

REPORT

Name	: Mrs. MAMATHA	Sample ID	: A0933473
Age/Gender	: 24 Years/Female	Reg. No	: 0312408220060
Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	:	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Capillary Tube	Reported On	: 23-Aug-2024 12:08 AM
Client Address	: Kimtee colony ,Gokul Nagar ,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Ref. Range	Method
Bleeding Time & Clotting Time				
Bleeding Time (BT)	02:30 Sec	Minutes	2 - 5	Capillary Method
Clotting Time (CT)	05:45 Sec	Minutes	3 - 7	Capillary Method



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. MAMATHA	Sample ID	: A0933474
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Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 11:29 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ANC PROFILE WITH TSH

Test Name	Results	Units	Ref. Range	Method
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Blood Grouping (A B O)

A

Tube Agglutination

Rh Typing

Positive

Tube Agglutination

*** End Of Report ***

Laboratory is NABL Accredited



Swannabala - M
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Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 22-Aug-2024 10:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

ANC PROFILE WITH TSH

Test Name	Results	Units	Ref. Range	Method
COMPLETE BLOOD COUNT (CBC)				
Haemoglobin (Hb)	10.9	g/dL	12-15	Cynmeth Method
RBC Count	4.22	10 ¹² /L	3.8-4.8	Cell Impedance
Haematocrit (HCT)	40.3	%	40-50	Calculated
MCV	86	fl	81-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.8	g/dL	32.5-34.5	Calculated
RDW-CV	12.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	297	10 ⁹ /L	150-410	Cell Impedance
Total WBC Count	9.6	10 ⁹ /L	4.0-10.0	Impedance
Neutrophils	70	%	40-70	Cell Impedance
Absolute Neutrophils Count	6.72	10 ⁹ /L	2.0-7.0	Impedance
Lymphocytes	20	%	20-40	Cell Impedance
Absolute Lymphocyte Count	1.92	10 ⁹ /L	1.0-3.0	Impedance
Monocytes	07	%	2-10	Microscopy
Absolute Monocyte Count	0.67	10 ⁹ /L	0.2-1.0	Calculated
Eosinophils	03	%	1-6	Microscopy
Absolute Eosinophils Count	0.29	10 ⁹ /L	0.02-0.5	Calculated
Basophils	00	%	1-2	Microscopy
Absolute Basophil ICount	0.00	10 ⁹ /L	0.0-0.3	Calculated
Atypical cells / Blasts	00	%		
Morphology				
WBC	Within Normal Limits			
RBC	Normocytic normochromic			
Platelets	Adequate.			Microscopy



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Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 23-Aug-2024 12:20 AM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

ANC PROFILE WITH TSH

Test Name	Results	Units	Ref. Range	Method
TSH -Thyroid Stimulating Hormone	1.30	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 ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

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Age/Gender	: 24 Years/Female	Reg. No	: 0312408220060
Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Serum	Reported On	: 23-Aug-2024 12:20 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	150.06	ng/dL	70-204	CLIA
T4 (Thyroxine)	8.3	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	1.30	µIU/mL	0.35-5.5	CLIA

Pregnancy & Cord Blood

T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng/dL	15 to 40 weeks:9.1-14.0 µg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :100-260 ng/dL		Second Trimester: 0.46-2.95 µIU/mL
		Third Trimester : 0.43-2.78 µIU/mL
Cord Blood: 30-70 ng/dL	Cord Blood: 7.4-13.0 µg/dL	Cord Blood: : 2.3-13.2 µIU/mL

Interpretation:

- Thyroid gland is a butterfly-shaped endocrine gland that is normally located in the lower front of the neck. The thyroid's job is to make thyroid hormones, which are secreted into the blood and then carried to every tissue in the body. Thyroid hormones help the body use energy, stay warm and keep the brain, heart, muscles, and other organs working as they should.
- Thyroid produces two major hormones: triiodothyronine (T3) and thyroxine (T4). If thyroid gland doesn't produce enough of these hormones, you may experience symptoms such as weight gain, lack of energy, and depression. This condition is called hypothyroidism.
- Thyroid gland produces too many hormones, you may experience weight loss, high levels of anxiety, tremors, and a sense of being on a high. This is called hyperthyroidism.
- 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.



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

REPORT

Name	: Mrs. MAMATHA	Sample ID	: A0787307
Age/Gender	: 24 Years/Female	Reg. No	: 0312408220060
Referred by	: Dr. GOVT HOSPITAL	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 22-Aug-2024 06:16 PM
Primary Sample	:	Received On	: 22-Aug-2024 09:37 PM
Sample Tested In	: Urine	Reported On	: 23-Aug-2024 12:59 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL PATHOLOGY

ANC PROFILE WITH TSH

Test Name	Results	Units	Ref. Range	Method
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose	Negative	Negative	Strip Reflectance
Protein	Absent	Negative	Strip Reflectance
Bilirubin (Bile)	Negative	Negative	Strip Reflectance
Urobilinogen	Negative	Negative	Ehrlichs reagent
Ketone Bodies	Negative	Negative	Strip Reflectance
Specific Gravity	1.010	1.000 - 1.030	Strip Reflectance
Blood	Negative	Negative	Strip Reflectance
Reaction (pH)	6.0	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	02-04	/hpf	00-05	Microscopy
R.B.C.	Nil	/hpf	Nil	Microscopic
Epithelial Cells	01-02	/hpf	00-05	Microscopic
Casts	Absent		Absent	Microscopic
Crystals	Absent		Absent	Microscopic
Bacteria	Nil		Nil	
Budding Yeast Cells	Nil		Absent	Microscopy



Swannabala - M
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Primary Sample	: Whole Blood	Received On	: 22-Aug-2024 10:02 PM
Sample Tested In	: Serum	Reported On	: 23-Aug-2024 12:38 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

IMMUNOLOGY & SEROLOGY

ANC PROFILE WITH TSH

Test Name	Results	Units	Ref. Range	Method
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VDRL- Syphilis Antibodies	Non Reactive		Non Reactive	Slide Flocculation
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The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to T. pallidum in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with Treponema pallidum but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

Hepatitis B Surface Antigen(Rapid)	Negative		Negative	Immunochromatography
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- HBsAg(Rapid)Test is an in-Vitro immunochromatographic one step assay designed for qualitative determination of HBsAg in human serum or plasma.
- **Sensitivity:** This test can detect 1.0 ng/mL of HBsAg in human serum or plasma.
- Specimen found to be reactive by the above screening test must be confirmed by standard supplemental assay like ELISA, Neutralization test or PCR.
- False positive results can be obtained due to the presence of other antigens or elevated levels of RF factor. This occurs in less than 1% of the samples tested.
- **Disclaimer:** This test is only a screening method for detection of (Hepatitis B Surface Antigen (HBsAg).Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR recommended."

Hepatitis C Virus (HCV Antibody)-Rapid	Non Reactive		Non Reactive	Immunochromatography
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Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.

Disclaimer: This test is only a screening method for detection of (HCV Antibody). Further confirmation by more sensitive and specific methods like ELISA/ CLIA and or molecular testing by PCR is recommended.

HIV 1 & 2 Ab-Chromatography

HIV - I Results	Non Reactive		Non Reactive	Immuno Chromatography
HIV - II Results	Non Reactive		Non Reactive	Immuno Chromatography

Correlate Clinically.

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*** End Of Report ***



DR. RUTURAJ MANIKLAL KOLHAPURE
MD, MICROBIOLOGIST