method: Immunoturbidimetry)*	**20.4**	mg/L	Upto:6.0

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

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 08:52 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:39 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Sep-2024 01:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	14.6	g/dL	13-17
Haematocrit (HCT) *(Method: Calculated)*	**39.5**	%	40-50
RBC Count *(Method: Cell Impedence)*	**4.32**	10^12/L	4.5-5.5
MCV *(Method: Calculated)*	92	fl	81-101
MCH *(Method: Calculated)*	29.5	pg	27-32
MCHC *(Method: Calculated)*	33.0	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.6	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	211	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	6.6	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	57	%	40-70
Lymphocytes *(Method: Cell Impedence)*	37	%	20-40
Monocytes *(Method: Microscopy)*	04	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	0	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	3.76	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.44	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.26	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.13	10^9/L	0.02-0.5
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology *(Method: PAPs Staining)*	Normocytic normochromic		

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HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	**42**	mm/hr	30 or less

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MD PATHOLOGY

REPORT

LABORATORY TEST REPORT

Name	: Mr. G SATHYAM		
Sample ID	: A0934469, A0934470		
Age/Gender	: 71 Years/Male	Reg. No	: 0312409200012
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Sep-2024 08:52 AM
Primary Sample	: Whole Blood	Received On	: 20-Sep-2024 12:53 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 20-Sep-2024 01:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name	Results	Units	Biological Reference Interval
Glucose Fasting (F) *(Method: Hexokinase)*	99	mg/dL	70-100

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

Test Name	Results	Units	Biological Reference Interval
Glucose Post Prandial (PP) *(Method: Hexokinase (HK))*	**173**	mg/dL	70-140

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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.46	mg/dL	0.2-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.12	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.34	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	29.2	U/L	5-48
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	12.2	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	97.1	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	21.5	U/L	15-85
Protein - Total *(Method: Biuret)*	6.62	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	4.1	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	2.52	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.63	%	0.8-2.0
SGOT/SGPT Ratio	2.39		

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.

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*** End Of Report ***

Correlate Clinically.

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