

# Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

## REPORT

Name : Mrs. K SAMYUKTHA Sample ID : A0013063
Age/Gender : 31 Years/Female Reg. No : 0312401310026
Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 31-Jan-2024 12:29

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 31-Jan-2024 12:29 PM
Primary Sample : Whole Blood Received On : 31-Jan-2024 03:36 PM
Sample Tested In : Whole Blood EDTA Reported On : 31-Jan-2024 03:59 PM

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

12.4 38.1 4.45 86 28.0	g/dL % 10^12/L	12-15 40-50	Method  Cynmeth Method  Calculated
<b>38.1 4.45</b> 86	% 10^12/L	40-50	•
<b>38.1 4.45</b> 86	% 10^12/L	40-50	
<b>4.45</b> 86	10^12/L		Calculated
86			Caldalatoa
		4.5-5.5	Cell Impedence
28.0	fl	81-101	Calculated
	pg	27-32	Calculated
32.7	g/dL	32.5-34.5	Calculated
14.0	%	11.6-14.0	Calculated
298	10^9/L	150-410	Cell Impedance
8.5	10^9/L	4.0-10.0	Impedance
70	%	40-70	Cell Impedence
22	%	20-40	Cell Impedence
05	%	2-10	Microscopy
03	%	1-6	Microscopy
0	%	1-2	Microscopy
5.95	10^9/L	2.0-7.0	Impedence
1.87	10^9/L	1.0-3.0	Impedence
0.43	10^9/L	0.2-1.0	Calculated
0.26	10^9/L	0.02-0.5	Calculated
0.00	10^9/L	0.0-0.3	Calculated
	normochromic		
	8.5  70 22 05 03 0 5.95 1.87 0.43 0.26 0.00	8.5 10^9/L  70 % 22 % 05 % 03 % 0 % 5.95 10^9/L 1.87 10^9/L 0.43 10^9/L 0.26 10^9/L	8.5 10^9/L 4.0-10.0  70 % 40-70 22 % 20-40  05 % 2-10  03 % 1-6  0 % 1-2  5.95 10^9/L 2.0-7.0  1.87 10^9/L 1.0-3.0  0.43 10^9/L 0.2-1.0  0.26 10^9/L 0.02-0.5

Result rechecked and verified for abnormal cases

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

Laboratory is NABL Accredited







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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### REPORT

Name : Mrs. K SAMYUKTHA Sample ID : A0013061

Age/Gender : 31 Years/Female Reg. No : 0312401310026

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 31-Jan-2024 12:29 PM Primary Sample : Whole Blood Received On : 31-Jan-2024 03:36 PM

Sample Tested In : Serum Reported On : 31-Jan-2024 04:31 PM

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

### CLINICAL BIOCHEMISTRY

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Test Name	Results	Units	Ref. Range	Method		

TSH -Thyroid Stimulating Hormone 1.44 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 \*\*\*







