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. KAVYA		
Sample ID	: B2623093		
Age/Gender	: 27 Years/Female	Reg. No	: 0312504290039
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 01:39 PM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 03:29 PM
Sample Tested In	: Serum	Reported On	: 29-Apr-2025 05:13 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)*	**7.6**	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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LABORATORY TEST REPORT

Name	: Ms. KAVYA		
Sample ID	: B2623094		
Age/Gender	: 27 Years/Female	Reg. No	: 0312504290039
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 01:39 PM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 03:29 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 29-Apr-2025 04:22 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)*	**9.8**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**32.6**	%	40-50
RBC Count *(Method: Cell Impedence)*	4.09	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**80**	fl	81-101
MCH *(Method: Calculated)*	**23.9**	pg	27-32
MCHC *(Method: Calculated)*	**30.0**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**16.1**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	180	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	8.2	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	**80**	%	40-70
Lymphocytes *(Method: Cell Impedence)*	**15**	%	20-40
Monocytes *(Method: Microscopy)*	03	%	2-10
Eosinophils *(Method: Microscopy)*	02	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	6.56	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.23	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.25	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.16	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. Mild Neutrophilia.Adequate.		

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

MC 3633

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Ms. KAVYA		
Sample ID	: B2623077		
Age/Gender	: 27 Years/Female	Reg. No	: 0312504290039
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 01:39 PM
Primary Sample	:	Received On	: 29-Apr-2025 03:29 PM
Sample Tested In	: Urine	Reported On	: 29-Apr-2025 04:05 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
Reaction (pH) *(Method: Reagent Strip Reflectance)*	7.0		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)*	06-08	/hpf	00-05
R.B.C. *(Method: Microscopic)*	Nil	/hpf	Nil
Epithelial Cells *(Method: Microscopic)*	03-05	/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
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 29-Apr-2025 01:39 PM
Primary Sample	: Whole Blood	Received On	: 29-Apr-2025 03:29 PM
Sample Tested In	: Serum	Reported On	: 29-Apr-2025 05:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Creatinine *(Method: Sarcosine Oxidase Method)*	0.63	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.

TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	1.27	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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MC 3633

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