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. G APARNA		
Sample ID	: A1308008		
Age/Gender	: 48 Years/Female	Reg. No	: 0312412100005
Referred by	: Dr. Vindhya Vasini	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:29 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Dec-2024 04:19 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)*	**11.6**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**38.5**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.79**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**102**	fl	81-101
MCH *(Method: Calculated)*	30.6	pg	27-32
MCHC *(Method: Calculated)*	**30.1**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**19.6**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	258	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	**21.4**	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	**88**	%	40-70
Lymphocytes *(Method: Cell Impedence)*	**8**	%	20-40
Monocytes *(Method: Microscopy)*	2	%	2-10
Eosinophils *(Method: Microscopy)*	2	%	1-6
Basophils *(Method: Microscopy)*	0	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	**18.83**	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.71	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.43	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.43	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)*	Neutrophilic leucococytosis		

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

Sagepath Labs Pvt. Ltd.

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LABORATORY TEST REPORT

Name	: Mrs. G APARNA		
Sample ID	: A1308005, A1308006		
Age/Gender	: 48 Years/Female	Reg. No	: 0312412100005
Referred by	: Dr. Vindhya Vasini	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Dec-2024 08:18 AM
Primary Sample	: Whole Blood	Received On	: 10-Dec-2024 12:43 PM
Sample Tested In	: Serum, Plasma-NaF(R)	Reported On	: 10-Dec-2024 02:53 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Bilirubin(Total) *(Method: Diazo)*	0.8	mg/dL	0.3-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.2	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.6	mg/dL	0.2-1.0

Interpretation:

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool.A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

Note: DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

Glucose Random (RBS) *(Method: Hexokinase (HK))*	70	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.

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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Creatinine *(Method: Jaffes Kinetic)*	**0.55**	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.

*** End Of Report ***

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