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. PARVEEN BEGUM		
Sample ID	: A0787738		
Age/Gender	: 54 Years/Female	Reg. No	: 0312410170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Oct-2024 10:11 AM
Primary Sample	: Whole Blood	Received On	: 17-Oct-2024 12:45 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 17-Oct-2024 01:53 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)*	**10.3**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**31.6**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.09	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**77**	fl	81-101
MCH *(Method: Calculated)*	**25.1**	pg	27-32
MCHC *(Method: Calculated)*	32.5	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**18.4**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	194	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	9.4	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)*	6.58	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.88	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.56	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.38	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 Microcytic hypochromic anemia		

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mrs. PARVEEN BEGUM		
Sample ID	: A0787735		
Age/Gender	: 54 Years/Female	Reg. No	: 0312410170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Oct-2024 10:11 AM
Primary Sample	: Whole Blood	Received On	: 17-Oct-2024 12:45 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 17-Oct-2024 02:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	127	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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

*** End Of Report ***

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MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. PARVEEN BEGUM		
Sample ID	: A0787737		
Age/Gender	: 54 Years/Female	Reg. No	: 0312410170007
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 17-Oct-2024 10:11 AM
Primary Sample	: Whole Blood	Received On	: 17-Oct-2024 12:45 PM
Sample Tested In	: Serum	Reported On	: 17-Oct-2024 02:16 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.3	mg/dL	0.3-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.1	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.2	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	13	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	11	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	83	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	18	U/L	5-55
Protein - Total *(Method: Biuret)*	6.8	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	3.6	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.2	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.13	%	0.8-2.0
SGOT/SGPT Ratio	1.18		

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 Reference Interval
Kidney Profile-KFT			
Creatinine *(Method: Jaffes Kinetic)*	0.69	mg/dL	0.60-1.10
Urea-Serum *(Method: Calculated)*	13.2	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	**6.17**	mg/dL	7.0-18.0
BUN / Creatinine Ratio	8.94		6 - 22
Uric Acid *(Method: Uricase)*	**6.7**	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	139	mmol/L	135-150
Potassium *(Method: ISE Direct)*	4.3	mmol/L	3.5-5.0
Chloride *(Method: ISE Direct)*	103	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 ***

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