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	: Miss. SUHASINI		
Sample ID	: A0787972		
Age/Gender	: 20 Years/Female	Reg. No	: 0312410260039
Referred by	: Dr. DHREERAJ KONDAGARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 06:46 PM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 11:21 PM
Sample Tested In	: Serum	Reported On	: 27-Oct-2024 12:32 AM
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)*	3.8	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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LABORATORY TEST REPORT

Name	: Miss. SUHASINI		
Sample ID	: A0787986		
Age/Gender	: 20 Years/Female	Reg. No	: 0312410260039
Referred by	: Dr. DHREERAJ KONDAGARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 06:46 PM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 11:21 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Oct-2024 12:04 AM
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)*	13.3	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	40.8	%	40-50
RBC Count *(Method: Cell Impedence)*	**4.82**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	85	fl	81-101
MCH *(Method: Calculated)*	27.6	pg	27-32
MCHC *(Method: Calculated)*	32.6	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**15.1**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	328	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)*	50	%	40-70
Lymphocytes *(Method: Cell Impedence)*	40	%	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)*	5	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	**4**	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.6	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.4	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 With Adequate.		

MC 3633

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DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Miss. SUHASINI		
Sample ID	: A0787985, A0787972		
Age/Gender	: 20 Years/Female	Reg. No	: 0312410260039
Referred by	: Dr. DHREERAJ KONDAGARI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Oct-2024 06:46 PM
Primary Sample	: Whole Blood	Received On	: 26-Oct-2024 11:21 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 27-Oct-2024 12:32 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	90	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.

Creatinine *(Method: Jaffes Kinetic)*	**0.51**	mg/dL	0.60-1.10

Interpretation:

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	7.8	U/L	0-55

Interpretation :

- Alanine aminotransferase (ALT) is present primarily in liver cells. In viral hepatitis and other forms of liver disease associated with hepatic necrosis, serum ALT is elevated even before the clinical signs and symptoms of the disease appear. Although serum levels of both aspartate aminotransferase (AST) and ALT become elevated whenever disease processes affect liver cell integrity,
- ALT is a more liver-specific enzyme. Serum elevations of ALT are rarely observed in conditions other than parenchymal liver disease. Moreover, the elevation of ALT activity persists longer than does AST activity.
- Elevated alanine aminotransferase (ALT) values are seen in parenchymal liver diseases characterized by a destruction of hepatocytes. Values are typically at least 10 times above the normal range. Levels may reach values as high as 100 times the upper reference limit, although 20- to 50-fold elevations are most frequently encountered. In infectious hepatitis and other inflammatory conditions affecting the liver.

*** End Of Report ***

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