

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

REPORT Website:- www.sagepathlabs.com				
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 \*\*\*







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Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Oct-2023 12:00 PM
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-			

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 Impedence	
MCV	80	fl	77-95	Calculated	
MCH	25.3	pg	25-33	Calculated	
МСНС	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 Impedence	
Lymphocytes	45	%	25-48	Cell Impedence	
Monocytes	03 (08	%	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	Impedence	
Absolute Lymphocyte Count	6.26	10^9/L	1.1-6.5	Impedence	
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		normochromic	blood picture. with ocytosis	PAPs Staining	

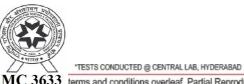
Result rechecked and verified for abnormal cases

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

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Westergren method

REPORT -

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HAEMATOLOGY				
est Name	Results	Units	Ref. Range	Method

#### Erythrocyte Sedimentation Rate (ESR)

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

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\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD



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**CLINICAL BIOCHEMISTRY** Results Units Ref. Range Method Test Name CLIA 1.20 µIU/mL 0.35-5.5

#### **TSH - Thyroid Stimulating Hormone**

Pregnancy & Cord Blood TSH (Thyroid Stimulating Hormone (µIU/mL) First Trimester  $\cdot 024 - 299$ 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 \*\*\*







