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. SUMITRA		
Sample ID	: A1308076		
Age/Gender	: 75 Years/Female	Reg. No	: 0312412100003
Referred by	: Dr. RAMU	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2024 08:20 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:29 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Dec-2024 01:01 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)*	12.3	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**39.0**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.35	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	90	fl	81-101
MCH *(Method: Calculated)*	28.3	pg	27-32
MCHC *(Method: Calculated)*	**31.6**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**14.1**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	187	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	5.3	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	60	%	40-70
Lymphocytes *(Method: Cell Impedence)*	34	%	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)*	3.18	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.8	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.21	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.11	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		

*** End Of Report ***

MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

Sagepath Labs Pvt. Ltd.

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Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:29 PM
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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	**41**	mm/hr	30 or less

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

Sagepath Labs Pvt. Ltd.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. SUMITRA		
Sample ID	: A1308074		
Age/Gender	: 75 Years/Female	Reg. No	: 0312412100003
Referred by	: Dr. RAMU	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2024 08:20 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:37 PM
Sample Tested In	: Serum	Reported On	: 10-Dec-2024 02:27 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Creatinine *(Method: Jaffes Kinetic)*	0.73	mg/dL	0.55-1.02

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.

*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY

Sagepath Labs Pvt. Ltd.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	1.1	mg/dL	0.2-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.2	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.9	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	12	U/L	5-48
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	10	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	64	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	10	U/L	5-55
Protein - Total *(Method: Biuret)*	**6.3**	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	3.7	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	2.6	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.42	%	0.8-2.0
SGOT/SGPT Ratio	1.20		

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 ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY