

REPORT

Name	: Mrs. ASHWINI KULKARNI	Sample ID	: A0590751
Age/Gender	: 25 Years/Female	Reg. No	: 0312408100017
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Aug-2024 12:31 PM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:22 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Aug-2024 01:35 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)	11.9	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	38.2	%	40-50	Calculated
RBC Count	4.64	10 ¹² /L	3.8-4.8	Cell Impedence
MCV	82	fl	81-101	Calculated
MCH	25.6	pg	27-32	Calculated
MCHC	31.2	g/dL	32.5-34.5	Calculated
RDW-CV	14.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	369	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	7.7	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	5.39	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.54	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.46	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.31	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. ASHWINI KULKARNI	Sample ID	: A0590750
Age/Gender	: 25 Years/Female	Reg. No	: 0312408100017
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Aug-2024 12:31 PM
Primary Sample	: Whole Blood	Received On	: 10-Aug-2024 01:22 PM
Sample Tested In	: Serum	Reported On	: 10-Aug-2024 02:22 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Creatinine -Serum	0.61	mg/dL	0.60-1.10	Jaffes Kinetic

Interpretation:

- This test is done to see how well your kidneys are working. Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced muscle mass.

TSH -Thyroid Stimulating Hormone	0.95	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.



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REPORT

Name	: Mrs. ASHWINI KULKARNI	Sample ID	: A0590644
Age/Gender	: 25 Years/Female	Reg. No	: 0312408100017
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Aug-2024 12:31 PM
Primary Sample	:	Received On	: 10-Aug-2024 01:22 PM
Sample Tested In	: Urine	Reported On	: 10-Aug-2024 03:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Ref. Range	Method
Complete Urine Analysis (CUE)				
Physical Examination				
Colour	Pale Yellow		Straw to light amber	
Appearance	HAZY		Clear	
Chemical Examination				
Glucose	Negative		Negative	Strip Reflectance
Protein	(+)		Negative	Strip Reflectance
Bilirubin (Bile)	Negative		Negative	Strip Reflectance
Urobilinogen	Negative		Negative	Ehrlichs reagent
Ketone Bodies	Negative		Negative	Strip Reflectance
Specific Gravity	1.030		1.000 - 1.030	Strip Reflectance
Blood	Negative		Negative	Strip Reflectance
Reaction (pH)	6.5		5.0 - 8.5	Reagent Strip Reflectance
Nitrites	Negative		Negative	Strip Reflectance
Leukocyte esterase	Negative		Negative	Reagent Strip Reflectance
Microscopic Examination (Microscopy)				
PUS(WBC) Cells	03-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	02-03	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.

Correlate Clinically.

Result rechecked and verified for abnormal cases
Laboratory is NABL Accredited

*** End Of Report ***



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