

**REPORT**

Name	: Mrs. ASHWINI KULKARNI	Sample ID	: A0012429
Age/Gender	: 24 Years/Female	Reg. No	: 0312312260033
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Dec-2023 01:11 PM
Primary Sample	: Whole Blood	Received On	: 26-Dec-2023 03:04 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 26-Dec-2023 03:26 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)	<b>10.2</b>	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>33.6</b>	%	40-50	Calculated
RBC Count	<b>4.15</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	<b>81</b>	fl	81-101	Calculated
MCH	<b>24.5</b>	pg	27-32	Calculated
MCHC	<b>30.3</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>15.0</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	<b>438</b>	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	<b>6.7</b>	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	<b>70</b>	%	40-70	Cell Impedence
Lymphocytes	<b>23</b>	%	20-40	Cell Impedence
Monocytes	<b>04</b>	%	2-10	Microscopy
Eosinophils	<b>03</b>	%	1-6	Microscopy
Basophils	<b>0</b>	%	1-2	Microscopy
Absolute Neutrophils Count	<b>4.69</b>	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>1.54</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	<b>0.27</b>	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	<b>0.2</b>	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic and few Microcytic hypochromic and Thrombocytosis			PAPs Staining

Result rechecked and verified for abnormal cases

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

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Swarnabala - M  
DR. SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. ASHWINI KULKARNI	Sample ID	: A0012430
Age/Gender	: 24 Years/Female	Reg. No	: 0312312260033
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Dec-2023 01:11 PM
Primary Sample	: Whole Blood	Received On	: 26-Dec-2023 03:04 PM
Sample Tested In	: Serum	Reported On	: 26-Dec-2023 05:26 PM
Client Address	: Kimtee colony , Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>25 - Hydroxy Vitamin D</b>	30.5	ng/mL	<20.0-Deficiency 20.0-<30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

**Interpretation:**

- Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

**Those who are at high risk of having low levels of vitamin D include:**

- people who don't get much exposure to the sun
- older adults
- people with obesity.
- dietary deficiency

**Increased Levels:**

- Vitamin D Intoxication

Method : CLIA

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

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

**REPORT**

Name	: Mrs. ASHWINI KULKARNI	Sample ID	: A0012430
Age/Gender	: 24 Years/Female	Reg. No	: 0312312260033
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Dec-2023 01:11 PM
Primary Sample	: Whole Blood	Received On	: 26-Dec-2023 03:04 PM
Sample Tested In	: Serum	Reported On	: 26-Dec-2023 04:06 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>	0.65	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 \*\*\*



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