



: 40 Years/Female

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)

LABORATORY TEST REPORT

Name : Mrs. ASHA Sample ID : A0934667

Reg. No : 0312409230036

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Sep-2024 06:01 PM Primary Sample : Whole Blood Received On : 23-Sep-2024 10:47 PM

Sample Tested In : Serum Reported On : 24-Sep-2024 12:00 AM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
1001110		•	Diological Rololollos Illiol val

C-Reactive protein-(CRP) 7.8 mg/L Upto:6.0

Interpretation

Age/Gender

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 ***



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DR.VAISHNAVI
MD BIOCHEMISTRY



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LABORATORY TEST REPORT

Name : Mrs. ASHA Sample ID : A0934668

Age/Gender

Referred by

: 40 Years/Female Reg. No : 0312409230036 : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Sep-2024 06:01 PM
Primary Sample : Whole Blood EDTA Received On : 23-Sep-2024 10:47 PM
Reported On : 23-Sep-2024 11:18 PM

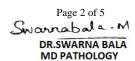
Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY				
Test Name	Results	Units	Biological Reference Interval	
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	<u>10.4</u>	g/dL	12-15	
(Method: Cynmeth Method)		· ·		
Haematocrit (HCT) (Method: Calculated)	<u>35.4</u>	%	40-50	
RBC Count (Method: Cell Impedence)	<u>3.55</u>	10^12/L	3.8-4.8	
MCV (Mothod: Calculated)	100	fl	81-101	
MCH (Method: Calculated)	29.4	pg	27-32	
MCHC (Method: Calculated)	33.2	g/dL	32.5-34.5	
RDW-CV (Method: Calculated)	<u>14.1</u>	%	11.6-14.0	
Platelet Count (PLT) (Method: Cell Impedance)	220	10^9/L	150-410	
Total WBC Count (Method: Impedance)	9.1	10^9/L	4.0-10.0	
Differential Leucocyte Count (DC)				
Neutrophils (Method: Cell Impedence)	65	%	40-70	
Lymphocytes (Methad: Cell Impedence)	30.	%	20-40	
Monocytes (Methad: Microscopy)	04	%	2-10	
Eosinophils (Methad: Microscopy)	01	%	1-6	
Basophils (Method: Microscopy)	00	%	1-2	
Absolute Neutrophils Count	5.92	10^9/L	2.0-7.0	
Absolute Lymphocyte Count	2.73	10^9/L	1.0-3.0	
Absolute Monocyte Count (Method: Calculated)	0.36	10^9/L	0.2-1.0	
Absolute Eosinophils Count	0.09	10^9/L	0.02-0.5	
Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3	
Morphology (Method: PAPs Staining)	Anisocytos	is with Normoc	ytic hypochromic anemia	











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LABORATORY TEST REPORT

Name : Mrs. ASHA Sample ID : A0934594

Age/Gender : 40 Years/Female Reg. No : 0312409230036 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Sep-2024 06:01 PM

Primary Sample : Received On : 23-Sep-2024 10:47 PM Sample Tested In : Urine Reported On : 23-Sep-2024 11:22 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
10011141110	INCOUNT	011110	Biological Rolololloc Illici vai

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance Clear Clear

Chemical Examination

Glucose (Method: Strip Reflectance)

Protein Absent Negative (Method: Strip Reflectance)

Bilirubin (Bile) Negative (Method: Strip Reflectance)

Urobilinogen (Method: Etricks reagent)

Ketone Bodies Negative Negative

Specific Gravity
1.005
1.000 - 1.030

Blood Negative Negative

(Method: Strip Reflectance)

Reaction (pH) 5.5 5.0 - 8.5

(Method: Reagent Strip Reflectance)

Nitrites
(Method: Strip Reflectance)NegativeNegativeLeukocyte esteraseNegativeNegative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-03 00-05 /hpf Nil Nil R.B.C. /hpf **Epithelial Cells** 01-02 /hpf 00-05 Absent Casts Absent Crystals Absent Absent Bacteria Nil Nil Nil **Budding Yeast Cells** Absent

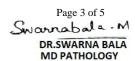
Comments: Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections, diabetes, hypertension and drug toxicity.

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LABORATORY TEST REPORT

Name : Mrs. ASHA Sample ID : A0934669

Age/Gender : 40 Years/Female Reg. No : 0312409230036 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 23-Sep-2024 06:01 PM Primary Sample : Whole Blood Received On : 23-Sep-2024 10:26 PM Sample Tested In : Plasma-NaF(R) Reported On : 23-Sep-2024 11:58 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval

Glucose Random (RBS) 75 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

	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	I .	>=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.

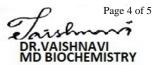
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Excellence in Health Care











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Age/Gender

Sample Tested In

Reg. No : 0312409230036

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn)

: 40 Years/Female

SPP Code : SPL-CV-172 Collected On : 23-Sep-2024 06:01 PM

Referring Customer : V CARE MEDICAL DIAGNOSTICS Primary Sample : Whole Blood

Received On : 23-Sep-2024 10:47 PM : 24-Sep-2024 12:00 AM

: Whole Blood EDTA Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Reported On Report Status : Final Report

CLINICAL BIOCHEMISTRY				
Test Name Results Units Biological Reference Interval				
Glycated Hemoglobin (HbA1c) (Method: HPLC)	4.6	%	Non Diabetic: < 5.7 Pre diabetic: 5.7-6.4 Diabetic: >= 6.5	
Mean Plasma Glucose	85.32	mg/dL		

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		14%
386	_ A _	13%
350	L	12%
314	E	11%
279	R	10%
243	Т	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.

*** End Of Report ***







