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. RAMA DEVI		
Sample ID	: 24202472		
Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 03:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Bicarbonate (HCO3)-Serum *(Method: Enzymatic Endpoint)*	**20.1**	mEq/L	22.0 - 29.0

Interpretation:

Bicarbonate is the second largest fraction of anions in the plasma. At the physiological pH of blood, the concentration of carbonate is 1/1000 that of bicarbonate. This test is a significant indicator of electrolyte dispersion and anion deficit. An abnormal bicarbonate means a metabolic rather than a respiratory problem.

Increased Levels ·

Acute Metabollic alkalosis ·

Chronic Metabolic alkalosis

*** End Of Report ***

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MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. RAMA DEVI		
Sample ID	: 24202474		
Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Nov-2024 02:01 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)*	**10.7**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**33.4**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.49	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**74**	fl	81-101
MCH *(Method: Calculated)*	**23.9**	pg	27-32
MCHC *(Method: Calculated)*	**32.1**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.6	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	268	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	**11.2**	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	**75**	%	40-70
Lymphocytes *(Method: Cell Impedence)*	20	%	20-40
Monocytes *(Method: Microscopy)*	03	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	**8.4**	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.24	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.34	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.22	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 Neutrophilic Leucocytosis		

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. RAMA DEVI		
Sample ID	: 24202471		
Age/Gender	: 54 Years/Female	Reg. No	: 0312411130006
Referred by	: Dr. PAVAN RAJA NETHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Nov-2024 11:09 AM
Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:48 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 13-Nov-2024 02:35 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))*	121	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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Primary Sample	: Whole Blood	Received On	: 13-Nov-2024 12:54 PM
Sample Tested In	: Serum	Reported On	: 13-Nov-2024 03:59 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
Creatinine *(Method: Jaffes Kinetic)*	**5.14**	mg/dL	0.60-1.10
Urea-Serum *(Method: Calculated)*	**286.9**	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	**134.07**	mg/dL	7.0-18.0
BUN / Creatinine Ratio	**26.08**		6 - 22
Uric Acid *(Method: Uricase)*	6.0	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	141	mmol/L	135-150
Potassium *(Method: ISE Direct)*	3.9	mmol/L	3.5-5.0
Chloride *(Method: ISE Direct)*	104	mmol/L	94-110

Confirmed with the patient

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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