

**REPORT**

Name	: Mrs. CH YELLAMMA	Sample ID	: A0933922, A0933919
Age/Gender	: 60 Years/Female	Reg. No	: 0312409030004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Sep-2024 08:31 AM
Primary Sample	: Whole Blood	Received On	: 03-Sep-2024 11:02 AM
Sample Tested In	: Urine, Serum	Reported On	: 03-Sep-2024 02:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Microalbumin-Random Urine</b>	2.81	mg/L	Upto 30.0	Immunoturbidimetry

**Interpretation:**

- This test looks for a protein called albumin in a urine sample.
- People with diabetes have an increased risk of kidney damage. The "filters" in the kidneys, called nephrons, slowly thicken and become scarred over time. The nephrons begin to leak protein into the urine. This kidney damage can also happen years before any diabetes symptoms begin. In the early stages of kidney problems, blood tests that measure kidney function are usually normal.
- If you have diabetes, you should have this test each year. The test checks for signs of early kidney problems.
- If this test shows that you are starting to have a kidney problem, you can get treatment before the problem gets worse. People with severe kidney damage may need dialysis. They may eventually need a new kidney (kidney transplant).

**Cardiac Risk Markers(5)**

Apolipoprotein (APO-B)	107	mg/dL	60.0-140.0	Immunoturbidimetry
Apolipoprotein B/A1 Ratio	1		0.35 - 1.00	Calculation
Apolipoprotein(APO A1)	140	mg/dL	105.0-175.0	Immunoturbidimetry
Homocysteine-Serum	11.03	µmol/L	3.7 - 13.9	CLIA
High Sensitivity C-Reactive Protein(hsCRP)	0.63	mg/L	Low Risk :< 1.0 Average Risk:1.0-3.0 High Risk: > 3.0	Immunoturbidimetry
Lipoprotein (a) - Lp(a)	19.65	mg/dL	< 30.0	Immunoturbidimetry

\*\*\* End Of Report \*\*\*



*Vaishnavi*  
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**MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. CH YELLAMMA	Sample ID	: A0933918
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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Sep-2024 08:31 AM
Primary Sample	: Whole Blood	Received On	: 03-Sep-2024 11:02 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Sep-2024 12:44 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	12.0	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.9	%	40-50	Calculated
RBC Count	<b>4.56</b>	10 <sup>12</sup> /L	3.8-4.8	Cell Impedance
MCV	90	fl	81-101	Calculated
MCH	<b>26.4</b>	pg	27-32	Calculated
MCHC	<b>29.3</b>	g/dL	32.5-34.5	Calculated
RDW-CV	12.6	%	11.6-14.0	Calculated
Platelet Count (PLT)	271	10 <sup>9</sup> /L	150-410	Cell Impedance
Total WBC Count	10.0	10 <sup>9</sup> /L	4.0-10.0	Impedance
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	60	%	40-70	Cell Impedance
Lymphocytes	33	%	20-40	Cell Impedance
Monocytes	05	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	6	10 <sup>9</sup> /L	2.0-7.0	Impedance
Absolute Lymphocyte Count	<b>3.3</b>	10 <sup>9</sup> /L	1.0-3.0	Impedance
Absolute Monocyte Count	0.5	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.2	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic			PAPs Staining



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**HAEMATOLOGY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
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**Blood Picture - Peripheral Smear Examination**

Red Blood Cells	Normocytic normochromic			Microscopy
White Blood Cells	Within normal limits			Microscopy
Platelets	Adequate			Microscopy
Hemoparasites	Not seen.			Microscopy
Impression	Normocytic normochromic blood picture.			
Advice	Correlate clinically			

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Sep-2024 12:07 PM
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**HAEMATOLOGY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
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<b>Erythrocyte Sedimentation Rate (ESR)</b>	8	mm/hr	12 or less	Westergren method
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**Comments :** ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.



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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Sep-2024 08:31 AM
Primary Sample	:	Received On	: 03-Sep-2024 11:14 AM
Sample Tested In	: Urine	Reported On	: 03-Sep-2024 12:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Urine Analysis (CUE)</b>				
<b>Physical Examination</b>				
Colour	Pale Yellow		Straw to light amber	
Appearance	Clear		Clear	
<b>Chemical Examination</b>				
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	1.025		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
<b>Microscopic Examination (Microscopy)</b>				
PUS(WBC) Cells	03-04	/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



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Primary Sample	: Whole Blood	Received On	: 03-Sep-2024 11:02 AM
Sample Tested In	: Whole Blood EDTA	Reported On	: 03-Sep-2024 12:30 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Glycated Hemoglobin (HbA1c)</b>	<b>7.5</b>	<b>%</b>	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	HPLC
<b>Mean Plasma Glucose</b>	<b>168.55</b>	<b>mg/dL</b>		Calculated

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

**NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.**

**INTERPRETATION**

**Method: Analyzer Fully automated HPLC platform.**

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)	
421	<b>A L E R T</b>	14%	
386		13%	
350		12%	
314		11%	
279		10%	
243		9%	
208		8%	
172		POOR	7%
136		GOOD	6%
101		EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

**NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.**

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
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<b>Calcium</b>	9.88	mg/dL	8.5-10.1	Arsenazo
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**Comments:**

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

<b>CA125 - Cancer Marker</b>	2.00	U/mL	< 35.0	CLIA
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**Interpretation:**

The CA-125 blood test measures the level of the protein CA-125 in the blood. CA-125 is a protein that is found more in ovarian cancer cells than in other cells. This blood test is often used to monitor women who have been diagnosed with ovarian cancer. The test is useful if the CA-125 level was high when the cancer was first diagnosed. In these cases, measuring the CA-125 over time is a good tool to determine if ovarian cancer treatment is working. The CA-125 test may also be done if a woman has symptoms or findings on ultrasound that suggest ovarian cancer. In general, this test is not used to screen healthy women for ovarian cancer when a diagnosis has not yet been made. In a woman who has ovarian cancer, a rise in CA-125 usually means that the disease has progressed or come back (recurred). A decrease in CA-125 usually means the disease is responding to current treatment. In a woman who has not been diagnosed with ovarian cancer, a rise in CA-125 may mean a number of things. While it may mean that she has ovarian cancer, it can also indicate other types of cancer, as well as several other diseases, such as endometriosis, which are not cancer. In healthy women, an elevated CA-125 usually does not mean ovarian cancer is present. Most healthy women with an elevated CA-125 do not have ovarian cancer, or any other cancer. Any woman with an abnormal CA-125 test needs further tests. Sometimes surgery is needed to confirm the cause.



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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>25 - Hydroxy Vitamin D</b>	<b>13.90</b>	ng/mL	<20.0-Deficiency 20.0-30.0-Insufficiency 30.0-100.0-Sufficiency >100.0-Potential Intoxication	CLIA

**Interpretation:**

- 1.Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
- 2.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
- 3.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
- 4.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).

**Those who are at high risk of having low levels of vitamin D include:**

- 1.people who don't get much exposure to the sun
- 2.older adults
- 3.people with obesity.
- 4.dietary deficiency

**Increased Levels:** Vitamin D Intoxication

Method : CLIA

<b>Vitamin- B12 (cyanocobalamin)</b>	<b>283</b>	pg/mL	200-911	CLIA
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**Interpretation:**

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

**Causes of vitamin B12 deficiency include:Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
- 

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Lipid Profile</b>				
Cholesterol Total	174.9	mg/dL	< 200	CHOD-POD
Triglycerides-TGL	<b>336.7</b>	mg/dL	< 150	GPO-POD
Cholesterol-HDL	41.3	mg/dL	40-60	Direct
Cholesterol-LDL	66.26	mg/dL	< 100	Calculated
Cholesterol- VLDL	<b>67.34</b>	mg/dL	7-35	Calculated
Non HDL Cholesterol	<b>133.6</b>	mg/dL	< 130	Calculated
Cholesterol Total /HDL Ratio	<b>4.23</b>	%	0-4.0	Calculated
HDL / LDL Ratio	0.62			
LDL/HDL Ratio	1.6	%	0-3.5	Calculated

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	LDL Cholesterol in (mg/dL)	Non HDL Cholesterol in (mg/dL)
Optimal	Adult: < 200 Children: < 170	< 150	40-59	Adult:<100 Children: <110	<130
Above Optimal	-----	-----		100-129	130 - 159
Borderline High	Adult: 200-239 Children:171-199	150-199		Adult: 130-159 Children: 111-129	160 - 189
High	Adult:>or=240 Children:>or=200	200-499	<b>≥ 60</b>	Adult:160-189 Children:>or=130	190 - 219
Very High	-----	>or=500		Adult: >or=190 -----	>=220

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (Friedewald's formula). Calculated values not provided for LDL and VLDL



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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
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<b>Ferritin</b>	128	ng/mL	10-291	CLIA
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**Interpretation:**

The ferritin blood test measures the level of ferritin in the blood.

Ferritin is a protein inside your cells that stores iron. It allows your body to use the iron when it needs it. A ferritin test indirectly measures the amount of iron in your blood.

**A higher-than-normal ferritin level may be due to:**

- 1.Liver disease due to alcohol abuse
- 2.Any autoimmune disorder, such as rheumatoid arthritis
- 3.Frequent transfusion of red blood cells

**A lower-than-normal level of ferritin occurs if you have anemia caused by low iron levels in the body. This type of anemia may be due to:**

- 1.A diet too low in iron
- 2.Heavy bleeding from an injury
- 3.Heavy menstrual bleeding

<b>Folic Acid (Vitamin B9)</b>	21.04	ng/mL	Deficient:0.35-3.37 Indeterminate:3.38-5.38 Normal:>5.38	CLIA
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**Interpretation:**

Folic acid is a type of B vitamin.This test is done to check for folic acid deficiency.

Folic acid helps form red blood cells and produce DNA that stores genetic codes. Taking the right amount of folic acid before and during pregnancy helps prevent neural tube defects, such as spina bifida.

Women who are pregnant or planning to become pregnant should take at least 600 micrograms (mcg) of folic acid every day. Some women may need to take more if they have a history of neural tube defects in earlier pregnancies.

**Lower-than-normal folic acid levels may indicate:**

- Poor diet
- Malabsorption syndrome (for example, celiac sprue)
- Malnutrition

Result rechecked and verified for abnormal cases

\*\*\* End Of Report \*\*\*

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Sample Tested In	: Serum	Reported On	: 03-Sep-2024 01:47 PM
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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Kidney Profile-KFT</b>				
Creatinine -Serum	0.92	mg/dL	0.60-1.10	Jaffes Kinetic
Urea-Serum	28.6	mg/dL	12.8-42.8	Calculated
Blood Urea Nitrogen (BUN)	13.36	mg/dL	7.0-18.0	Calculated
BUN / Creatinine Ratio	14.52		6 - 22	
Uric Acid	<b>6.18</b>	mg/dL	2.6-6.0	Uricase
Sodium	137	mmol/L	135-150	ISE Direct
Potassium	3.9	mmol/L	3.5-5.0	ISE Direct
Chloride	100	mmol/L	94-110	ISE Direct

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

Result rechecked and verified for abnormal cases

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Test Name	Results	Units	Ref. Range	Method
<b>Liver Function Test (LFT)</b>				
Bilirubin(Total)	0.38	mg/dL	0.3-1.2	Diazo
Bilirubin (Direct)	0.12	mg/dL	0.0 - 0.3	Diazo
Bilirubin (Indirect)	0.26	mg/dL	0.2-1.0	Calculated
Aspartate Aminotransferase (AST/SGOT)	18.6	U/L	15-37	IFCC UV Assay
Alanine Aminotransferase (ALT/SGPT)	16.2	U/L	0-55	IFCC with out (P-5-P)
Alkaline Phosphatase(ALP)	93.8	U/L	30-120	Kinetic PNPP-AMP
Gamma Glutamyl Transpeptidase (GGTP)	27.8	U/L	5-55	IFCC
Protein - Total	7.73	g/dL	6.4-8.2	Biuret
Albumin	4.4	g/dL	3.4-5.0	Bromocresol Green (BCG)
Globulin	3.33	g/dL	2.0-4.2	Calculated
A:G Ratio	1.32	%	0.8-2.0	Calculated
SGOT/SGPT Ratio	1.15			

**Alanine Aminotransferase(ALT)** is an enzyme found in liver and kidneys cells. ALT helps create energy for liver cells. Damaged liver cells release ALT into the bloodstream, which can elevate ALT levels in the blood.

**Aspartate Aminotransferase (AST)** is an enzyme in the liver and muscles that helps metabolizes amino acids. Similarly to ALT, elevated AST levels may be a sign of liver damage or liver disease.

**Alkaline phosphate (ALP)** is an enzyme present in the blood. ALP contributes to numerous vital bodily functions, such as supplying nutrients to the liver, promoting bone growth, and metabolizing fat in the intestines.

**Gamma-glutamyl Transpeptidase (GGTP)** is an enzyme that occurs primarily in the liver, but it is also present in the kidneys, pancreas, gallbladder, and spleen. Higher than normal concentrations of GGTP in the blood may indicate alcohol-related liver damage. Elevated GGTP levels can also increase the risk of developing certain types of cancer.

**Bilirubin** is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

**Albumin** is a protein that the liver produces. The liver releases albumin into the bloodstream, where it helps fight infections and transport vitamins, hormones, and enzymes throughout the body. Liver damage can cause abnormally low albumin levels.

\*\*\* End Of Report \*\*\*

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*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**REPORT**

Name	: Mrs. CH YELLAMMA	Sample ID	: A0933919
Age/Gender	: 60 Years/Female	Reg. No	: 0312409030004
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 03-Sep-2024 08:31 AM
Primary Sample	: Whole Blood	Received On	: 03-Sep-2024 11:02 AM
Sample Tested In	: Serum	Reported On	: 03-Sep-2024 01:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
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**Thyroid Profile-I(TFT)**

<b>T3 (Triiodothyronine)</b>	119.65	ng/dL	40-181	CLIA
<b>T4 (Thyroxine)</b>	7.1	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	2.27	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.



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**CLINICAL BIOCHEMISTRY**

**SPL FEMALE HEALTH CHECK PROFILE:(80)**

Test Name	Results	Units	Ref. Range	Method
<b>Iron Profile-I</b>				
Iron(Fe)	72	µg/dL	50-170	Ferrozine
Total Iron Binding Capacity (TIBC)	374	µg/dL	250-450	Ferrozine
Transferrin	261.54	mg/dL	250-380	Calculated
Iron Saturation((% Transferrin Saturation)	19.25	%	15-50	Calculated
Unsaturated Iron Binding Capacity (UIBC)	302	ug/dL	110-370	FerroZine

**Interpretation:**

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

Correlate Clinically.

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\*\*\* End Of Report \*\*\*



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