

REPORT

Name	: Mrs. RAJESWARI	Sample ID	: A0590343
Age/Gender	: 25 Years/Female	Reg. No	: 0312407310073
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 31-Jul-2024 08:48 AM
Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 10:16 PM
Sample Tested In	: Serum	Reported On	: 01-Aug-2024 12:56 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
C-Reactive protein-(CRP)	55.00	mg/L	Upto:6.0	Immunoturbidimetry

Interpretation:

C-reactive protein (CRP) is produced by the liver. The level of CRP rises when there is inflammation throughout the body. It is one of a group of proteins called acute phase reactants that go up in response to inflammation. The levels of acute phase reactants increase in response to certain inflammatory proteins called cytokines. These proteins are produced by white blood cells during inflammation.

A positive test means you have inflammation in the body. This may be due to a variety of conditions, including:

- Connective tissue disease
- Heart attack
- Infection
- Inflammatory bowel disease (IBD)
- Lupus
- Pneumonia
- Rheumatoid arthritis

Result rechecked and verified for abnormal cases

*** End Of Report ***



Dr. Vaishnavi
DR.VAISHNAVI
MD BIOCHEMISTRY

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Primary Sample	: Whole Blood	Received On	: 31-Jul-2024 10:16 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 31-Jul-2024 11:05 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)	12.2	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	35.6	%	40-50	Calculated
RBC Count	4.23	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	84	fl	81-101	Calculated
MCH	28.8	pg	27-32	Calculated
MCHC	34.2	g/dL	32.5-34.5	Calculated
RDW-CV	13.3	%	11.6-14.0	Calculated
Platelet Count (PLT)	200	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	3.1	10 ⁹ /L	4.0-10.0	Impedence
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	2.17	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	0.62	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.19	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.12	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 Mild Leucopenia			PAPs Staining



Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	3.13	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.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



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IMMUNOLOGY & SEROLOGY

Test Name	Results	Units	Ref. Range	Method
Widal Test (Slide Test)				
Salmonella typhi O Antigen	1:160		1:80 & Above Significant	
Salmonella typhi H Antigen	1:160		1:80 & Above Significant	
Salmonella paratyphi AH Antigen	<1:20		1:80 & Above Significant	
Salmonella paratyphi BH Antigen	<1:20		1:80 & Above Significant	

Interpretation

Antigens Tested	RESULT	REMARKS
TO, TH,AH,BH	Titre 1:20 and Titre 1:40	Indicates absence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:80	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:160	Indicates Presence of IgM & IgG antibodies against Salmonella species.
TO, TH,AH,BH	Titre 1:320	Indicates Presence of IgM & IgG antibodies against Salmonella species.

- This test measures Somatic O and Flagellar H antibodies against Typhoid and Paratyphoid bacilli.
- The agglutinins usually appear at the end of the first week of infection and increase steadily till third / fourth week after which the decline starts. A Positive Widal test may occur because of Typhoid vaccination or previous typhoid infection and in certain autoimmune diseases.
- False positive results/anamnestic response may be seen in patients with past enteric infection during unrelated fevers like Malaria, Influenzae etc in the form of transient rise in H antibody in Widal test.
- False negative results may be due to processing of sample collected early in the course of disease (1st week) and immunosuppression.

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST