

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. SATHYAVATI

Sample ID : A0787465

Age/Gender : 56 Years/Female Reg. No : 0312410070030

Referred by : Dr. GOUTHAM SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 07-Oct-2024 08:21 AM

Primary Sample : Whole Blood Received On : 07-Oct-2024 11:09 PM Sample Tested In : Whole Blood EDTA Reported On : 07-Oct-2024 11:57 PM

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

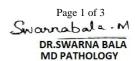
	HAEMATOLOGY		
Test Name	Results	Units	Biological Reference Interval
0 1 1 1 1 1 1 (0 1 1)			
Complete Blood Picture(CBP)			
Haemoglobin (Hb) (Method: Cynmeth Method)	<u>9.4</u>	g/dL	12-15
Haematocrit (HCT) (Method: Calculated)	<u>27.9</u>	%	40-50
RBC Count (Method: Cell Impedence)	3.80	10^12/L	3.8-4.8
MCV (Method: Calculated)	94	fl	81-101
MCH (Method: Calculated)	31.6	pg	27-32
MCHC (Method: Calculated)	33.6	g/dL	32.5-34.5
RDW-CV (Method: Calculated)	<u>14.5</u>	%	11.6-14.0
Platelet Count (PLT) (Method: Cell Impedance)	<u>663</u>	10^9/L	150-410
Total WBC Count (Method: Impedance)	7.4	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils (Method: Cell Impedence)	70.	%	40-70
Lymphocytes (Method: Cell Impedence)	20	%	20-40
Monocytes (Method: Microscopy)	06	%	2-10
© Eosinophils (Method: Microscopy)	04	%	1-6
Basophils (Method: Microscopy)	00	%	1-2
Absolute Neutrophils Count (Method: Impedence)	5.18	10^9/L	2.0-7.0
Absolute Lymphocyte Count	1.48	10^9/L	1.0-3.0
Masolute Monocyte Count (Method: Calculated)	0.44	10^9/L	0.2-1.0
Absolute Eosinophils Count Method: Calculated)	0.3	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)	Anisocytosis	With Normocy	tic Normochromic With Thrombocytosis

*** End Of Report ***











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LABORATORY TEST REPORT

Name : Mrs. SATHYAVATI

Sample ID : A0787463

Age/Gender : 56 Years/Female Reg. No : 0312410070030 Referred by : Dr. GOUTHAM SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 07-Oct-2024 08:21 AM

Primary Sample : Whole Blood : 07-Oct-2024 11:09 PM Sample Tested In : Serum : 08-Oct-2024 12:28 AM

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

	CLINICA	AL BIOCHE	MISTRY
Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total)	0.5	mg/dL	0.3-1.2
(Method: Diazo) (Method: Diazo)	0.1	mg/dL	0.0 - 0.3
Bilirubin (Indirect) Method: Calculated)	0.4	mg/dL	0.2-1.0
(Melinda: Facculared) (Melinda: Facc UV Assay) (Melinda: Facc UV Assay)	20	U/L	15-37
Alanine Aminotransferase (ALT/SGPT)	10	U/L	0-55
(Method: Kinetic PNPP-AMP)	<u>153</u>	U/L	30-120
(GGTP)	<u>62</u>	U/L	5-55
(Method: Bluret) Method: Bluret) Method: Bluret)	7.6	g/dL	6.4-8.2
Albumin	3.4	g/dL	3.4-5.0
(Method: Bromocresol Green (BCG)) Globulin (Method: Calculated)	4.2	g/dL	2.0-4.2
A:G Ratio	0.81	%	0.8-2.0
SGOT/SGPT Ratio	2.00		

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.

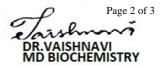
Albumin is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

*** End Of Report ***













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CLINICAL BIOCHEMISTRY						
Test Name	Results	Units	Biological Refere			
Kidney Profile-KFT						
Creatinine (Method: Jaffes Kinetic)	0.61	mg/dL	0.60-1.10			
Urea-Serum	29.5	mg/dL	12.8-42.8			
Blood Urea Nitrogen (BUN) (Method: Calculated)	13.79	mg/dL	7.0-18.0			
BUN / Creatinine Ratio	<u>22.61</u>		6 - 22			
Uric Acid (Method: Uricase)	4.7	mg/dL	2.6-6.0			
Sodium (Method: 15£ Direct)	146	mmol/L	135-150			
Potassium (Method: ISE Direct)	4.2	mmol/L	3.5-5.0			
Chloride (Method: ISE Direct)	105	mmol/L	94-110			

Interpretation

• The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***







