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. B UMA		
Sample ID	: B2675728		
Age/Gender	: 66 Years/Female	Reg. No	: 0312504120010
Referred by	: Dr. A N ROY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2025 09:14 AM
Primary Sample	: Whole Blood	Received On	: 12-Apr-2025 01:16 PM
Sample Tested In	: Serum	Reported On	: 12-Apr-2025 03:40 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)*	**24.3**	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

Estimated Glomerular Filtration Rate (eGFR):MDRD

Albumin *(Method: Bromocresol Green (BCG))*	4.1	g/dL	3.4-5.0
Creatinine *(Method: Sarcosine Oxidase Method)*	0.75	mg/dL	0.55-1.02
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	11.53	mg/dL	8.0-23.0
GFR by MDRD Formula *(Method: Calculated)*	88	mL/min/1.73m2	61 - 114

Interpreatation:

- To assess kidney function and diagnose, stage, and monitor chronic kidney disease.
- Glomerular filtration rate (GFR) is a measure of how well your kidneys are working. The kidney's primary function is to filter blood. Waste and excess water gets removed and turned into urine. The levels of salts and minerals in blood are adjusted to maintain a healthy balance. In addition, kidneys produce hormones that regulate blood pressure, maintain bone health, and control production of red blood cells.

*** 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	: Mrs. B UMA		
Sample ID	: B2675754		
Age/Gender	: 66 Years/Female	Reg. No	: 0312504120010
Referred by	: Dr. A N ROY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2025 09:14 AM
Primary Sample	: Whole Blood	Received On	: 12-Apr-2025 01:16 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 12-Apr-2025 01:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

RHEUMATOID ARTHRITIS PROFILE -

Test Name	Results	Units	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	12.0	g/dL	12-15
RBC Count *(Method: Cell Impedence)*	4.09	10^12/L	3.8-4.8
Haematocrit (HCT) *(Method: Calculated)*	**36.4**	%	40-50
MCV *(Method: Calculated)*	89	fl	81-101
MCH *(Method: Calculated)*	29.3	pg	27-32
MCHC *(Method: Calculated)*	32.9	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**16.6**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	275	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	8.2	10^9/L	4.0-10.0
Neutrophils *(Method: Cell Impedence)*	63	%	40-70
Absolute Neutrophils Count *(Method: Impedence)*	5.17	10^9/L	2.0-7.0
Lymphocytes *(Method: Cell Impedence)*	30	%	20-40
Absolute Lymphocyte Count *(Method: Impedence)*	2.46	10^9/L	1.0-3.0
Monocytes *(Method: Microscopy)*	05	%	2-10
Absolute Monocyte Count *(Method: Calculated)*	0.41	10^9/L	0.2-1.0
Eosinophils *(Method: Microscopy)*	02	%	1-6
Absolute Eosinophils Count *(Method: Calculated)*	0.16	10^9/L	0.02-0.5
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Atypical cells	0.00		
Morphology			
WBC	Within Normal Limits		
RBC	Anisocytosis with Normocytic normochromic		
Platelets *(Method: Microscopy)*	Adequate.		

*** 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. B UMA		
Sample ID	: B2675754		
Age/Gender	: 66 Years/Female	Reg. No	: 0312504120010
Referred by	: Dr. A N ROY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2025 09:14 AM
Primary Sample	: Whole Blood	Received On	: 12-Apr-2025 01:16 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 12-Apr-2025 02:21 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

RHEUMATOID ARTHRITIS PROFILE -

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	5	mm/hr	14 or less

Comments : ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

Name	: Mrs. B UMA		
Sample ID	: b2675753		
Age/Gender	: 66 Years/Female	Reg. No	: 0312504120010
Referred by	: Dr. A N ROY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2025 09:14 AM
Primary Sample	:	Received On	: 12-Apr-2025 12:56 PM
Sample Tested In	: Urine	Reported On	: 12-Apr-2025 02:24 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		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		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
Microscopic Examination (Microscopy)			
PUS(WBC) Cells *(Method: Microscopy)*	08-10	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	04-05	/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

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LABORATORY TEST REPORT

Name	: Mrs. B UMA		
Sample ID	: B2675756, B2675728		
Age/Gender	: 66 Years/Female	Reg. No	: 0312504120010
Referred by	: Dr. A N ROY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 12-Apr-2025 09:14 AM
Primary Sample	: Whole Blood	Received On	: 12-Apr-2025 01:16 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 12-Apr-2025 03:40 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

RHEUMATOID ARTHRITIS PROFILE -

Test Name	Results	Units	Biological Reference Interval
Glucose Random (RBS) *(Method: Hexokinase (HK))*	72	mg/dL	70-140

Interpretation of Plasma Glucose based on ADA guidelines 2024

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 2024 Jan (1:47 (suppl.1):S20- S42.

- 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.

Rheumatoid Factor, RA *(Method: Immunoturbidometry)*	11.6	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 rhematoid 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

RHEUMATOID ARTHRITIS PROFILE -

Test Name	Results	Units	Biological Reference Interval
Calcium *(Method: Arsenazo)*	8.97	mg/dL	8.5-10.1

Comments:

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

25 - Hydroxy Vitamin D *(Method: CLIA)*	75.20	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication

Interpretation:
1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalcifoerol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).
Those who are at high risk of having low levels of vitamin D include:
1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency
Increased Levels: Vitamin D Intoxication

Method : CLIA

Anti Streptolysin O Titres *(Method: Immunoturbidimetry)*	25.0	IU/mL	0.0-200.0

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total) *(Method: Diazo)*	0.58	mg/dL	0.2-1.2
Bilirubin (Direct) *(Method: Diazo)*	0.19	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	0.39	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)*	19.6	U/L	5-48
Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))*	17.8	U/L	0-55
Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)*	80.7	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)*	27.2	U/L	5-55
Protein - Total *(Method: Biuret)*	6.64	g/dL	6.4-8.2
Albumin *(Method: Bromocresol Green (BCG))*	4.1	g/dL	3.4-5.0
Globulin *(Method: Calculated)*	2.54	g/dL	2.0-4.2
A:G Ratio *(Method: Calculated)*	1.61	Ratio	0.8-2.0
SGOT/SGPT Ratio *(Method: Calculated)*	**1.1**	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 ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

MC 3633

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Sample Tested In	: Serum	Reported On	: 12-Apr-2025 03:40 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)*	0.75	mg/dL	0.55-1.02
Urea-Serum *(Method: Urease-GLDH,UV Method)*	24.7	mg/dL	17.1-49.2
Blood Urea Nitrogen (BUN) *(Method: Calculated)*	11.53	mg/dL	8.0-23.0
BUN / Creatinine Ratio	15.37	Ratio	6 - 22
Uric Acid *(Method: Uricase)*	**6.83**	mg/dL	2.6-6.0
Sodium *(Method: ISE Direct)*	141	mmol/L	135-150
Potassium *(Method: ISE Direct)*	3.9	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 ***

MC 3633

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Primary Sample	: Whole Blood	Received On	: 12-Apr-2025 01:16 PM
Sample Tested In	: Serum	Reported On	: 12-Apr-2025 08:32 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

RHEUMATOID ARTHRITIS PROFILE -

Test Name	Results	Units	Biological Reference Interval

Anti Nuclear Antibody - IFA (Qualitative)

Flourescence	Positive
Intensity	Strong
Sample Dilution	01:80
Flourescence Pattern	Nuclear fine speckled
suggestive antibody	SS-A/Ro SS-B/La Mi-2 TIF1γ TIF1β Ku RNA helicase A Replication protein A
Commonly associated clinical entities	SARD (systemic autoimmune rheumatic diseases) SjS (Sjögren's syndrome) SLE (systemic lupus erythematosus) subacute cutaneous lupus erythematosus neonatal lupus erythematosus congenital heart block DM (dermatomyositis) SSc (systemic sclerosis) and SSc-AIM (systemic sclerosis -autoimmune myopathy) overlap syndrome
Impression	2+
Advice	Advise Correlate with clinical presentation. ANA Titre & ANA Blot profile if indicated.

INTERPRETATION :

- ANA is useful in the diagnosis of patients with autoimmune diseases such as SLE, Mixed connective tissue disease, Rheumatoid arthritis, Sjogren's syndrome, Progressive systemic sclerosis and CREST syndrome. The incidence of low titre ANA positivity increases with age in normal individuals. many drugs like Hydralazine and Procainamide may induce ANA production.
- Qualitative ANA antibodies by IFA is a screening test to detect autoantibodies against cell nuceli,DNA , RNA, several protiens and ribonuclear protiens in human sera. It is deemed positive if antibodies are detected at a minimum of 1:40 dilution.

Method :Immunoflourescence

*** End Of Report ***

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST