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. VEENA CHATURVEDI		
Sample ID	: A0787567		
Age/Gender	: 42 Years/Female	Reg. No	: 0312410110004
Referred by	: Dr. SHANTHAN JODAVULA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Oct-2024 09:04 AM
Primary Sample	: Whole Blood	Received On	: 11-Oct-2024 12:27 PM
Sample Tested In	: Serum	Reported On	: 11-Oct-2024 05:36 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
C-Reactive protein-(CRP) *(Method: Immunoturbidimetry)*	1.2	mg/L	Upto:6.0

Interpretation:

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 ***

DR.VAISHNAVI
MD BIOCHEMISTRY

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Name	: Mrs. VEENA CHATURVEDI		
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Referred by	: Dr. SHANTHAN JODAVULA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Oct-2024 09:04 AM
Primary Sample	: Whole Blood	Received On	: 11-Oct-2024 12:27 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Oct-2024 12:46 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)*	**11.1**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**33.9**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.09	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	83	fl	81-101
MCH *(Method: Calculated)*	27.1	pg	27-32
MCHC *(Method: Calculated)*	32.7	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**14.5**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	181	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	5.4	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	51	%	40-70
Lymphocytes *(Method: Cell Impedence)*	40	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	03	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	2.75	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.16	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.32	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.16	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		

*** End Of Report ***

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 11-Oct-2024 12:27 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-Oct-2024 01:32 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)*	**15**	mm/hr	10 or less

*** End Of Report ***

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Swarnabala - M
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Primary Sample	: Whole Blood	Received On	: 11-Oct-2024 12:27 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 11-Oct-2024 01:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) *(Method: HPLC)*	5.7	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose *(Method: Calculated)*	116.89	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	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		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.*

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone (Method: CLIA)	**6.43**	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.

*** End Of Report ***

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