

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 | : | Miss. REENA | |
| Age/Gender | : | 21 Years/Female | |
| Referred by | : | Dr. SUNEETHA YERRUM | |
| Referring Customer | : | V CARE MEDICAL DIAGNOSTICS | |
| Primary Sample | : | Whole Blood | |
| Sample Tested In | : | Serum | |
| Client Address | : | Kimtee colony ,Gokul Nagar,Tarr | naka |
| | | | |

 Sample ID
 : A0093261

 Reg. No
 : 0312402170049

 SPP Code
 : SPL-CV-172

 Collected On
 : 17-Feb-2024 08:55 AM

 Received On
 : 17-Feb-2024 10:07 PM

 Reported On
 : 17-Feb-2024 10:44 PM

 Report Status
 : Final Report

| CLINICAL BIOCHEMISTRY | | | | | |
|---|--|---------------------------------|---|-------------|---|
| Test Name | | Results | Units | Ref. Range | Method |
| PRL(Prolactin) | | 7.60 | ng/mL | Refer Table | CLIA |
| Interpretation: | | | | | |
| Age | Reference Range: Male (ng/mL) | Refe | erence Range: Female(ng/n | nL) | |
| Puberty Tanner Stage | | | | | |
| 1 | < 10.0 | 3.6 | -12.0 | | |
| 2-3 | < 6.1 | 2.6 | -18.0 | | |
| 4-5 | 2.8-11.0 | 3.2 | -20.0 | | |
| Adult | 2.1-17.7 | Pre | npregnant :2.8–29. gnant :9.7–208 tmenopausal :1.8–20.3 | 3.5 | |
| non-pregnant womenBreast milk productioErection problems in a | , prolactin's main role is to promote lac on that is not related to childbirth (galac | ph cells of the ctation (breast | pituitary gland, a grape-size | | f the brain. Normally present in low amounts in men and |

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*** End Of Report ***







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| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 17-Feb-2024 08:55 AM |
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| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |
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| CLINICAL BIOCHEMISTRY | | | | | |
|----------------------------------|---------|--------|------------|--------|--|
| Test Name | Results | Units | Ref. Range | Method | |
| | | | | | |
| Thyroid Profile-I(TFT) | | | | | |
| T3 (Triiodothyronine) | 154.22 | ng/dL | 70-204 | CLIA | |
| T4 (Thyroxine) | 8.9 | µg/dL | 3.2-12.6 | CLIA | |
| TSH -Thyroid Stimulating Hormone | 4.37 | µIU/mL | 0.35-5.5 | CLIA | |

| 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:

Pregnancy & Cord Blood

• 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 ***



