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. CHETAN LAL		
Sample ID	: A1309409		
Age/Gender	: 18 Years/Male	Reg. No	: 0312501200043
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Jan-2025 06:14 PM
Primary Sample	: Whole Blood	Received On	: 20-Jan-2025 10:28 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Jan-2025 10:50 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)*	15.0	g/dL	13-17
Haematocrit (HCT) *(Method: Calculated)*	50.0	%	40-50
RBC Count *(Method: Cell Impedence)*	5.50	10^12/L	4.5-5.5
MCV *(Method: Calculated)*	82	fl	81-101
MCH *(Method: Calculated)*	**26.5**	pg	27-32
MCHC *(Method: Calculated)*	**31.0**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**15.1**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	213	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	5.9	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)*	07	%	2-10
Eosinophils *(Method: Microscopy)*	03	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	4.13	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.18	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.41	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.18	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 Normocytic normochromic		

*** End Of Report ***

MC 3633

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 20-Jan-2025 10:28 PM
Sample Tested In	: Serum	Reported On	: 21-Jan-2025 10:16 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	**2.3**	mg/dL	0.1-1.2
Bilirubin (Direct) *(Method: Diazo)*	**1.3**	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	1	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	**196**	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	**706**	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	**335**	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	**399**	U/L	15-85
Protein - Total *(Method: Biuret)*	7.6	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	4.1	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.5	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.17	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	0.28	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 ***

DR.VAISHNAVI
MD BIOCHEMISTRY

MC 3633

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Primary Sample	: Whole Blood	Received On	: 20-Jan-2025 10:28 PM
Sample Tested In	: Serum	Reported On	: 21-Jan-2025 12:48 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

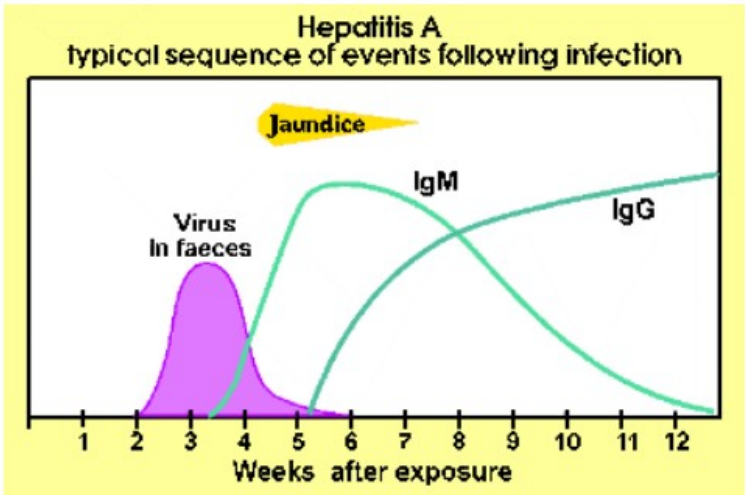
Test Name	Results	Units	Biological Reference Interval
Hepatitis A Virus IgM Antibody (HAV IgM) *(Method: ELISA)*	**1.91**	S/CO	<0.9 : Negative 0.9 - 1.0 : Borderline >1.1 : Positive

INTERPRETATION

- A negative result indicates that the patient is not undergoing an acute infection by HAV IgM
- Any patient showing an equivocal result, should be re-tested by examining a second sample after 1-2 weeks from first testing.
- A positive result is indicative of an HAV infection event and therefore the patient should be treated accordingly.

Note

2. Rheumatoid factor can give rise to false positive results
3. Reactive results suggest recent HAV infection
4. False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.
5. For heparinized patients, draw specimen prior to heparin therapy as presence of fibrin leads to erroneous results.



*** End Of Report ***

MC 3633

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

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Primary Sample	: Whole Blood	Received On	: 20-Jan-2025 10:28 PM
Sample Tested In	: Serum	Reported On	: 21-Jan-2025 01:03 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

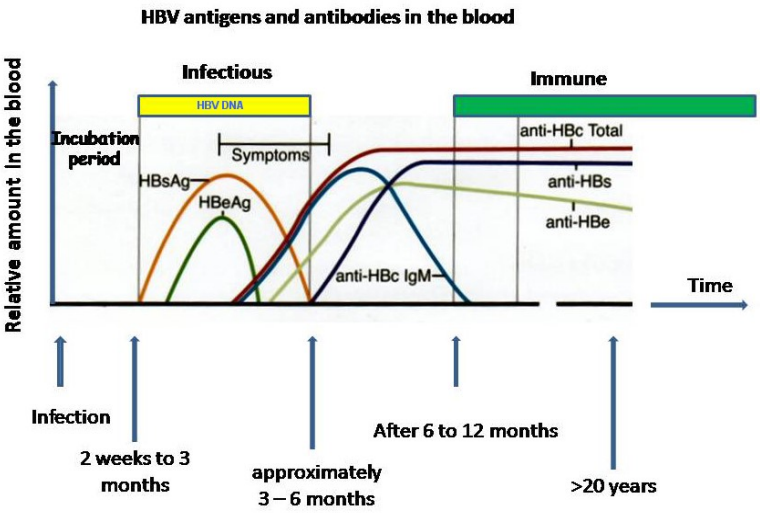
VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) *(Method: ELISA)*	0.40	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

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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

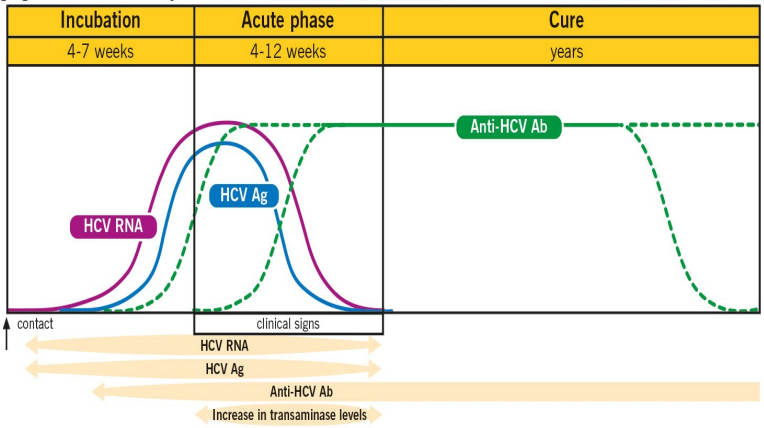
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody *(Method: ELISA)*	0.24	S/Co	< 1.00 : Negative > 1.00 : Positive

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

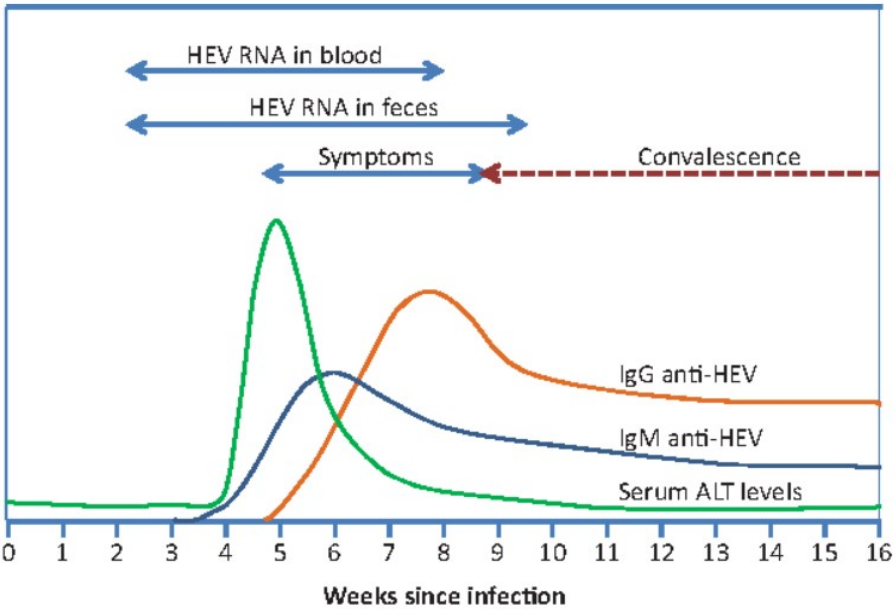
Test Name	Results	Units	Biological Reference Interval
Hepatitis E Virus IgM Antibody (HEV IgM) *(Method: ELISA)*	0.45	S/Co	<1.0 : Negative >1.0 : Positive

INTERPRETATION

- A negative result indicates that the patient has no detectable anti HEV IgM reactivity.
- A positive result is indicative of HEV infection and therefore the patient should be treated accordingly

Comments

Hepatitis E Virus (HEV) is an unenveloped RNA virus which accounts for sporadic and epidemic hepatitis in tropical and semi-tropical countries and in people returning from these areas. Similar to HAV, it is enterically transmitted, has a self limiting course and is not associated with chronicity. Infection with HEV has a virulent course in late pregnancy with mortality ranging from 20-25%. HEV IgM antibody is detected 1-4 weeks post infection.



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IMMUNOLOGY & SEROLOGY

VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody *(Method: ELISA)*	0.34	S/Co	< 1.00 : Negative > 1.00 : Positive

*** End Of Report ***

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