

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 : Ms. KALYANI Sample ID : A0590472 Age/Gender : 0312408030075 : 24 Years/Female Reg. No Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172 Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 03-Aug-2024 08:13 PM Primary Sample : Whole Blood Received On : 03-Aug-2024 10:44 PM

Sample Tested In : 03-Aug-2024 11:48 PM : Whole Blood EDTA Reported On

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

HAEMATOLOGY						
Test Name	Results	Units	Ref. Range	Method		
Complete Blood Picture(CBP)						
Haemoglobin (Hb)	7.4	g/dL	12-15	Cynmeth Method		
Haematocrit (HCT)	25.0	%	40-50	Calculated		
RBC Count	4.18	10^12/L	3.8-4.8	Cell Impedence		
MCV	60	fl	81-101	Calculated		
MCH	17.6	pg	27-32	Calculated		
MCHC	29.5	g/dL	32.5-34.5	Calculated		
RDW-CV	21.2	%	11.6-14.0	Calculated		
Platelet Count (PLT)	325	10^9/L	150-410	Cell Impedance		
Total WBC Count	6.1	10^9/L	4.0-10.0	Impedance		
Differential Leucocyte Count (DC)						
Neutrophils	60	%	40-70	Cell Impedence		
Lymphocytes	30	%	20-40	Cell Impedence		
Monocytes	06	%	2-10	Microscopy		
Eosinophils	04	%	1-6	Microscopy		
Basophils	00	%	1-2	Microscopy		
Absolute Neutrophils Count	3.66	10^9/L	2.0-7.0	Impedence		
Absolute Lymphocyte Count	1.83	10^9/L	1.0-3.0	Impedence		
Absolute Monocyte Count	0.37	10^9/L	0.2-1.0	Calculated		
Absolute Eosinophils Count	0.24	10^9/L	0.02-0.5	Calculated		
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated		
Morphology	Anisocytos	sis with Severe	Microcytic hypochromic anemia	PAPs Staining		







Swarnabala.M DR.SWARNA BALA **MD PATHOLOGY**



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REPORT

Name : Ms. KALYANI Sample ID : A0590470

Age/Gender : 24 Years/Female Reg. No : 0312408030075

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 03-Aug-2024 08:13 PM

Primary Sample : Whole Blood Received On : 03-Aug-2024 10:44 PM

Primary Sample : Whole Blood Received On : 03-Aug-2024 10:44 PM Sample Tested In : Serum Reported On : 03-Aug-2024 11:58 PM

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

CLINICAL BIOCHEMISTRY

CENTOAL BIOCHEMICTAT						
Test Name	Results	Units	Ref. Range	Method		
		•	-	-		

TSH -Thyroid Stimulating Hormone 3.29 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 ***







