

REPORT

Name	: Mrs. KALAMMA	Sample ID	: A0590150
Age/Gender	: 44 Years/Female	Reg. No	: 0312407220012
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Jul-2024 01:42 PM
Primary Sample	: Whole Blood	Received On	: 22-Jul-2024 04:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Jul-2024 04:15 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)	12.6	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	36.9	%	40-50	Calculated
RBC Count	4.87	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	76	fl	81-101	Calculated
MCH	25.8	pg	27-32	Calculated
MCHC	34.1	g/dL	32.5-34.5	Calculated
RDW-CV	13.7	%	11.6-14.0	Calculated
Platelet Count (PLT)	387	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	11.1	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	72	%	40-70	Cell Impedence
Lymphocytes	22	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	7.99	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.44	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.44	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.22	10 ⁹ /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Neutrophilic Leucocytosis			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. KALAMMA	Sample ID	: A0590147, A0590148
Age/Gender	: 44 Years/Female	Reg. No	: 0312407220012
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Jul-2024 01:42 PM
Primary Sample	: Whole Blood	Received On	: 22-Jul-2024 04:00 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 22-Jul-2024 05:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	93	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.

TSH -Thyroid Stimulating Hormone **6.49** **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 ***



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY