# SagePath
## Excellence In Health Care

## LABORATORY TEST REPORT

| | | | | |
|---|---|---|---|---|
| Name | : Mrs. APARNA | | | |
| Sample ID | : A1309082 | | | |
| Age/Gender | : 48 Years/Female | Reg. No | : 0312501080008 | |
| Referred by | : Dr. Vindhya Vasini | SPP Code | : SPL-CV-172 | |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Jan-2025 08:19 AM | |
| Primary Sample | : Whole Blood | Received On | : 08-Jan-2025 12:35 PM | |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 08-Jan-2025 01:04 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) <br> *(Method: Cynmeth Method)* | **11.8** | g/dL | 12-15 |
| Haematocrit (HCT) <br> *(Method: Calculated)* | 41.7 | % | 40-50 |
| RBC Count <br> *(Method: Cell Impedence)* | 4.23 | 10^12/L | 3.8-4.8 |
| MCV <br> *(Method: Calculated)* | 99 | fl | 81-101 |
| MCH <br> *(Method: Calculated)* | 28.0 | pg | 27-32 |
| MCHC <br> *(Method: Calculated)* | **28.4** | g/dL | 32.5-34.5 |
| RDW-CV <br> *(Method: Calculated)* | **18.7** | % | 11.6-14.0 |
| Platelet Count (PLT) <br> *(Method: Cell Impedance )* | 271 | 10^9/L | 150-410 |
| Total WBC Count <br> *(Method: Impedance)* | 4.1 | 10^9/L | 4.0-10.0 |
| **Differential Leucocyte Count (DC)** | | | |
| Neutrophils <br> *(Method: Cell Impedence)* | 60 | % | 40-70 |
| Lymphocytes <br> *(Method: Cell Impedence)* | 31 | % | 20-40 |
| Monocytes <br> *(Method: Microscopy)* | 06 | % | 2-10 |
| Eosinophils <br> *(Method: Microscopy)* | 03 | % | 1-6 |
| Basophils <br> *(Method: Microscopy)* | 00 | % | 1-2 |
| Absolute Neutrophils Count <br> *(Method: Impedence)* | 2.46 | 10^9/L | 2.0-7.0 |
| Absolute Lymphocyte Count <br> *(Method: Impedence)* | 1.27 | 10^9/L | 1.0-3.0 |
| Absolute Monocyte Count <br> *(Method: Calculated)* | 0.25 | 10^9/L | 0.2-1.0 |
| Absolute Eosinophils Count <br> *(Method: Calculated)* | 0.12 | 10^9/L | 0.02-0.5 |
| Absolute Basophil ICount <br> *(Method: Calculated)* | 0.00 | 10^9/L | 0.0-0.3 |
| Morphology <br> *(Method: PAPs Staining )* | Anisocytosis with Normocytic normochromic | | |

Swarnabala.M
**DR.SWARNA BALA**
**MD PATHOLOGY**

**ilac-MRA**

**MC 3633**

ITDOSE INFOSYSTEMS PVT. LTD.

# Sagepath Labs Pvt. Ltd.

**SagePath**
Excellence In Health Care

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. APARNA | | | |
| Sample ID | : A1309084, A1309086 | | | |
| Age/Gender | : 48 Years/Female | Reg. No | : 0312501080008 | |
| Referred by | : Dr. Vindhya Vasini | SPP Code | : SPL-CV-172 | |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Jan-2025 08:19 AM | |
| Primary Sample | : Whole Blood | Received On | : 08-Jan-2025 12:52 PM | |
| Sample Tested In | : Serum, Plasma-NaF(R) | Reported On | : 08-Jan-2025 01:24 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)* | 0.7 | mg/dL | 0.3-1.2 |
| Bilirubin (Direct) *(Method: Diazo)* | 0.0 | mg/dL | 0.0 - 0.3 |
| Bilirubin (Indirect) *(Method: Calculated)* | 0.7 | 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))* | 86 | 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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## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Creatinine *(Method: Jaffes Kinetic)* | 0.62 | 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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### CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Calcium <br> *(Method: Arsenazo)* | **8.1** | mg/dL | 8.5-10.1 |

**Comments:**

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

*** End Of Report ***

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