

**REPORT**

Name	: Mrs. SWATHI	Sample ID	: A0012683
Age/Gender	: 31 Years/Female	Reg. No	: 0312401050016
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jan-2024 07:49 AM
Primary Sample	: Whole Blood	Received On	: 05-Jan-2024 12:32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Jan-2024 12:58 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)	10.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	32.3	%	40-50	Calculated
RBC Count	3.90	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	80	fl	81-101	Calculated
MCH	26.1	pg	27-32	Calculated
MCHC	31.5	g/dL	32.5-34.5	Calculated
RDW-CV	14.2	%	11.6-14.0	Calculated
Platelet Count (PLT)	271	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	4.9	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	66	%	40-70	Cell Impedence
Lymphocytes	28	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.23	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.37	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.2	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.1	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	Anisocytosis with Microcytic hypochromic anemia			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jan-2024 07: 49 AM
Primary Sample	: Whole Blood	Received On	: 05-Jan-2024 12: 32 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Jan-2024 02: 36 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glycated Hemoglobin (HbA1c)</b>	5.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
<b>Mean Plasma Glucose</b>	111.15	mg/dL		Calculated

**Interpretation:**

- Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states
- Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

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

Laboratory is NABL Accredited



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

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jan-2024 07:49 AM
Primary Sample	: Whole Blood	Received On	: 05-Jan-2024 12:41 PM
Sample Tested In	: Serum	Reported On	: 05-Jan-2024 03:07 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>	4.14	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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