

REPORT

Name	: Mr. MIR FAROOQ ALI	Sample ID	: 24217128
Age/Gender	: 78 Years/Male	Reg. No	: 0312309180040
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2023 01:10 PM
Primary Sample	: Whole Blood	Received On	: 19-Sep-2023 08:45 AM
Sample Tested In	: Serum	Reported On	: 19-Sep-2023 05:03 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	8.66	μIU/mL	0.35-5.5	CLIA

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.

Result rechecked and verified for abnormal cases

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2023 01:10 PM
Primary Sample	: Whole Blood	Received On	: 18-Sep-2023 03:35 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 19-Sep-2023 08:55 AM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.2	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	37.0	%	40-50	Calculated
RBC Count	4.77	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	78	fl	81-101	Calculated
MCH	25.5	pg	27-32	Calculated
MCHC	32.9	g/dL	32.5-34.5	Calculated
RDW-CV	18.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	40	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	6.4	10 ⁹ /L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	67	%	40-70	Cell Impedance
Lymphocytes	24	%	20-40	Cell Impedance
Monocytes	07	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	4.29	10 ⁹ /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	1.54	10 ⁹ /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.45	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.13	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.11	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Moderate Thrombocytopenia.			PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNABALA
MD PATHOLOGY

REPORT

Name	: Mr. MIR FAROOQ ALI	Sample ID	: 24217128
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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2023 01:10 PM
Primary Sample	: Whole Blood	Received On	: 18-Sep-2023 03:35 PM
Sample Tested In	: Serum	Reported On	: 18-Sep-2023 04:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Kidney Profile-KFT				
Urea	42.3	mg/dL	17.1-49.2	Glutamate dehydrogenase+Calculation
Creatinine -Serum	1.10	mg/dL	0.70-1.30	Sarcosine oxidase
Uric Acid	4.4	mg/dL	3.5-7.2	Uricase
Sodium	138	mmol/L	136-145	ISE Direct
Potassium	3.9	mmol/L	3.5-5.1	ISE Direct
Chloride	101	mmol/L	98-108	ISE Direct

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 through 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.

Correlate Clinically.

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*** End Of Report ***



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