

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. RAJYALAKSHMI Sample ID : 24864221
Age/Gender : 28 Years/Female Reg. No : 0312404220013
Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 22-Apr-2024 10:10 AM
Primary Sample : Whole Blood Received On : 22-Apr-2024 10:50 AM

Primary Sample : Whole Blood Received On : 22-Apr-2024 10:50 AM Sample Tested In : Serum Reported On : 22-Apr-2024 11:53 AM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method	

Beta- Human Chorionic Gonodotropin <2.0 mlU/mL Refer to Interpretation CLIA **Hormone**

Interpretation:

- A quantitative human chorionic gonadotropin (HCG) test measures the specific level of HCG in the blood. HCG is a hormone produced in the body during
 pregnancy.
- HCG appears in the blood and urine of pregnant women as early as 10 days after conception. Quantitative HCG measurement helps determine the exact age of the fetus. It can also assist in the diagnosis of abnormal pregnancies, such as ectopic pregnancies, molar pregnancies, and possible miscarriages. It is also used as part of a screening test for Down syndrome.
- This test is also done to diagnose abnormal conditions not related to pregnancy that can raise HCG level.

Non Pregnant Females: < 10.0 mIU/mL Post Menopausal Females: < 10.0 mIU/mL

Pregnancy

		Gestational Age and Expected hCG Values (mIU/mL)
0.2-1 weeks: 10-50	1-2 weeks : 50-500	2-3 weeks : 500-10,000
3-4 weeks : 1000-50,000	5-6 weeks : 10,000-100,000	6-8 weeks : 15,000-200,000
2-3 months : 10,000-100,000	Excellence in He	alth Care











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Test Name	Results	Units	Ref. Range	Method	
TSH -Thyroid Stimulating Hormone	4.27	μIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood

Tregnancy & co		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.

Laboratory is NABL Accredited

*** End Of Report ***





