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. K KUMARI		
Sample ID	: A2131624		
Age/Gender	: 64 Years/Female	Reg. No	: 0312504010001
Referred by	: Dr. NILAVENI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Serum	Reported On	: 01-Apr-2025 01:54 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)*	**46.3**	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

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. K KUMARI		
Sample ID	: A2131626, A2131625, A2131624		
Age/Gender	: 64 Years/Female	Reg. No	: 0312504010001
Referred by	: Dr. NILAVENI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP),	Reported On	: 01-Apr-2025 01:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glucose Fasting (F) *(Method: Hexokinase)*	**273**	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

Glucose Post Prandial (PP) *(Method: Hexokinase (HK))*	**327**	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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.

Creatinine *(Method: Sarcosine Oxidase Method)*	**1.05**	mg/dL	0.55-1.02

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 ***

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LABORATORY TEST REPORT

Name	: Mrs. K KUMARI		
Sample ID	: A2131622		
Age/Gender	: 64 Years/Female	Reg. No	: 0312504010001
Referred by	: Dr. NILAVENI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-Apr-2025 03:10 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)	**9.0**	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose (Method: Calculated)	211.6	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.*

*** End Of Report ***

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LABORATORY TEST REPORT

Name	: Mrs. K KUMARI		
Sample ID	: A2131624		
Age/Gender	: 64 Years/Female	Reg. No	: 0312504010001
Referred by	: Dr. NILAVENI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-Apr-2025 08:01 AM
Primary Sample	: Whole Blood	Received On	: 01-Apr-2025 12:53 PM
Sample Tested In	: Serum	Reported On	: 01-Apr-2025 01:54 PM
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CLINICAL BIOCHEMISTRY

Lipid Profile

Test Name	Results	Units	Biological Reference Interval
Cholesterol Total *(Method: CHOD-POD)*	93	mg/dL	< 200
Triglycerides-TGL *(Method: GPO-POD)*	**194**	mg/dL	< 150
Cholesterol-HDL *(Method: Direct)*	42	mg/dL	40-60
Cholesterol-LDL *(Method: Calculated)*	12.2	mg/dL	< 100
Cholesterol- VLDL *(Method: Calculated)*	**38.8**	mg/dL	7-35
Non HDL Cholesterol *(Method: Calculated)*	51	mg/dL	< 130
Cholesterol Total /HDL Ratio *(Method: Calculated)*	2.21	Ratio	0-4.0
LDL/HDL Ratio *(Method: Calculated)*	0.29	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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LABORATORY TEST REPORT

Name	: Mrs. K KUMARI		
Sample ID	: A2131624		
Age/Gender	: 64 Years/Female	Reg. No	: 0312504010001
Referred by	: Dr. NILAVENI	SPP Code	: SPL-CV-172
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.5	mg/dL	0.2-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.2	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.3	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	17	U/L	5-48
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	22	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	76	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	32	U/L	5-55
Protein - Total *(Method: Biuret)*	7.4	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	4.1	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	3.3	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.24	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	0.77	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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