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. J PRIYA		
Sample ID	: A1841865		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503130050
Referred by	: Dr. Dr SUNEETHA YERRAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Mar-2025 07:12 PM
Primary Sample	: Whole Blood	Received On	: 13-Mar-2025 07:57 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 13-Mar-2025 08:00 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)*	**11.6**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**35.9**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.14	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	84	fl	81-101
MCH *(Method: Calculated)*	28.1	pg	27-32
MCHC *(Method: Calculated)*	33.2	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	13.2	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	251	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	5.3	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	62	%	40-70
Lymphocytes *(Method: Cell Impedence)*	30	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	3.29	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.59	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.32	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.11	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)*	Normocytic normochromic		

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

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

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mrs. J PRIYA		
Sample ID	: A1841863		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503130050
Referred by	: Dr. Dr SUNEETHA YERRAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Mar-2025 07:12 PM
Primary Sample	:	Received On	: 13-Mar-2025 07:57 PM
Sample Tested In	: Urine	Reported On	: 13-Mar-2025 08:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

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)*	6.5		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)*	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

Comments : Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

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LABORATORY TEST REPORT

Name	: Mrs. J PRIYA		
Sample ID	: A1841868, A1841866		
Age/Gender	: 26 Years/Female	Reg. No	: 0312503130050
Referred by	: Dr. Dr SUNEETHA YERRAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 13-Mar-2025 07:12 PM
Primary Sample	: Whole Blood	Received On	: 13-Mar-2025 07:57 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 13-Mar-2025 08:34 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	87	mg/dL	70-140

Interpretation of Plasma Glucose based on ADA guidelìnes 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.

Creatinine *(Method: Sarcosine Oxidase Method)*	0.75	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 ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) *(Method: HPLC)*	5.1	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose *(Method: Calculated)*	99.67	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

***NOTE:** The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.*

INTERPRETATION

Method: Analyzer Fully automated **HPLC** platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	1.51	µIU/mL	0.35-5.5

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone (µIU/mL) ,
First Trimester : 0.24-2.99
Second Trimester : 0.46-2.95
Third Trimester : 0.43-2.78
Cord Blood : 2.3-13.2

- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- 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
- TRH stimulation differentiates secondary and tertiary hypothyroidism by observing the change in patient TSH levels. Typically, the TSH response to TRH stimulation is absent in cases of secondary hypothyroidism, and normal to exaggerated in tertiary hypothyroidism
- Historically, TRH stimulation has been used to confirm primary hyperthyroidism, indicated by elevated T3 and T4 levels and low or undetectable TSH levels. TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.

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Primary Sample	: Whole Blood	Received On	: 13-Mar-2025 07:57 PM
Sample Tested In	: Serum	Reported On	: 13-Mar-2025 08:15 PM
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IMMUNOLOGY & SEROLOGY

VCARE VIRAL SCREENING

Test Name	Results	Units	Biological Reference Interval
VDRL- Syphilis Antibodies *(Method: Slide Flocculation)*	Non Reactive		Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Hepatitis B Surface Antigen(Rapid) *(Method: Immunochromatography)*	Negative		Negative

- HBsAg(Rapid)Test is an in-Vitro immunochromatographic one step assay designed for qualitatative determination of HBsAg in human serum or plasma.
- **Sensitivity:** This test can detect 1.0 ng/mL of HBsAg in human serum or plasma.
- Specimen found to be reactive by the above screening test must be confirmed by standard supplemental assay like ELISA, Neutralization test or PCR.
- False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor. This occurs in less than 1% of the samples tested.
- **Disclaimer: This test is only a screening method for detection of (Hepatitis B Surface Antigen (HBsAg). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR recommended."**

Hepatitis C Virus (HCV Antibody)-Rapid *(Method: Immunochromatography)*	Non Reactive		Non Reactive

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%.

Disclaimer: This test is only a screening method for detection of (HCV Antibody). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR is recommended.

HIV 1 &2 Ab-Chromatography

HIV - I Results *(Method: Immuno Chromatography)*	Non Reactive		Non Reactive
HIV - II Results *(Method: Immuno Chromatography)*	Non Reactive		Non Reactive

*** End Of Report ***

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MD, MICROBIOLOGIST

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