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. SUNIL VIKAS BHATTA		
Sample ID	: B2675600		
Age/Gender	: 77 Years/Male	Reg. No	: 0312504040009
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2025 08:14 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2025 12:57 PM
Sample Tested In	: Serum	Reported On	: 04-Apr-2025 02:59 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)*	**53.7**	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

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mr. SUNIL VIKAS BHATTA		
Sample ID	: B2675599		
Age/Gender	: 77 Years/Male	Reg. No	: 0312504040009
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2025 08:14 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2025 12:54 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 04-Apr-2025 03:12 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)*	**9.5**	g/dL	13-17
Haematocrit (HCT) *(Method: Calculated)*	**32.0**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.91**	10^12/L	4.5-5.5
MCV *(Method: Calculated)*	82	fl	81-101
MCH *(Method: Calculated)*	**24.2**	pg	27-32
MCHC *(Method: Calculated)*	**29.5**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**17.2**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	**120**	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	7.0	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	69	%	40-70
Lymphocytes *(Method: Cell Impedence)*	25	%	20-40
Monocytes *(Method: Microscopy)*	05	%	2-10
Eosinophils *(Method: Microscopy)*	01	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	4.83	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.75	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.35	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.07	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 anemia.Within normal limitsMild Thrombocytopenia with giant platelets seen.		

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

*** End Of Report ***

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mr. SUNIL VIKAS BHATTA		
Sample ID	: B2675599, B2675600		
Age/Gender	: 77 Years/Male	Reg. No	: 0312504040009
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2025 08:14 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2025 12:57 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 04-Apr-2025 02:59 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)	6.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose (Method: Calculated)	131.24	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.*

Rheumatoid Factor, RA (Method: Immunoturbidometry)	9.29	IU/mL	<20.0

Interpretataion:

- This test detects evidence of rheumatoid factor (RF), which is a type of autoantibody. An antibody is a protective protein that forms in the blood in response to a foreign material, known as an antigen (for example a bacterial protein). Autoantibodies, however, are antibodies that attack one's own proteins rather than foreign protein. Rheumatoid factors are autoantibodies directed against the class of immunoglobulins known as IgG and are members of a class of proteins that become elevated in states of inflammation. Rheumatoid factor is elevated in many patients with both chronic and acute inflammation; it may be used to monitor the level of inflammation associated with rheumatoid arthritis (RA). Other markers such as CRP are considered more accurate for disease monitoring. Experts still do not understand exactly how RF is formed or why, but it is believed that RF probably does not directly cause joint damage but that it helps to promote the body's inflammation reaction, which contributes to the tissue destruction seen in rheumatoid arthritis.

*** End Of Report ***

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
Creatinine *(Method: Sarcosine Oxidase Method)*	**2.08**	mg/dL	0.70-1.30
Urea-Serum *(Method: Urease-GLDH,UV Method)*	**82.7**	mg/dL	17.1-49.2
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	**38.64**	mg/dL	8.0-23.0
BUN / Creatinine Ratio	18.58	Ratio	6 - 22
Uric Acid *(Method: Uricase)*	**9.1**	mg/dL	3.5-7.2
Sodium *(Method: ISE Direct)*	138	mmol/L	135-150
Potassium *(Method: ISE Direct)*	4.1	mmol/L	3.5-5.0
Chloride *(Method: ISE Direct)*	101	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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