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	: Mr. MUNEER		
Sample ID	: A1309227		
Age/Gender	: 30 Years/Male	Reg. No	: 0312501130017
Referred by	: Dr. KIRAN KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Jan-2025 01:16 PM
Primary Sample	: Whole Blood	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Serum	Reported On	: 13-Jan-2025 04:33 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
C-Reactive protein-(CRP) *(Method: Immunoturbidimetry)*	2.7	mg/L	Upto:6.0

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Jan-2025 04:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
Blood Grouping (A B O) *(Method: Tube Agglutination)*	A		
Rh Typing *(Method: Tube Agglutination)*	Positive		

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

MALARIA ANTIGEN (VIVAX & FALCIPARUM)

Plasmodium Vivax Antigen *(Method: Immuno Chromatography)*	Negative	Negative	
Plasmodium Falciparum *(Method: Immuno Chromatography)*	Negative	Negative	

Note :

- In the gametogony stage, P.Falciparum may not secreted. Such carriers may show falsely negative result.
- This test is used to indicate therapeutic response. Positive test results 5 - 10 days post treatment indicate the posibility of a resistant strain of malaria.

Comments :

Malaria is protozoan parasitic infection, prevalent in the Tropical & Subtropical areas of the world. Four species of plasmodium paraties are responsible for malaria infections in human viz. P.Falciparum, p.Vivax, P.Ovale & P.malariae. Falciparum infections are associateed with Cerebral malaria and drug resistance where as vivex infection is associated with high rate of infectivity and relapse. Differentiation between P.Falciparum and P.Vivex is utmost importance for better patient management and speedy recovery.

*** End Of Report ***

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Jan-2025 04:09 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	15.7	g/dL	13-17
RBC Count *(Method: Cell Impedence)*	5.50	10^12/L	4.5-5.5
Haematocrit (HCT) *(Method: Calculated)*	50.0	%	40-50
MCV *(Method: Calculated)*	94	fl	81-101
MCH *(Method: Calculated)*	28.6	pg	27-32
MCHC *(Method: Calculated)*	32.5	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	12.9	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	238	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	7.0	10^9/L	4.0-10.0
Neutrophils *(Method: Cell Impedence)*	70	%	40-70
Absolute Neutrophils Count *(Method: Impedence)*	4.9	10^9/L	2.0-7.0
Lymphocytes *(Method: Cell Impedence)*	24	%	20-40
Absolute Lymphocyte Count *(Method: Impedence)*	1.68	10^9/L	1.0-3.0
Monocytes *(Method: Microscopy)*	05	%	2-10
Absolute Monocyte Count *(Method: Calculated)*	0.35	10^9/L	0.2-1.0
Eosinophils *(Method: Microscopy)*	01	%	1-6
Absolute Eosinophils Count *(Method: Calculated)*	0.07	10^9/L	0.02-0.5
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology			
WBC	Within Normal Limits		
RBC	Normocytic normochromic		
Platelets *(Method: Microscopy)*	Adequate.		

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Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Jan-2025 05:06 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	7	mm/hr	10 or less

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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LABORATORY TEST REPORT

Name	: Mr. MUNEER		
Sample ID	: A1309208		
Age/Gender	: 30 Years/Male	Reg. No	: 0312501130017
Referred by	: Dr. KIRAN KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Jan-2025 01:16 PM
Primary Sample	:	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Urine	Reported On	: 13-Jan-2025 05:15 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
Complete Urine Analysis (CUE)			
Physical Examination			
Colour	Pale Yellow		Straw to light amber
Appearance	Clear		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)*	1.010		1.000 - 1.030
Blood *(Method: Strip Reflectance)*	Negative		Negative
Reaction (pH) *(Method: Reagent Strip Reflectance)*	6.0		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)*	02-03	/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

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LABORATORY TEST REPORT

Name	: Mr. MUNEER		
Sample ID	: A1309227, A1309225		
Age/Gender	: 30 Years/Male	Reg. No	: 0312501130017
Referred by	: Dr. KIRAN KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Jan-2025 01:16 PM
Primary Sample	: Whole Blood	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Serum, Plasma-NaF(R)	Reported On	: 13-Jan-2025 04:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval
Bilirubin(Total) *(Method: Diazo)*	0.4	mg/dL	0.1-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.1	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.3	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))*	95	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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Sample Tested In	: Serum	Reported On	: 13-Jan-2025 04:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

FEVER PROFILE

Test Name	Results	Units	Biological Reference Interval
Widal Test (Slide Test) *(Method: (SLIDE AGGLUTINATION))*			
Salmonella typhi O Antigen	<1:20		1:80 & Above Significant
Salmonella typhi H Antigen	<1:20		1:80 & Above Significant
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant

*** End Of Report ***

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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Primary Sample	: Whole Blood	Received On	: 13-Jan-2025 03:28 PM
Sample Tested In	: Serum	Reported On	: 13-Jan-2025 06:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

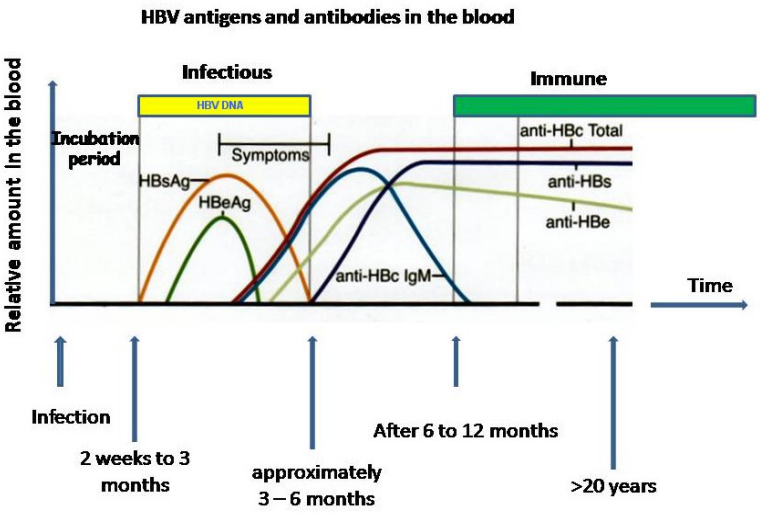
VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.30	S/Co	<1.00 :Negative >1.00 :Positive

Interpretation:

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus (HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.



Note:
1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

*** End Of Report ***

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

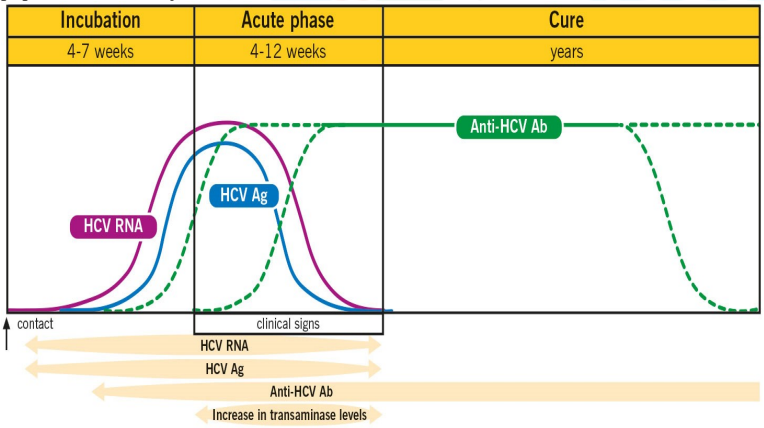
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.18	S/Co	< 1.00 : Negative > 1.00 : Positive

Interpretation:

1. Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
2. Positive result implies that antibodies to HCV have been detected in the sample.

Comments :-

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



Note:

1. False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
2. False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
3. HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.29	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

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