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)

LABORATORY TEST REPORT

Name	: Mrs. M MADHURI		
Sample ID	: A0787467		
Age/Gender	: 71 Years/Female	Reg. No	: 0312410080001
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 07:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 01:40 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)*	12.0	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**36.0**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.64	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**78**	fl	81-101
MCH *(Method: Calculated)*	**25.8**	pg	27-32
MCHC *(Method: Calculated)*	33.3	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**15.1**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	287	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	10.0	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	70	%	40-70
Lymphocytes *(Method: Cell Impedence)*	26	%	20-40
Monocytes *(Method: Microscopy)*	02	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	7	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.6	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.2	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.2	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)*	Anisocytosis with Normocytic normochromic		

*** End Of Report ***

MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 01:44 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	**45**	mm/hr	30 or less

Swarnabala - M
DR.SWARNA BALA
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LABORATORY TEST REPORT

Name	: Mrs. M MADHURI		
Sample ID	: A0787468, A0787470, A0787466		
Age/Gender	: 71 Years/Female	Reg. No	: 0312410080001
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 07:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 08-Oct-2024 01:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glucose Fasting (F) *(Method: Hexokinase)*	85	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

Glucose Post Prandial (PP) *(Method: Hexokinase (HK))*	92	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.

TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	4.74	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

*** End Of Report ***

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 07:40 AM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 12:23 PM
Sample Tested In	: Serum	Reported On	: 08-Oct-2024 02:07 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Lipid Profile			
Cholesterol Total *(Method: CHOD-POD)*	198	mg/dL	< 200
Triglycerides-TGL *(Method: GPO-POD)*	144	mg/dL	< 150
Cholesterol-HDL *(Method: Direct)*	49	mg/dL	40-60
Cholesterol-LDL *(Method: Calculated)*	**120.2**	mg/dL	< 100
Cholesterol- VLDL *(Method: Calculated)*	28.8	mg/dL	7-35
Non HDL Cholesterol *(Method: Calculated)*	**149**	mg/dL	< 130
Cholesterol Total /HDL Ratio *(Method: Calculated)*	**4.04**	%	0-4.0
HDL / LDL Ratio	0.41		
LDL/HDL Ratio *(Method: Calculated)*	2.45	%	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	**≥ 60**	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -------	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula)**. Calculated values not provided for LDL and VLDL

*** End Of Report ***

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