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 MADHURI		
Sample ID	: A1309317		
Age/Gender	: 50 Years/Female	Reg. No	: 0312501160025
Referred by	: Dr. DATATHREYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 11:56 AM
Primary Sample	: Whole Blood	Received On	: 16-Jan-2025 01:31 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Jan-2025 01:49 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)*	**9.1**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**31.6**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.64**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	87	fl	81-101
MCH *(Method: Calculated)*	**25.1**	pg	27-32
MCHC *(Method: Calculated)*	**28.9**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**22.2**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	184	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	8.7	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	70	%	40-70
Lymphocytes *(Method: Cell Impedence)*	20	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	04	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	6.09	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.74	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.52	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.35	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)*	Anisocytosis with Microcytic hypochromic anemia		

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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mrs. G MADHURI		
Sample ID	: A1309316, A1309318		
Age/Gender	: 50 Years/Female	Reg. No	: 0312501160025
Referred by	: Dr. DATATHREYA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Jan-2025 11:56 AM
Primary Sample	: Whole Blood	Received On	: 16-Jan-2025 01:31 PM
Sample Tested In	: Serum, Plasma-NaF(R)	Reported On	: 16-Jan-2025 02:32 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	0.3-1.2
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))*	**148**	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.

*** End Of Report ***

DR.VAISHNAVI
MD BIOCHEMISTRY

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Sample Tested In	: Serum	Reported On	: 16-Jan-2025 02:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
Creatinine *(Method: Jaffes Kinetic)*	0.63	mg/dL	0.60-1.10
Urea-Serum *(Method: Calculated)*	15.6	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	7.29	mg/dL	7.0-18.0
BUN / Creatinine Ratio	11.57	Ratio	6 - 22
Uric Acid *(Method: Uricase)*	3.2	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	141	mmol/L	135-150
Potassium *(Method: ISE Direct)*	4.5	mmol/L	3.5-5.0
Chloride *(Method: ISE Direct)*	104	mmol/L	94-110

Interpretation:

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes though the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

*** End Of Report ***

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