

REPORT

Name	: Mrs. AFROZ BEGUM	Sample ID	: A0287401
Age/Gender	: 35 Years/Female	Reg. No	: 0312406150059
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Jun-2024 08:09 PM
Primary Sample	: Whole Blood	Received On	: 15-Jun-2024 11:12 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Jun-2024 11:17 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)	38.2	%	40-50	Calculated
RBC Count	5.19	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	74	fl	81-101	Calculated
MCH	22.2	pg	27-32	Calculated
MCHC	30.2	g/dL	32.5-34.5	Calculated
RDW-CV	16.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	353	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	10.0	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	61	%	40-70	Cell Impedence
Lymphocytes	34	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6.1	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	3.4	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.3	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Anisocytosis with Normocytic normochromic			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. AFROZ BEGUM	Sample ID	: A0287402
Age/Gender	: 35 Years/Female	Reg. No	: 0312406150059
Referred by	: Dr. SWATHI	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Jun-2024 08:09 PM
Primary Sample	: Whole Blood	Received On	: 15-Jun-2024 11:15 PM
Sample Tested In	: Serum	Reported On	: 16-Jun-2024 12:23 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
CA125 - Cancer Marker	25.40	U/mL	< 35.0	CLIA

Interpretation:

The CA-125 blood test measures the level of the protein CA-125 in the blood. CA-125 is a protein that is found more in ovarian cancer cells than in other cells. This blood test is often used to monitor women who have been diagnosed with ovarian cancer. The test is useful if the CA-125 level was high when the cancer was first diagnosed. In these cases, measuring the CA-125 over time is a good tool to determine if ovarian cancer treatment is working. The CA-125 test may also be done if a woman has symptoms or findings on ultrasound that suggest ovarian cancer. In general, this test is not used to screen healthy women for ovarian cancer when a diagnosis has not yet been made. In a woman who has ovarian cancer, a rise in CA-125 usually means that the disease has progressed or come back (recurred). A decrease in CA-125 usually means the disease is responding to current treatment. In a woman who has not been diagnosed with ovarian cancer, a rise in CA-125 may mean a number of things. While it may mean that she has ovarian cancer, it can also indicate other types of cancer, as well as several other diseases, such as endometriosis, which are not cancer. In healthy women, an elevated CA-125 usually does not mean ovarian cancer is present. Most healthy women with an elevated CA-125 do not have ovarian cancer, or any other cancer. Any woman with an abnormal CA-125 test needs further tests. Sometimes surgery is needed to confirm the cause.

TSH -Thyroid Stimulating Hormone	4.58	µIU/mL	0.35-5.5	CLIA
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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.

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

Correlate Clinically.

Result rechecked and verified for abnormal cases

Laboratory is NABL Accredited