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. YAKALAKSHMI		
Sample ID	: A1309384		
Age/Gender	: 55 Years/Female	Reg. No	: 0312501180058
Referred by	: Dr. ESHWAR B PATEL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Jan-2025 07:12 PM
Primary Sample	: Whole Blood	Received On	: 18-Jan-2025 10:41 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Jan-2025 11:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	11	mm/hr	12 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.

*** End Of Report ***

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Complete Blood Count (CBC)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	**11.1**	g/dL	12-15
RBC Count *(Method: Cell Impedence)*	4.00	10^12/L	3.8-4.8
Total WBC Count *(Method: Impedance)*	6.8	10^9/L	4.0-10.0
Platelet Count (PLT) *(Method: Cell Impedance)*	274	10^9/L	150-410
Haematocrit (HCT) *(Method: Calculated)*	40.0	%	40-50
MCV *(Method: Calculated)*	93	fl	81-101
MCH *(Method: Calculated)*	27.0	pg	27-32
MCHC *(Method: Calculated)*	**28.5**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.1	%	11.6-14.0
Differential Count by Flowcytometry /Microscopy			
Neutrophils *(Method: Cell Impedence)*	60	%	40-70
Lymphocytes *(Method: Cell Impedence)*	32	%	20-40
Monocytes *(Method: Microscopy)*	07	%	2-10
Eosinophils *(Method: Microscopy)*	01	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Smear			
WBC	Within Normal Limits		
RBC	Normocytic normochromic		
Platelets *(Method: Microscopy)*	Adequate.		

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LABORATORY TEST REPORT

Name	: Mrs. YAKALAKSHMI		
Sample ID	: A1309055		
Age/Gender	: 55 Years/Female	Reg. No	: 0312501180058
Referred by	: Dr. ESHWAR B PATEL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Jan-2025 07:12 PM
Primary Sample	:	Received On	: 18-Jan-2025 10:50 PM
Sample Tested In	: Urine	Reported On	: 18-Jan-2025 11:26 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

HEALTH PROFILE A-1 PACKAGE

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)*	1.015		1.000 - 1.030
Blood *(Method: Strip Reflectance)*	(+)		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)*	04-05	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	03-04	/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	: Mrs. YAKALAKSHMI		
Sample ID	: A1309383, A1309386		
Age/Gender	: 55 Years/Female	Reg. No	: 0312501180058
Referred by	: Dr. ESHWAR B PATEL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Jan-2025 07:12 PM
Primary Sample	: Whole Blood	Received On	: 18-Jan-2025 10:55 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 19-Jan-2025 12:40 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	89	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.

Rheumatoid Factor, RA *(Method: Immunoturbidometry)*	10.27	IU/mL	<20.0

Interpretataion:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rhematoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

*** End Of Report ***

MC 3633

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MD BIOCHEMISTRY

LABORATORY TEST REPORT

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Age/Gender	: 55 Years/Female	Reg. No	: 0312501180058
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Primary Sample	: Whole Blood	Received On	: 18-Jan-2025 10:55 PM
Sample Tested In	: Serum	Reported On	: 19-Jan-2025 12:40 AM
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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Calcium *(Method: Arsenazo)*	8.9	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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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Lipid Profile			
Cholesterol Total *(Method: CHOD-POD)*	**233**	mg/dL	< 200
Triglycerides-TGL *(Method: GPO-POD)*	**305**	mg/dL	< 150
Cholesterol-HDL *(Method: Direct)*	**38**	mg/dL	40-60
Cholesterol-LDL *(Method: Calculated)*	**134**	mg/dL	< 100
Cholesterol- VLDL *(Method: Calculated)*	**61**	mg/dL	7-35
Non HDL Cholesterol *(Method: Calculated)*	**195**	mg/dL	< 130
Cholesterol Total /HDL Ratio *(Method: Calculated)*	**6.13**	Ratio	0-4.0
LDL/HDL Ratio *(Method: Calculated)*	**3.53**	Ratio	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	**≥ 60**	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -------	>=220

Note: LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula**). Calculated values not provided for LDL and VLDL

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.3	mg/dL	0.3-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.1	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.2	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	21	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	12	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	82	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	16	U/L	5-55
Protein - Total *(Method: Biuret)*	7.1	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	3.8	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.3	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.15	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	**1.75**	Ratio	<1.0

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 ***

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

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)*	29.0	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	13.55	mg/dL	7.0-18.0
BUN / Creatinine Ratio	21.51	Ratio	6 - 22
Uric Acid *(Method: Uricase)*	5.5	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	142	mmol/L	135-150
Potassium *(Method: ISE Direct)*	4.2	mmol/L	3.5-5.0
Chloride *(Method: ISE Direct)*	102	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.

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CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-1 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Thyroid Profile-I(TFT)			
T3 (Triiodothyronine) *(Method: CLIA)*	82.24	ng/dL	40-181
T4 (Thyroxine) *(Method: CLIA)*	6.7	µg/dL	3.2-12.6
TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	2.75	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- TSH interacts with specific cell receptors on the thyroid cell surface and exerts two main actions. The first action is to stimulate cell reproduction and hypertrophy. Secondly, TSH stimulates the thyroid gland to synthesize and secrete T3 and T4.
- The ability to quantitate circulating levels of TSH is important in evaluating thyroid function. It is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

*** End Of Report ***

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