

Sagepath Labs Pvt. Ltd.

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

: 24854558

ICMR Reg .No. SAPALAPVLHT (Covid -19)

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

REPORT Website:- www.sagepathlabs.com

Name : Mrs. SREEJA Sample ID

Age/Gender : 24 Years/Female Reg. No : 0312310260030 Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-7
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 26-Oct-2

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 26-Oct-2023 12:17 PM
Primary Sample : Whole Blood Received On : 26-Oct-2023 04:07 PM
Sample Tested In : Whole Blood EDTA Reported On : 26-Oct-2023 04:23 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)	10.1	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	32.0	%	40-50	Calculated
RBC Count	4.54	10^12/L	4.5-5.5	Cell Impedence
MCV	70	fl	81-101	Calculated
MCH	22.2	pg	27-32	Calculated
MCHC	31.5	g/dL	32.5-34.5	Calculated
RDW-CV	15.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	375	10^9/L	150-410	Cell Impedance
Total WBC Count	5.8	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	61	%	40-70	Cell Impedence
Lymphocytes	33	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	3.54	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.91	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.23	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.12	10^9/L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Anisocytosis	with Microcytic	hypochromic anemia	PAPs Staining

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited









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PORT Website:- www.sagepathlabs.com

SPP Code

REPORT

Name : Mrs. SREEJA

Age/Gender : 24 Years/Female

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn)

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood

Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Sample ID : 24854557

Reg. No : 0312310260030

Collected On : 26-Oct-2023 12:17 PM

: SPL-CV-172

Received On : 26-Oct-2023 04:07 PM

Reported On : 26-Oct-2023 08:11 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method	

TSH -Thyroid Stimulating Hormone 2.34 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 ***







