



: Whole Blood EDTA

# 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)

: 11-Oct-2024 02:29 PM

# LABORATORY TEST REPORT

Name : Mrs. N PREMALEELA

Sample ID : A0787645

Sample Tested In

Age/Gender : 61 Years/Female Reg. No : 0312410110009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Oct-2024 09:18 AM Primary Sample : Whole Blood Received On : 11-Oct-2024 12:27 PM

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

# **HAEMATOLOGY**

Reported On

### **HEALTH PROFILE A-1 PACKAGE**

Test Name	Results	Units	Biological Reference Interval

Erythrocyte Sedimentation Rate (ESR)
28
mm/hr 14 or less

Comments: ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process. It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

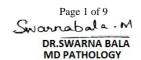
\*\*\* End Of Report \*\*\*













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

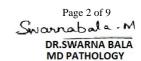
# **HAEMATOLOGY**

HEALTH PROFILE A-1 PACKAGE						
Test Name	Results	Units	Biological Reference Interval			
Complete Blood Count (CBC)	Complete Blood Count (CBC)					
Haemoglobin (Hb)	<u>9.0</u>	g/dL	12-15			
RBC Count (Method: Cell Impedence)	3.87	10^12/L	3.8-4.8			
Total WBC Count (Method: Impedance)	6.5	10^9/L	4.0-10.0			
Platelet Count (PLT)  (Method: Cell Impedance )	320	10^9/L	150-410			
Haematocrit (HCT)	<u>28.9</u>	%	40-50			
MCV (Method: Calculated)	<u>75</u>	fl	81-101			
MCH (Method: Calculated)	23.3	pg	27-32			
MCHC (Method: Calculated)	<u>31.3</u>	g/dL	32.5-34.5			
RDW-CV (Method: Calculated)	<u>16.0</u>	%	11.6-14.0			
Differential Count by Flowcytometry /	Microscopy					
Neutrophils (Method: Cell Impedence)	65	%	40-70			
Lymphocytes (Method: Cell Impedence)	30	%	20-40			
Monocytes (Method: Microscopy)	03	%	2-10			
Eosinophils (Method: Microscopy)	02	%	1-6			
Basophils (Method: Microscopy)	00	%	1-2			
<u>Smear</u>						
WBC	Within Nor	mal Limits				
RBC	Anisocytos	sis with Microcy	tic hypochromic anemia			
Platelets	Adequate.					











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# LABORATORY TEST REPORT

Name : Mrs. N PREMALEELA

Sample ID : A0787379

Age/Gender : 61 Years/Female Reg. No : 0312410110009

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Oct-2024 09:18 AM Primary Sample : Received On : 11-Oct-2024 12:27 PM

Sample Tested In : Urine Received On : 11-Oct-2024 12:27 PM Reported On : 11-Oct-2024 01:16 PM

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

# **CLINICAL PATHOLOGY**

# **HEALTH PROFILE A-1 PACKAGE**

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 Negative Negative

Protein Absent Negative

Bilirubin (Bile)
(Method: Strip Reflectance)

Urobilinogen

Negative

Negative

Negative

Negative

(Method: Errifichs reagent)

Ketone Bodies

Negative

Negative

Specific Gravity 1.015 1.000 - 1.030

Blood Negative Negative

Reaction (pH)6.05.0 - 8.5(Method: Reagent Strip Reflectance)NegativeNegative

Leukocyte esterase Negative Negative

# Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-04 /hpf 00-05 R.B.C. Nil Nil /hpf 01-02 00-05 **Epithelial Cells** /hpf Casts Absent Absent Absent Absent Crystals

(Method: Microscopic)

Bacteria Nil Nil

Budding Yeast Cells Nil Absent

(Method: Microscopy)







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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY





Referring Customer: V CARE MEDICAL DIAGNOSTICS

# Sagepath Labs Pvt. Ltd.

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: 11-Oct-2024 09:18 AM

### **REPORT** LABORATORY TEST

Collected On

Name : Mrs. N PREMALEELA Sample ID : A0787650, A0787647 Age/Gender : 61 Years/Female

Reg. No : 0312410110009 : Dr. SELF SPP Code : SPL-CV-172

Referred by

Primary Sample : Whole Blood Received On : 11-Oct-2024 04:26 PM Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 11-Oct-2024 05:14 PM

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

# **CLINICAL BIOCHEMISTRY**

## **HEALTH PROFILE A-1 PACKAGE**

**Test Name** Results Units **Biological Reference Interval** 

<u>125</u> 70-100 Glucose Fasting (F) mg/dL

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) <u>144</u> mg/dL 70-140

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

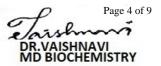
- · Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- · Advise HbA1c for further evaluation

\*\*\* End Of Report \*\*\*













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### LABORATORY TEST REPORT

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Age/Gender : 61 Years/Female Reg. No : 0312410110009

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Sample Tested In : Serum Reported On : 11-Oct-2024 12:27 PM

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# **CLINICAL BIOCHEMISTRY**

# **HEALTH PROFILE A-1 PACKAGE**

HEALTH FROMEE A-11 ACRAGE				
Test Name	Results	Units	Biological Reference Interval	
© Calcium	9.02	mg/dL	8.5-10.1	

### Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a
  free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower
  Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

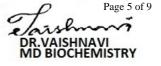
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Excellence in Health Care













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Primary Sample : Whole Blood Received On : 11-Oct-2024 12:27 PM
Sample Tested In : Serum Reported On : 11-Oct-2024 02:41 PM

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

# **CLINICAL BIOCHEMISTRY**

# **HEALTH PROFILE A-1 PACKAGE**

Test Name	Results	Units	Biological Reference Interval	
Lipid Profile				
Cholesterol Total (Method: CHOD-POD)	124.0	mg/dL	< 200	
Triglycerides-TGL (Method: GPO-POD)	100.2	mg/dL	< 150	
© Cholesterol-HDL (Method: Direct)	49.8	mg/dL	40-60	
© Cholesterol-LDL (Method: Calculated)	54.16	mg/dL	< 100	
Cholesterol- VLDL  (Method: Calculated)	20.04	mg/dL	7-35	
Non HDL Cholesterol (Method: Calculated)	74.2	mg/dL	< 130	
Cholesterol Total /HDL Ratio	2.49	%	0-4.0	
HDL / LDL Ratio	0.92			
LDL/HDL Ratio	1.09	%	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)	I rialvcerides	HDL Cholesterol (mg/dL)	LDL Cholesterol	Non HDL Cholesterol in (mg/dL)
()ntimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal				100-129	130 - 159
Borgerline 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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DR.VAISHNAVI
MD BIOCHEMISTRY



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# **CLINICAL BIOCHEMISTRY**

# HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total)	0.44	mg/dL	0.2-1.2
Bilirubin (Direct)  (Method: Diazo)	0.17	mg/dL	0.0 - 0.3
Bilirubin (Indirect) (Method: Calculated)	0.27	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT)	20.2	U/L	5-48
Alanine Aminotransferase (ALT/SGPT)  Method: IFCC with out (P-5-P))	27.3	U/L	0-55
Alkaline Phosphatase(ALP)      (Method: Kinetic PNPP-AMP)	88.3	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP)	22.0	U/L	5-55
Protein - Total (Method: Biuret)	6.54	g/dL	6.4-8.2
Albumin     Methad: Bromocresol Green (BCG) )	4.0	g/dL	3.4-5.0
Globulin (Method: Calculated)	2.54	g/dL	2.0-4.2
A:G Ratio  (Method: Calculated)	1.57	%	0.8-2.0
SGOT/SGPT Ratio	0.74		

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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MD BIOCHEMISTRY





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# **CLINICAL BIOCHEMISTRY**

**HEALTH PROFILE A-1 PACKAGE** 

#### **Test Name** Results Units **Biological Reference Interval Kidney Profile-KFT** Creatinine 0.79 0.55-1.02 mg/dL Urea-Serum 19.7 mg/dL 17.1-49.2 Blood Urea Nitrogen (BUN) 9.21 mg/dL 8.0-23.0 BUN / Creatinine Ratio 6 - 22 11.66 Uric Acid 3.50 mg/dL 2.6-6.0 Sodium 141 mmol/L 135-150

3.5-5.0

94-110

# Interpretation:

Chloride

Potassium

• 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.

mmol/L

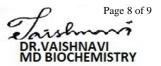
mmol/L

\*\*\* End Of Report \*\*\*













Biological Reference Interval

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

# **CLINICAL BIOCHEMISTRY**

# **HEALTH PROFILE A-1 PACKAGE**

1001114	110001110	00		
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	117.54	ng/dL	40-181	
T4 (Thyroxine) (Method: CLIA)	8.1	μg/dL	3.2-12.6	
TSH -Thyroid Stimulating Hormone	<u>6.54</u>	μIU/mL	0.35-5.5	

### Pregnancy & Cord Blood

**Test Name** 

T3 (Triiodothyronine):		T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester	: 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimeste	r :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
			Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dl		Cord Blood: 7.4-13.0 μg/dL	Cord Blood: : 2.3-13.2 µIU/mL

# Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.

\*\*\* End Of Report \*\*\*







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MD BIOCHEMISTRY