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. RAMYA		
Sample ID	: A1307713		
Age/Gender	: 26 Years/Female	Reg. No	: 0312411190053
Referred by	: Dr. LAXMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Nov-2024 07:56 PM
Primary Sample	:	Received On	: 19-Nov-2024 10:23 PM
Sample Tested In	: Capillary Tube	Reported On	: 19-Nov-2024 11:20 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Bleeding Time & Clotting Time			
Bleeding Time (BT) *(Method: Capillary Method)*	03:00	Minutes	2 - 5
Clotting Time (CT) *(Method: Capillary Method)*	05:30	Minutes	3 - 7

*** End Of Report ***

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mrs. RAMYA		
Sample ID	: A1307711		
Age/Gender	: 26 Years/Female	Reg. No	: 0312411190053
Referred by	: Dr. LAXMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Nov-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 19-Nov-2024 10:23 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 19-Nov-2024 10:45 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)*	**11.0**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**33.0**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.03	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	82	fl	81-101
MCH *(Method: Calculated)*	27.2	pg	27-32
MCHC *(Method: Calculated)*	33.2	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.9	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	292	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	8.2	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	63	%	40-70
Lymphocytes *(Method: Cell Impedence)*	32	%	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)*	5.17	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.62	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.25	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.16	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		

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LABORATORY TEST REPORT

Name	: Mrs. RAMYA		
Sample ID	: A1307620		
Age/Gender	: 26 Years/Female	Reg. No	: 0312411190053
Referred by	: Dr. LAXMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Nov-2024 07:56 PM
Primary Sample	:	Received On	: 19-Nov-2024 10:23 PM
Sample Tested In	: Urine	Reported On	: 19-Nov-2024 10:49 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
Complete Urine Analysis (CUE)			
Physical Examination			
Colour	Pale Yellow		Straw to light amber
Appearance	HAZY		Clear
Chemical Examination			
Glucose *(Method: Strip Reflectance)*	Negative		Negative
Protein *(Method: Strip Reflectance)*	Negative		Negative
Bilirubin (Bile) *(Method: Strip Reflectance)*	Negative		Negative
Urobilinogen *(Method: Ehrlichs reagent)*	Negative		Negative
Ketone Bodies *(Method: Strip Reflectance)*	Negative		Negative
Specific Gravity *(Method: Strip Reflectance)*	1.030		1.000 - 1.030
Blood *(Method: Strip Reflectance)*	Negative		Negative
Reaction (pH) *(Method: Reagent Strip Reflectance)*	6.5		5.0 - 8.5
Nitrites *(Method: Strip Reflectance)*	Negative		Negative
Leukocyte esterase *(Method: Reagent Strip Reflectance)*	Negative		Negative
Microscopic Examination (Microscopy)			
PUS(WBC) Cells *(Method: Microscopy)*	03-04	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	01-02	/hpf	00-05
Casts *(Method: Microscopic)*	Absent		Absent
Crystals *(Method: Microscopic)*	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells *(Method: Microscopy)*	Nil		Absent

Comments : Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

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LABORATORY TEST REPORT

Name	: Mrs. RAMYA		
Sample ID	: A1307712, A1307710		
Age/Gender	: 26 Years/Female	Reg. No	: 0312411190053
Referred by	: Dr. LAXMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Nov-2024 07:56 PM
Primary Sample	: Whole Blood	Received On	: 19-Nov-2024 10:23 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 19-Nov-2024 10:54 PM
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.

TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	3.58	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL)	
First Trimester	: 0.24-2.99
Second Trimester	: 0.46-2.95
Third Trimester	: 0.43-2.78
Cord Blood	: 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY