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. V VIJAYA	Sample ID	: 24864390
Age/Gender	: 28 Years/Female	Reg. No	: 0312404270015
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 04:45 PM
Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 10:03 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Apr-2024 10:14 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)	**11.5**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**37.7**	%	40-50	Calculated
RBC Count	4.81	10^12/L	4.5-5.5	Cell Impedence
MCV	**78**	fl	81-101	Calculated
MCH	**23.9**	pg	27-32	Calculated
MCHC	**30.5**	g/dL	32.5-34.5	Calculated
RDW-CV	**14.9**	%	11.6-14.0	Calculated
Platelet Count (PLT)	226	10^9/L	150-410	Cell Impedance
Total WBC Count	**12.0**	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	57	%	40-70	Cell Impedence
Lymphocytes	33	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6.84	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	**3.96**	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.72	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.48	10^9/L	0.02-0.5	Calculated
Absolute Basophil lCount	0.00	10^9/L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Mild Leucocytosis			PAPs Staining

ilac-MRA
MC 3633

Swarnabala.M
DR.SWARNA BALA
MD PATHOLOGY

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. V VIJAYA	Sample ID	: 24864389
Age/Gender	: 28 Years/Female	Reg. No	: 0312404270015
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 27-Apr-2024 04:45 PM
Primary Sample	: Whole Blood	Received On	: 27-Apr-2024 10:10 PM
Sample Tested In	: Serum	Reported On	: 27-Apr-2024 11:06 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	2.58	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.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY