

Sagepath Labs Pvt. Ltd.

Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

PORT Website:- www.sagepathlabs.com

REPORT

Name: Ms. TAEJINISample ID: 24854917Age/Gender: 17 Years/FemaleReg. No: 0312309290054Referred by: Dr. Nivedita Ashrit MD (Obs/Gyn)SPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Sep-2023 08:02 PM Primary Sample : Whole Blood Received On : 29-Sep-2023 09:25 PM

Sample Tested In : Whole Blood EDTA Reported On : 29-Sep-2023 09:34 PM

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)	12.3	g/dL	12-15	Cynmeth Method		
Haematocrit (HCT)	35.8	%	40-50	Calculated		
RBC Count	4.05	10^12/L	4.5-5.5	Cell Impedence		
MCV	88	fl	81-101	Calculated		
MCH	30.3	pg	27-32	Calculated		
MCHC	34.3	g/dL	32.5-34.5	Calculated		
RDW-CV	12.4	%	11.6-14.0	Calculated		
Platelet Count (PLT)	224	10^9/L	150-410	Cell Impedance		
Total WBC Count	8.3	10^9/L	4.0-10.0	Impedance		
<u>Differential Leucocyte Count (DC)</u>						
Neutrophils	65	%	40-70	Cell Impedence		
Lymphocytes	28	%	20-40	Cell Impedence		
Monocytes	05	%	2-10	Microscopy		
Eosinophils	02	%	1-6	Microscopy		
Basophils	00	%	1-2	Microscopy		
Absolute Neutrophils Count	5.4	10^9/L	2.0-7.0	Impedence		
Absolute Lymphocyte Count	2.32	10^9/L	1.0-6.2	Impedence		
Absolute Monocyte Count	0.42	10^9/L	0.2-1.0	Calculated		
Absolute Eosinophils Count	0.17	10^9/L	0.02-0.5	Calculated		
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated		
Morphology	Normocytic	c normochromic	blood picture.	PAPs Staining		

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited







Swornabala - M DR.SWARNA BALA MD PATHOLOGY



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Registered Office:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

: 24854205

: SPL-CV-172

: 0312309290054

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REPOR

Name: Ms. TAEJINISample IDAge/Gender: 17 Years/FemaleReg. NoReferred by: Dr. Nivedita Ashrit MD (Obs/Gyn)SPP Code

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Sep-2023 08:02 PM
Primary Sample : Whole Blood Received On : 29-Sep-2023 09:25 PM

Sample Tested In : Serum Reported On : 29-Sep-2023 10:07 PM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method	
		<u> </u>			

TSH -Thyroid Stimulating Hormone 3.32 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.

Correlate Clinically.

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*** End Of Report ***







