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. SARITHA		
Sample ID	: A0787541		
Age/Gender	: 44 Years/Female	Reg. No	: 0312410080072
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 09:39 PM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 10:35 PM
Sample Tested In	: Serum	Reported On	: 08-Oct-2024 11:37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Troponin - I *(Method: ECLIA)*	0.01	ng/mL	< 0.04

Interpretation:

- Troponin I (TnI) is a key regulatory protein of the striated musculature. Although its function in the contractile apparatus is the same in all striated muscles, TnI originating from the myocardium clearly differs from skeletal muscle TnI. Due to this high tissue-specificity, cardiac troponin I (cTnI) is a highly sensitive marker for myocardial damage.Cardiac TnI allows the clinician to differentiate between skeletal muscle lesions (eg, rhabdomyolysis and polytraumatism) and myocardial injury.
- In cases of acute myocardial infarction (AMI), cTnI levels in serum rise about three to six hours after the onset of cardiac symptoms, peak at 12-16 hours, and can remain elevated for four to nine days. Elevated cTnI levels have also been reported in cases of unstable angina pectoris (UAP) and congestive heart failure (CHF). Cardiac TnI is a well-established prognostic marker which can predict the near, mid- and even long-term outcome of patients with acute coronary syndrome (ACS)
- In summary, elevated troponin levels point to myocardial injury, but are not necessarily indicative of an ischemic mechanism. The term MI should be used when there is evidence of cardiac damage, as detected by marker proteins in a clinical setting consistent with myocardial ischemia. If the clinical circumstance suggests that an ischemic mechanism is unlikely, other causes of cardiac injury should be considered.

DR.VAISHNAVI
MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. SARITHA		
Sample ID	: A0787539		
Age/Gender	: 44 Years/Female	Reg. No	: 0312410080072
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 09:39 PM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 10:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 11:25 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

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

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

*** End Of Report ***

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Oct-2024 09:39 PM
Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 10:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 08-Oct-2024 11:14 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)*	4.19	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	86	fl	81-101
MCH *(Method: Calculated)*	28.7	pg	27-32
MCHC *(Method: Calculated)*	33.4	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	14.0	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	312	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	**11.2**	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	**75**	%	40-70
Lymphocytes *(Method: Cell Impedence)*	20	%	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)*	**8.4**	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.24	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.34	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.22	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 with Neutrophilic Leucocytosis		

*** End Of Report ***

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 08-Oct-2024 10:35 PM
Sample Tested In	: Serum	Reported On	: 08-Oct-2024 11:22 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)*	197.5	mg/dL	< 200
Triglycerides-TGL *(Method: GPO-POD)*	139.2	mg/dL	< 150
Cholesterol-HDL *(Method: Direct)*	45	mg/dL	40-60
Cholesterol-LDL *(Method: Calculated)*	**124.66**	mg/dL	< 100
Cholesterol- VLDL *(Method: Calculated)*	27.84	mg/dL	7-35
Non HDL Cholesterol *(Method: Calculated)*	**152.5**	mg/dL	< 130
Cholesterol Total /HDL Ratio *(Method: Calculated)*	**4.39**	%	0-4.0
HDL / LDL Ratio	0.36		
LDL/HDL Ratio *(Method: Calculated)*	2.77	%	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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