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. RAMA		
Sample ID	: A1842197		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	: Whole Blood	Received On	: 29-Mar-2025 12:52 PM
Sample Tested In	: Serum	Reported On	: 29-Mar-2025 07:25 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)*	**221.1**	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

*** End Of Report ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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. RAMA		
Sample ID	: A1842198		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	: Whole Blood	Received On	: 29-Mar-2025 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Mar-2025 04:41 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)*	12.2	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**35.8**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.06	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	88	fl	81-101
MCH *(Method: Calculated)*	29.9	pg	27-32
MCHC *(Method: Calculated)*	34.0	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**14.2**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	**140**	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	6.5	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	**82**	%	40-70
Lymphocytes *(Method: Cell Impedence)*	**10**	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	0	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	5.33	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	**0.65**	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.39	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.13	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 with Neutrophilic predominance and Mild Thrombocytopenia with giant platelets		

NOTE- Giant platelets and Platelet clumps may affect exact estimation of platelet count

*** End Of Report ***

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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. RAMA		
Sample ID	: A1842198		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	: Whole Blood	Received On	: 29-Mar-2025 12:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Mar-2025 04:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	**17**	mm/hr	10 or less

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

DR.SWARNA BALA
MD PATHOLOGY

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. RAMA		
Sample ID	: A1842195		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	:	Received On	: 29-Mar-2025 12:44 PM
Sample Tested In	: Urine	Reported On	: 29-Mar-2025 01:52 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	HAZY		Clear
Chemical Examination			
Glucose *(Method: Strip Reflectance)*	Negative		Negative
Protein *(Method: Strip Reflectance)*	(+)		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)*	02-04	/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

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.

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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. RAMA		
Sample ID	: A1842200, A1842197		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	: Whole Blood	Received On	: 29-Mar-2025 12:52 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 29-Mar-2025 07:25 PM
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))*	93	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

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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. RAMA		
Sample ID	: A1842197		
Age/Gender	: 31 Years/Female	Reg. No	: 0312503290010
Referred by	: Dr. K J N REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Mar-2025 10:44 AM
Primary Sample	: Whole Blood	Received On	: 29-Mar-2025 12:52 PM
Sample Tested In	: Serum	Reported On	: 29-Mar-2025 07:25 PM
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)*	1.1	mg/dL	0.3-1.2
Bilirubin (Direct) *(Method: Diazo)*	**0.4**	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.7	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	26	U/L	15-37
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	16	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	70	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	**79**	U/L	5-55
Protein - Total *(Method: Biuret)*	6.8	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	3.5	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.3	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.06	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	**1.63**	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 ***

MC 3633

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD