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. HARSHITHA		
Sample ID	: 24202287		
Age/Gender	: 25 Years/Female	Reg. No	: 0312411080036
Referred by	: Dr. G KIRANMAYEE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Nov-2024 05:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Nov-2024 10:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 09-Nov-2024 01:45 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)*	12.0	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**36.4**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.49	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	81	fl	81-101
MCH *(Method: Calculated)*	**26.7**	pg	27-32
MCHC *(Method: Calculated)*	33.0	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.2	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	340	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	7.7	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	63	%	40-70
Lymphocytes *(Method: Cell Impedence)*	31	%	20-40
Monocytes *(Method: Microscopy)*	04	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	4.85	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.39	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.31	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.15	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		

MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Miss. HARSHITHA		
Sample ID	: 24202288		
Age/Gender	: 25 Years/Female	Reg. No	: 0312411080036
Referred by	: Dr. G KIRANMAYEE	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-Nov-2024 05:16 PM
Primary Sample	: Whole Blood	Received On	: 08-Nov-2024 10:54 PM
Sample Tested In	: Serum	Reported On	: 08-Nov-2024 11:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
25 - Hydroxy Vitamin D *(Method: CLIA)*	**6.62**	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication

Interpretation:

1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

Those who are at high risk of having low levels of vitamin D include:
1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency

Increased Levels: Vitamin D Intoxication

Method : CLIA

Vitamin- B12 (cyanocobalamin) *(Method: CLIA)*	245	pg/mL	200-911

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
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*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY