

Sagepath Labs Pvt. Ltd.

Registered Office:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19) Website:- www.sagepathlabs.com

# REPORT

: Mrs. SAHITHI SURAMPALLI Name

Age/Gender : 22 Years/Female Referred by : Dr. K NEELAVENI

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Sample ID : 24753855

Reg. No : 0312311270006

SPP Code : SPL-CV-172

Collected On : 27-Nov-2023 09:41 AM

Received On : 27-Nov-2023 12:35 PM

Reported On : 27-Nov-2023 02:46 PM

Report Status : Final Report

## **CLINICAL BIOCHEMISTRY**

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CLIA **Beta- Human Chorionic Gonodotropin** <2.0 mIU/mL Refer to Interpretation **Hormone** 

#### **Interpretation:**

Sample Tested In

- · A quantitative human chorionic gonadotropin (HCG) test measures the specific level of HCG in the blood. HCG is a hormone produced in the body during
- HCG appears in the blood and urine of pregnant women as early as 10 days after conception. Quantitative HCG measurement helps determine the exact age of the fetus. It can also assist in the diagnosis of abnormal pregnancies, such as ectopic pregnancies, molar pregnancies, and possible miscarriages. It is also used as part of a screening test for Down syndrome.
- This test is also done to diagnose abnormal conditions not related to pregnancy that can raise HCG level.

Non Pregnant Females: < 10.0 mIU/mL Post Menopausal Females: < 10.0 mIU/mL

**Pregnancy** 

		Gestational Age and Expected hCG Values (mIU/mL)
0.2-1 weeks: 10-50	1-2 weeks : 50-500	2-3 weeks : 500-10,000
3-4 weeks : 1000-50,000	5-6 weeks : 10,000-100,000	6-8 weeks : 15,000-200,000
2-3 months : 10,000-100,000	Excellence in He	alth Care

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

Laboratory is NABL Accredited











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Age/Gender : 22 Years/Female Reg. No : 0312311270006

Referred by : Dr. K NEELAVENI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 27-Nov-2023 09:41 AM
Primary Sample : Whole Blood Received On : 27-Nov-2023 12:35 PM

Sample Tested In : Serum Reported On : 27-Nov-2023 02:13 PM

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

### **CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	94.56	ng/dL	70-204	CLIA	
T4 (Thyroxine)	8.2	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	0.56	µIU/mL	0.35-5.5	CLIA	

### Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 μg/dL	Cord Blood: : 2.3-13.2 µIU/mL

### **Interpretation:**

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are
  secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other
  organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.

Correlate Clinically.

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







