

TDOSE INFOSYSTEMS PVT. LTD.

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. G D MURTHY		
Sample ID	: B2675674		
Age/Gender	: 54 Years/Male	Reg. No	: 0312505010002
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-May-2025 08:13 AM
Primary Sample	:	Received On	: 01-May-2025 12:35 PM
Sample Tested In	: Urine	Reported On	: 01-May-2025 02:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
GLUCOSE FASTING					
Test Name		Results Units Biological Reference Interval		Biological Reference Interval	
Fasting Urine Glucose	r.	Negative		Negative	



DR. LAVANYA LAGISETTY MD BIOCHEMISTRY

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MD BIOCHEMI

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Sample ID	: B2675674		
Age/Gender	: 54 Years/Male	Reg. No	: 0312505010002
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-May-2025 08:13 AM
Primary Sample	:	Received On	: 01-May-2025 12:35 PM
Sample Tested In	: Urine	Reported On	: 01-May-2025 01:39 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	e				
Colour	Pale Yellow	1	Straw to light amber		
Appearance	Clear		Clear		
Chemical Examination					
Glucose (Method: Strip Reflectance)	Negative		Negative		
Protein	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	Negative		Negative		
(Weinfold: Surp Reinectance) Reaction (pH) (Method: Reagent Stin Reflectance)	6.0		5.0 - 8.5		
Nitrites (Method: Strip Reflectance)	Negative		Negative		
Leukocyte esterase	Negative		Negative		
Microscopic Examination (Microscopy)					
PUS(WBC) Cells	03-05	/hpf	00-05		
R.B.C.	Nil	/hpf	Nil		
	01-02	/hpf	00-05		
Casts (Method: Microscopic)	Absent		Absent		
Crystals (Method: Microscopic)	Absent		Absent		
Bacteria	Nil		Nil		
Budding Yeast Cells	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.







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LABORATORY TEST REPORT

Name	: Mr. G D MURTHY		
Sample ID	: B2623102, B2623101		
Age/Gender	: 54 Years/Male	Reg. No	: 0312505010002
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-May-2025 08:13 AM
Primary Sample	: Whole Blood	Received On	: 01-May-2025 12:35 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF(PP)	Reported On	: 01-May-2025 02:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

		CLINICAL B	IOCHEMIS	TRY			
	GLUCOSE POST PRANDIAL (PP)						
Fest Name		Results U	nits	Biological Reference	e Interval		
Glucose Fa	asting (F)	. <u>118</u> r	ng/dL	70-100			
Interpretation of	Plasma Glucose based on ADA guideline	s 2024					
Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/	dL) HbA1c(%)	RBS(mg/dL)	7		
Prediabetes	100-125	140-199	5.7-6.4	NA			
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)			
Reference: Dia	betes care 2024 Jan (1:47 (suppl.1)	S20- S42.					
Glucose P	ost Prandial (PP)	<u>157</u> r	ng/dL	70-140	. /		
Interpretation of	Plasma Glucose based on ADA guideline	s 2018	100	the second second			
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)			
I	I <u></u>						

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.

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*** End Of Report ***







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LABORATORY TEST REPORT

Name	: Mr. G D MURTHY		
Sample ID	: B2623099		
Age/Gender	: 54 Years/Male	Reg. No	: 0312505010002
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-May-2025 08:13 AM
Primary Sample	: Whole Blood	Received On	: 01-May-2025 12:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 01-May-2025 02:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Biological Reference Interval		
Glycated Hemoglobin (HbA1c)	6.4	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5		
Mean Plasma Glucose (Method: Calculated)	136.98	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

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)	risk for developing diabetes mellitus. HbA1c values greater than 6. percent are diagnostic of diabetes mellitus. Diagnosis should b
421		14%	commed by repeating the HDATC test.
386	_ A _	13%	
350	L	12%	
314	E	11%	
279	R	10%	
243		9%	
208		8%	
172	POOR	7%	
136	GOOD	6%	
101	EXCELLENT	5%	

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LABORATORY TEST REPORT

Name	: Mr. G D MURTHY		
Sample ID	: B2623100		
Age/Gender	: 54 Years/Male	Reg. No	: 0312505010002
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 01-May-2025 08:13 AM
Primary Sample	: Whole Blood	Received On	: 01-May-2025 12:35 PM
Sample Tested In	: Serum	Reported On	: 01-May-2025 02:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY							
Test Name	Results	Units	Biological Reference Interval				
Liver Function Test (LFT)							
Bilirubin(Total)	<u>1.24</u>	mg/dL	0.1-1.2				
Bilirubin (Direct)	0.27	mg/dL	0.0 - 0.3				
Bilirubin (Indirect)	0.97	mg/dL	0.2-1.0				
Aspartate Aminotransferase (AST/SGOT) Method: IFCC UV Assay)	27.5	U/L	15-37				
Alanine Aminotransferase (ALT/SGPT)	19.0	U/L	0-55				
Alkaline Phosphatase(ALP)	71.2	U/L	30-120				
Gamma Glutamyl Transpeptidase (GGTP)	18.7	U/L	15-85				
Protein - Total	7.53	g/dL	6.4-8.2				
(Method: Bromocresol Green (BCG))	4.9	g/dL	3.4-5.0				
Globulin (Method: Calculated)	2.63	g/dL	2.0-4.2				
A:G Ratio	1.86	Ratio	0.8-2.0				
	<u>1.45</u>	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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