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	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842111		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	:	Received On	: 30-Mar-2025 01:20 PM
Sample Tested In	: Urine	Reported On	: 30-Mar-2025 05:39 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Protein - Random Urine *(Method: Pyrogallol Red)*	4.2	mg/dL	1-14
Creatinine - Random Urine *(Method: kinetic Jaffe reaction.)*	59.09	mg/dL	16-327
Protein/Creatinine Ratio *(Method: Calculated)*	0.07		< 0.20

Interpretation:

The urine protein test measures the amount of protein being excreted in the urine.Proteinuria is frequently seen in chronic diseases, such as diabetes and hypertension, with increasing amounts of protein in the urine reflecting increasing kidney damage. With early kidney damage, the affected person is often asymptomatic. As damage progresses, or if protein loss is severe, the person may develop symptoms such as edema, shortness of breath, nausea, and fatigue. Excess protein overproduction, as seen with multiple myeloma, lymphoma, and amyloidosis, can also lead to proteinuria. Creatinine, a byproduct of muscle metabolism, is normally released into the urine at a constant rate.

*** End Of Report ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Sagepath Labs Pvt. Ltd.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842116		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	: Whole Blood	Received On	: 30-Mar-2025 01:25 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Mar-2025 02:03 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)*	**10.1**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**32.1**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.31	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**75**	fl	81-101
MCH *(Method: Calculated)*	**23.5**	pg	27-32
MCHC *(Method: Calculated)*	**31.6**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**16.8**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	192	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	7.2	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	57	%	40-70
Lymphocytes *(Method: Cell Impedence)*	33	%	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)*	4.1	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	2.38	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.43	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.29	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

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	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842113		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	: Whole Blood	Received On	: 30-Mar-2025 01:25 PM
Sample Tested In	: Plasma-NaF(F)	Reported On	: 30-Mar-2025 02:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE FASTING

Test Name	Results	Units	Biological Reference Interval
Glucose Fasting (F) *(Method: Hexokinase)*	78	mg/dL	70-100

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

*** End Of Report ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842116, A1842114		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	: Whole Blood	Received On	: 30-Mar-2025 01:25 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 30-Mar-2025 02:09 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) (Method: HPLC)	5.4	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose (Method: Calculated)	108.28	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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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842116, A1842114		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	: Whole Blood	Received On	: 30-Mar-2025 01:25 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 30-Mar-2025 02:09 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
TSH -Thyroid Stimulating Hormone (Method: CLIA)	**10.38**	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.

*** End Of Report ***

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. ANTHONY SUSAN LYDIA		
Sample ID	: A1842114		
Age/Gender	: 24 Years/Female	Reg. No	: 0312503300013
Referred by	: Dr. VENKATA KRISHNA KUMAR	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Mar-2025 09:03 AM
Primary Sample	: Whole Blood	Received On	: 30-Mar-2025 01:25 PM
Sample Tested In	: Serum	Reported On	: 30-Mar-2025 02:51 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: Sarcosine Oxidase Method)*	0.62	mg/dL	0.60-1.10
Urea-Serum *(Method: Urease-GLDH,UV Method)*	18.9	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	8.83	mg/dL	7.0-18.0
BUN / Creatinine Ratio	14.24	Ratio	6 - 22
Uric Acid *(Method: Uricase)*	4.7	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	141	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.

*** End Of Report ***

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