SagePath®
Excellence In Health Care

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. D MAMATHA	Sample ID	: 24863985
Age/Gender	: 27 Years/Female	Reg. No	: 0312404060034
Referred by	: Dr. Nilofer j	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2024 12:04 PM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2024 01:20 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 06-Apr-2024 02:12 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	12.8	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**38.5**	%	40-50	Calculated
RBC Count	**4.37**	10^12/L	4.5-5.5	Cell Impedence
MCV	88	fl	81-101	Calculated
MCH	29.2	pg	27-32	Calculated
MCHC	33.2	g/dL	32.5-34.5	Calculated
RDW-CV	13.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	237	10^9/L	150-410	Cell Impedance
Total WBC Count	7.9	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	5.53	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.58	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.47	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.32	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic blood picture.			PAPs Staining

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MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name	: Mrs. D MAMATHA	Sample ID	: 24863986
Age/Gender	: 27 Years/Female	Reg. No	: 0312404060034
Referred by	: Dr. Nilofer j	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2024 12:04 PM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2024 01:20 PM
Sample Tested In	: Serum	Reported On	: 06-Apr-2024 02:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
PRL(Prolactin)	69.82	ng/mL	Refer Table	CLIA

Interpretation:

Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
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	Nonpregnant :2.8–29.2 Pregnant :9.7–208.5 Postmenopausal :1.8–20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

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DR.VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. D MAMATHA	Sample ID	: 24863986
Age/Gender	: 27 Years/Female	Reg. No	: 0312404060034
Referred by	: Dr. Nilofer j	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 06-Apr-2024 12:04 PM
Primary Sample	: Whole Blood	Received On	: 06-Apr-2024 01:20 PM
Sample Tested In	: Serum	Reported On	: 06-Apr-2024 02:46 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Anti Mullerian Hormone (AMH)	1.39	ng/mL	Refer Table	CLIA

Age Ranges in Females:		**Fertility Ranges:**
18-25 Years: 0.96-13.34 ng/mL	26-30 Years: 0.17-7.37 ng/mL	Optimal Fertility: 4.0-6.8 ng/mL
31-35 Years: 0.07-7.35 ng/mL	36-40 Years: 0.03-7.15 ng/mL	Satisfactory Fertility: 2.2-4.0 ng/mL
41-45 Years: < 3.27 ng/mL	> 46 Years: < 1.15 ng/mL	Low Fertility: 0.3-2.2 ng/mL
Male Reference Range: 0.73-16.05 ng/mL		

OVER VIEW:

Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

Clinical Significance:

- Assess gonadal function in children
- Evaluation of infants with ambiguous genitalia and other intersex conditions.
- Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
- Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
- Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
- Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
- Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.

TSH -Thyroid Stimulating Hormone	3.65	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.

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DR.VAISHNAVI
MD BIOCHEMISTRY

*** End Of Report ***

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited