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	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451543, A0451544		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:44 PM
Sample Tested In	: Capillary Tube, Citrated Plasm	Reported On	: 28-Sep-2024 05:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Bleeding Time & Clotting Time			
Bleeding Time (BT) *(Method: Capillary Method)*	03:00	Minutes	2 - 5
Clotting Time (CT) *(Method: Capillary Method)*	05:20	Minutes	3 - 7
PROTHROMBIN TIME (P TIME)			
PT-Patient Value *(Method: Photo Optical Clot Detection)*	14.1	Secs	10-15
PT-Mean Control Value	13.00	Seconds	
PT Ratio	1.08		
PT INR	1.10		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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LABORATORY TEST REPORT

Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451541		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Sep-2024 05:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
Blood Grouping (A B O) *(Method: Tube Agglutination)*	A		
Rh Typing *(Method: Tube Agglutination)*	Positive		

*** End Of Report ***

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MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451541		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Sep-2024 03:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	14.5	g/dL	13-17
Haematocrit (HCT) *(Method: Calculated)*	48.4	%	40-50
RBC Count *(Method: Cell Impedence)*	**5.58**	10^12/L	4.5-5.5
MCV *(Method: Calculated)*	87	fl	81-101
MCH *(Method: Calculated)*	**26.0**	pg	27-32
MCHC *(Method: Calculated)*	**30.0**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.2	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	293	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	5.3	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	63	%	40-70
Lymphocytes *(Method: Cell Impedence)*	32	%	20-40
Monocytes *(Method: Microscopy)*	03	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	3.34	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.7	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	**0.16**	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.11	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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MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451535		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	:	Received On	: 28-Sep-2024 12:40 PM
Sample Tested In	: Urine	Reported On	: 28-Sep-2024 04:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
Complete Urine Analysis (CUE)			
Physical Examination			
Colour	Pale Yellow		Straw to light amber
Appearance	Clear		Clear
Chemical Examination			
Glucose *(Method: Strip Reflectance)*	Negative		Negative
Protein *(Method: Strip Reflectance)*	Absent		Negative
Bilirubin (Bile) *(Method: Strip Reflectance)*	Negative		Negative
Urobilinogen *(Method: Ehrlichs reagent)*	Negative		Negative
Ketone Bodies *(Method: Strip Reflectance)*	Negative		Negative
Specific Gravity *(Method: Strip Reflectance)*	1.025		1.000 - 1.030
Blood *(Method: Strip Reflectance)*	Negative		Negative
Reaction (pH) *(Method: Reagent Strip Reflectance)*	6.0		5.0 - 8.5
Nitrites *(Method: Strip Reflectance)*	Negative		Negative
Leukocyte esterase *(Method: Reagent Strip Reflectance)*	Negative		Negative
Microscopic Examination (Microscopy)			
PUS(WBC) Cells *(Method: Microscopy)*	03-04	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	01-02	/hpf	00-05
Casts *(Method: Microscopic)*	Absent		Absent
Crystals *(Method: Microscopic)*	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells *(Method: Microscopy)*	Nil		Absent

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451538, A0451542		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:50 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 28-Sep-2024 03:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	86	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

- 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.

Creatinine *(Method: Jaffes Kinetic)*	0.86	mg/dL	0.70-1.30

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.

Urea-Serum *(Method: Calculated)*	18.8	mg/dL	12.8-42.8

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.

DR.VAISHNAVI
MD BIOCHEMISTRY

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Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451542		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:50 PM
Sample Tested In	: Serum	Reported On	: 28-Sep-2024 05:23 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
VDRL- Syphilis Antibodies *(Method: Slide Flocculation)*	Non Reactive		Non Reactive

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).

*** End Of Report ***

MC 3633

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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LABORATORY TEST REPORT

Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451542		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:50 PM
Sample Tested In	: Serum	Reported On	: 28-Sep-2024 09:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

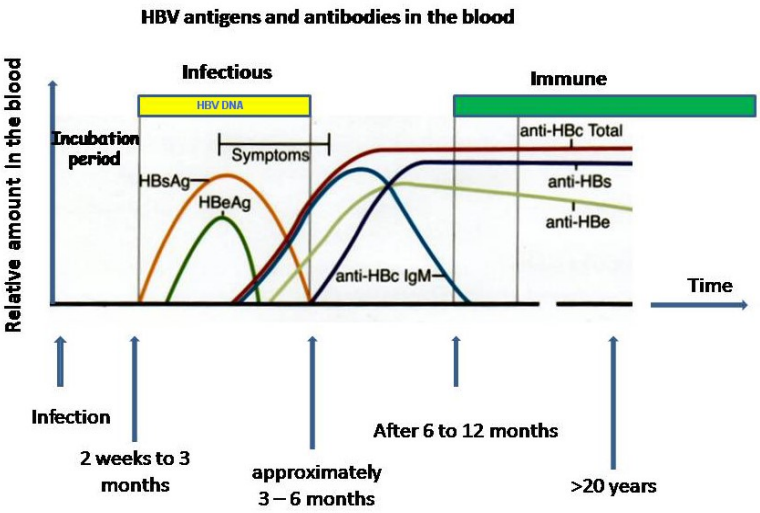
SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.29	S/Co	<1.00 :Negative >1.00 :Positive

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

*** End Of Report ***

MC 3633

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LABORATORY TEST REPORT

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Sample ID	: A0451542		
Age/Gender	: 25 Years/Male	Reg. No	: 0312409280031
Referred by	: Dr. MANUSRUT	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Sep-2024 11:56 AM
Primary Sample	: Whole Blood	Received On	: 28-Sep-2024 12:50 PM
Sample Tested In	: Serum	Reported On	: 28-Sep-2024 07:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

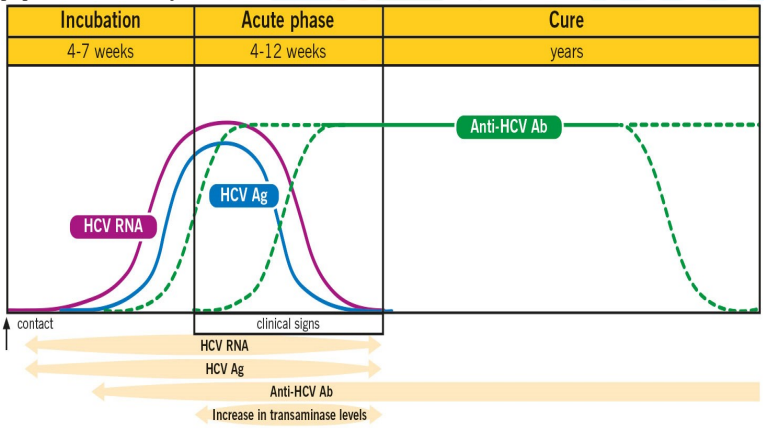
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.23	S/Co	< 1.00 : Negative > 1.00 : Positive

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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Name	: Mr. SUVAM CHAKRABORTY		
Sample ID	: A0451542		
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Sample Tested In	: Serum	Reported On	: 28-Sep-2024 07:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

SURGICAL PROFILE-II

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.34	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

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