

**REPORT**

Name	: Mr. G.SHIVA	Sample ID	: 24854452
Age/Gender	: 29 Years/Male	Reg. No	: 0312310200036
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06:46 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10:46 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 20-Oct-2023 11:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	15.9	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	46.1	%	40-50	Calculated
RBC Count	5.23	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	30.4	pg	27-32	Calculated
MCHC	34.4	g/dL	32.5-34.5	Calculated
RDW-CV	13.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	249	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	9.5	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	55	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.23	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>3.8</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.28	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.19	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic Normochromic blood Picture.			PAPs Staining





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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06: 46 PM
Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10: 46 PM
Sample Tested In	: Serum	Reported On	: 20-Oct-2023 11: 50 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>TSH -Thyroid Stimulating Hormone</b>	1.46	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.



*Laishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Mr. G.SHIVA	Sample ID	: 24854468
Age/Gender	: 29 Years/Male	Reg. No	: 0312310200036
Referred by	: Dr. M LAKSHMI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 20-Oct-2023 06: 46 PM
Primary Sample	:	Received On	: 20-Oct-2023 10: 46 PM
Sample Tested In	: Urine	Reported On	: 21-Oct-2023 03: 39 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.010		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.0		5.0 - 8.5	Reagent strip Reflectance - Double indicator Principle
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	03-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy
Others	-			Microscopic

**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.



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M  
DR.SWARNABALA  
MD PATHOLOGY

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Primary Sample	: Whole Blood	Received On	: 20-Oct-2023 10: 46 PM
Sample Tested In	: Serum	Reported On	: 21-Oct-2023 12: 48 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>VDRL- Syphilis Antibodies</b>	Non Reactive		Non Reactive	Slide Flocculation

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

\*\*\* End Of Report \*\*\*

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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
MD, MICROBIOLOGIST

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

**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

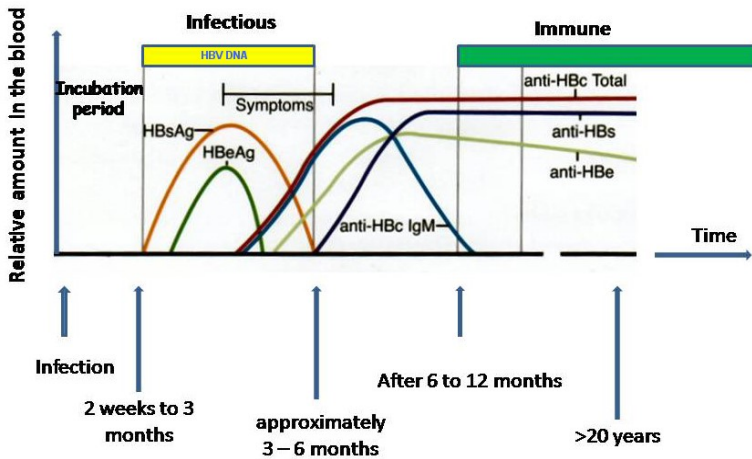
Test Name	Results	Units	Ref. Range	Method
Hepatitis B Surface Antigen (HBsAg)	0.39	S/Co	<1.00 :Negative >1.00 :Positive	ELISA

**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

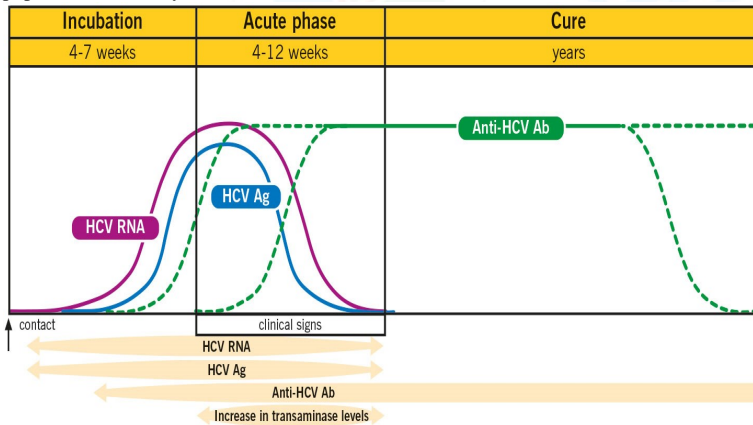
Test Name	Results	Units	Ref. Range	Method
Hepatitis C Virus Antibody	0.21	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

**Interpretation:**

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

**Comments :-**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



**Note:**

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Ref. Range	Method
HIV (1& 2) Antibody	0.29	S/Co	< 1.00 : Negative > 1.00 : Positive	ELISA

Correlate Clinically.

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