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. D NAYOMI		
Sample ID	: B2623386		
Age/Gender	: 65 Years/Female	Reg. No	: 0312505110023
Referred by	: Dr. SAI KARTHIKEYA B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:18 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Serum	Reported On	: 11-May-2025 05:29 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)*	**32.7**	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

Sagepath Labs Pvt. Ltd.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. D NAYOMI		
Sample ID	: B2623392		
Age/Gender	: 65 Years/Female	Reg. No	: 0312505110023
Referred by	: Dr. SAI KARTHIKEYA B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:18 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-May-2025 03:35 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)*	**9.3**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**30.8**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.51**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	88	fl	81-101
MCH *(Method: Calculated)*	**26.5**	pg	27-32
MCHC *(Method: Calculated)*	**30.3**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**15.0**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	340	10^9/L	150-410
Total WBC Count *(Method: Impedance)*	8.3	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils *(Method: Cell Impedence)*	70	%	40-70
Lymphocytes *(Method: Cell Impedence)*	20	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	04	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	5.81	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	1.66	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.5	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.33	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		

*** End Of Report ***

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

DR.SWARNA BALA
MD PATHOLOGY

Sagepath Labs Pvt. Ltd.

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Name	: Mrs. D NAYOMI		
Sample ID	: B2623392		
Age/Gender	: 65 Years/Female	Reg. No	: 0312505110023
Referred by	: Dr. SAI KARTHIKEYA B	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:18 PM
Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 11-May-2025 06:00 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)*	**29**	mm/hr	14 or less

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DR.SWARNA BALA
MD PATHOLOGY

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LABORATORY TEST REPORT

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Age/Gender	: 65 Years/Female	Reg. No	: 0312505110023
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-May-2025 02:18 PM
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Sample Tested In	: Serum	Reported On	: 11-May-2025 06:25 PM
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Uric Acid *(Method: Uricase)*	4.4	mg/dL	2.6-6.0

Interpretation:

- Uric acid is a chemical created when the body breaks down substances called purines. Purines are normally produced in the body and are also found in some foods and drinks. Foods with high content of purines include liver, anchovies, mackerel, dried beans and peas, and beer. Most uric acid dissolves in blood and travels to the kidneys. From there, it passes out in urine. If your body produces too much uric acid or does not remove enough if it, you can get sick. A high level of uric acid in the blood is called hyperuricemia.This test checks to see how much uric acid you have in your blood.Investigation and monitoring of inflammatory arthritis pain, particularly in big toe (gout)
- Useful in the investigation of kidney stones
- Aid in diagnosis, treatment, and monitoring of renal failure/disease
- Monitor patients receiving cytotoxic drugs (high nucleic acid turnover)
- Monitor diseases with nucleic acid metabolism and turnover (eg, leukemia, lymphoma, polycythemia)

Rheumatoid Factor, RA *(Method: Immunoturbidometry)*	**40.8**	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 ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Calcium *(Method: Arsenazo)*	8.6	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.

Anti Streptolysin O Titres *(Method: Immunoturbidimetry)*	46.4	IU/mL	0.0-200.0

Interpretation:

Antistreptolysin O (ASO) titer is a blood test to measure antibodies against streptolysin O, a substance produced by group A streptococcus bacteria. Antibodies are proteins our bodies produce when they detect harmful substances, such as bacteria.
Elevated values are consistent with an antecedent infection by group A streptococci.

Vitamin- B12 (cyanocobalamin) *(Method: CLIA)*	>2000	pg/mL	200-911

Interpretation:

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

Causes of vitamin B12 deficiency include:Diseases that cause malabsorption

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

An increased vitamin B12 level is uncommon in:

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
-

*** End Of Report ***

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MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Anti Cyclic Citrullinated Peptide (CCP) Antibodies *(Method: immunoturbidimetry)*	**42.19**	U/ml	Negative: < 18 Weak Positive: 18-24 Positive : 25-75 Strong Positive: > 75

Result interpretation:-

- Positive Anti-CCP test + positive RF test indicates that have rheumatoid arthritis.
- Positive Anti-CCP test + negative RF test indicates the early stage of rheumatoid arthritis.
- Negative Anti-CCP test + negative RF test indicates that you don't have rheumatoid arthritis, your symptoms are due to some other type of arthritis.

Comments

Anti CCP antibodies are useful for evaluating patients suspected of Rheumatoid arthritis. Positive results occur in 60-80% of Rheumatoid arthritis patients depending on disease severity. The positive predictive value of Anti CCP antibodies for Rheumatoid arthritis is far greater than Rheumatoid factor. False positive results are uncommon. Upto 30% patients with sero negative Rheumatoid arthritis also show Anti CCP antibodies.

Clinical Uses ·

- For diagnosis of early Rheumatoid arthritis - Anti CCP antibodies are detected in approximately 50-60% patients of Rheumatoid arthritis usually after 3-6 months of symptoms
- Prediction of severity of disease - Early Rheumatoid arthritis patients with Anti CCP positivity may develop a more erosive form of the disease as compared with Anti CCP negative patients
- To differentiate elderly onset Rheumatoid arthritis from Polymyalgia rheumatica and erosive SLE
-

*** End Of Report ***

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 11-May-2025 03:18 PM
Sample Tested In	: Serum	Reported On	: 11-May-2025 06:09 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Biological Reference Interval
Anti Nuclear Antibody(ANA)			
Anti Nuclear Antibody *(Method: ELISA)*	**2.44**	Index	Negative : <0.90 Equivocal:0.91-1.11 Positive : ≥1.11

Interpretation:

- A negative result indicates no antinuclear antigen has been found.
- A positive result indicates you are likely to have autoimmune disorder such as autoimmune hepatitis, autoimmune thyroid diseases, systemic lupus erythematosus, polymyositis or dermatomyositis, and others.

- ANAs refer to a diverse group of antibodies that target nuclear and cytoplasmic antigens. ANAs have been detected in the serum of patients with many rheumatic and non-rheumatic diseases as well as in patients with no definable clinical syndrome. The strong association of ANA with SLE is well established, and this finding satisfies the 1 of 11 criteria available for diagnosis.
- The ANA ELISA screen is designed to detect antibodies against dsDNA, histones, SS-A (Ro), SS-B (La), Smith, Smith/RNP, Scl-70, Jo-1, centromeric proteins, and other antigens extracted from the HEp-2 cell nucleus. ANA ELISA assays have been reported to have lower sensitivities than ANA IFA for systemic autoimmune rheumatic diseases (SARD).
- Negative results do not necessarily rule out SARD.
- 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.

*** End Of Report ***

MC 3633

DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD