

**REPORT**

Name	: Mrs. DESREEN PHILOMENA HOGG	Sample ID	: A0094118
Age/Gender	: 27 Years/Female	Reg. No	: 0312403310001
Referred by	: Dr. ARTHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Mar-2024 08:01 AM
Primary Sample	: Whole Blood	Received On	: 31-Mar-2024 03:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 31-Mar-2024 05:59 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)	11.9	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	37.4	%	40-50	Calculated
RBC Count	4.34	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	86	fl	81-101	Calculated
MCH	27.4	pg	27-32	Calculated
MCHC	31.8	g/dL	32.5-34.5	Calculated
RDW-CV	13.8	%	11.6-14.0	Calculated
Platelet Count (PLT)	334	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	10.2	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	22	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	7.14	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.24	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.61	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	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	Normocytic normochromic with Mild Leucocytosis			PAPs Staining



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. DESREEN PHILOMENA HOGG	Sample ID	: A0094117, A0094120
Age/Gender	: 27 Years/Female	Reg. No	: 0312403310001
Referred by	: Dr. ARTHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Mar-2024 08:01 AM
Primary Sample	: Whole Blood	Received On	: 31-Mar-2024 03:01 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 31-Mar-2024 03:54 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Glucose Random (RBS)</b>	108	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

<b>TSH -Thyroid Stimulating Hormone</b>	2.34	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.



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

**REPORT**

Name	: Mrs. DESREEN PHILOMENA HOGG	Sample ID	: A0093984
Age/Gender	: 27 Years/Female	Reg. No	: 0312403310001
Referred by	: Dr. ARTHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Mar-2024 08:01 AM
Primary Sample	:	Received On	: 31-Mar-2024 03:01 PM
Sample Tested In	: Urine	Reported On	: 31-Mar-2024 05:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
Glucose	Negative		Negative	Strip Reflectance
Protein	Absent		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.015		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	02-03	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

**Comments** :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

Result rechecked and verified for abnormal cases  
Laboratory is NABL Accredited

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



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY