

**REPORT**

Name	: Mr. UMAKANTH	Sample ID	: 24753370
Age/Gender	: 35 Years/Male	Reg. No	: 0312310310006
Referred by	: Dr. M A MAJID	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Oct-2023 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 31-Oct-2023 12: 32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 31-Oct-2023 01: 19 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)	12.7	g/dL	13-17	Cynmeth Method
Haematocrit (HCT)	36.6	%	40-50	Calculated
RBC Count	4.11	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	89	fl	81-101	Calculated
MCH	30.9	pg	27-32	Calculated
MCHC	34.0	g/dL	32.5-34.5	Calculated
RDW-CV	13.5	%	11.6-14.0	Calculated
Platelet Count (PLT)	155	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	4.7	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	64	%	40-70	Cell Impedence
Lymphocytes	28	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.01	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.32	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	0.09	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

Result rechecked and verified for abnormal cases

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

Laboratory is NABL Accredited



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

terms and conditions overleaf. Partial Reproduction of this report is not Permitted

Swarnabala . M  
DR.SWARNABALA  
MD PATHOLOGY

**REPORT**

Name	: Mr. UMAKANTH	Sample ID	: 24753370
Age/Gender	: 35 Years/Male	Reg. No	: 0312310310006
Referred by	: Dr. M A MAJID	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Oct-2023 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 31-Oct-2023 12: 32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 31-Oct-2023 01: 19 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Erythrocyte Sedimentation Rate (ESR)</b>	9		10 or less	Westergren method



\*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD  
terms and conditions overleaf. Partial Reproduction of this report is not Permitted

Swarnabala . M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mr. UMAKANTH	Sample ID	: 24753367
Age/Gender	: 35 Years/Male	Reg. No	: 0312310310006
Referred by	: Dr. M A MAJID	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Oct-2023 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 31-Oct-2023 12: 32 PM
Sample Tested In	: Serum	Reported On	: 31-Oct-2023 04: 37 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
Calcium	8.3	mg/dL	8.5-10.1	o-cresolphthalein complexone (OCPC)

**Comments:**

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

Result rechecked and verified for abnormal cases

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

Laboratory is NABL Accredited



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Mr. UMAKANTH	Sample ID	: 24753367
Age/Gender	: 35 Years/Male	Reg. No	: 0312310310006
Referred by	: Dr. M A MAJID	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Oct-2023 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 31-Oct-2023 12: 32 PM
Sample Tested In	: Serum	Reported On	: 31-Oct-2023 04: 42 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>	1.34	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.

**Electrolyte Profile-Serum**

Sodium	138	mmol/L	136-145	ISE Direct
Potassium	4.0	mmol/L	3.5-5.1	ISE Direct
Chloride	99	mmol/L	98-108	ISE Direct

**Clinical significance:**

- Prevents dehydration.
- Maintain the acid-base balance (body pH).
- Maintain the osmotic pressure.
- Body working normally.
- It regulates heart rhythm.
- Regulate muscle contractions.
- Help the brain function.
- Cells can generate energy.

**Note:**Separate serum or plasma from cells within 45 minutes of collection; avoid hemolysis.

Correlate Clinically.

Laboratory is NABL Accredited

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



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**