

REPORT

Name	: Baby. KETHANA	Sample ID	: 24854553
Age/Gender	: 11 Years/Female	Reg. No	: 0312310240036
Referred by	: Dr. M HARIN REDDY	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 24-Oct-2023 08:31 PM
Primary Sample	: Whole Blood	Received On	: 25-Oct-2023 11:22 AM
Sample Tested In	: Serum	Reported On	: 25-Oct-2023 12:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	3.58	mg/L	Upto:6.0	Immunoturbidimetry

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. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 25-Oct-2023 11:22 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Oct-2023 12:00 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)	13.1	g/dL	11.5-15.5	Cynmeth Method
Haematocrit (HCT)	41.3	%	35-45	Calculated
RBC Count	5.17	10 ¹² /L	4.5-5.5	Cell Impedance
MCV	80	fl	77-95	Calculated
MCH	25.3	pg	25-33	Calculated
MCHC	31.7	g/dL	31-37	Calculated
RDW-CV	14.1	%	11.6-14.0	Calculated
Platelet Count (PLT)	486	10 ⁹ /L	170-450	Cell Impedance
Total WBC Count	13.9	10 ⁹ /L	5.0-13.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	50	%	43-64	Cell Impedance
Lymphocytes	45	%	25-48	Cell Impedance
Monocytes	03	%	0-9	Microscopy
Eosinophils	02	%	0-7	Microscopy
Basophils	00	%	0-2	Microscopy
Absolute Neutrophils Count	6.95	10 ⁹ /L	1.7-8.0	Impedance
Absolute Lymphocyte Count	6.26	10 ⁹ /L	1.1-6.5	Impedance
Absolute Monocyte Count	0.42	10 ⁹ /L	0.0- 1.2	Calculated
Absolute Eosinophils Count	0.28	10 ⁹ /L	0.0-1.0	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture. with Leucocytosis and Thrombocytosis			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.SWARNA BALA
MD PATHOLOGY

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HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Erythrocyte Sedimentation Rate (ESR)	10		3-13	Westergren method

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DR.SWARNA BALA
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	1.20	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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