

**REPORT**

Name	: Mrs. G MOUNIKA	Sample ID	: A0934437
Age/Gender	: 24 Years/Female	Reg. No	: 0312409180011
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2024 12:04 PM
Primary Sample	: Whole Blood	Received On	: 18-Sep-2024 12:49 PM
Sample Tested In	: Serum	Reported On	: 18-Sep-2024 02:42 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>C-Reactive protein-(CRP)</b>	<b>21.9</b>	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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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2024 12:04 PM
Primary Sample	: Whole Blood	Received On	: 18-Sep-2024 12:49 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 18-Sep-2024 01:27 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

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)	<b>39.6</b>	%	40-50	Calculated
RBC Count	3.87	10 <sup>12</sup> /L	3.8-4.8	Cell Impedence
MCV	101	fl	81-101	Calculated
MCH	31.1	pg	27-32	Calculated
MCHC	<b>30.4</b>	g/dL	32.5-34.5	Calculated
RDW-CV	<b>17.4</b>	%	11.6-14.0	Calculated
Platelet Count (PLT)	394	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	9.7	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
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	6.79	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.94	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.58	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.39	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	Anisocytosis with Normocytic normochromic			PAPs Staining



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. G MOUNIKA	Sample ID	: A0934431
Age/Gender	: 24 Years/Female	Reg. No	: 0312409180011
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 18-Sep-2024 12:04 PM
Primary Sample	:	Received On	: 18-Sep-2024 04:28 PM
Sample Tested In	: Urine	Reported On	: 18-Sep-2024 05:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

**CLINICAL PATHOLOGY**

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	1.020		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

**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.



Swarnabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Beta- Human Chorionic Gonodotropin Hormone</b>	<2.0	mIU/mL	Refer to Interpretation	CLIA

**Interpretation:**

- A quantitative human chorionic gonadotropin (HCG) test measures the specific level of HCG in the blood. HCG is a hormone produced in the body during pregnancy.
- HCG appears in the blood and urine of pregnant women as early as 10 days after conception. Quantitative HCG measurement helps determine the exact age of the fetus. It can also assist in the diagnosis of abnormal pregnancies, such as ectopic pregnancies, molar pregnancies, and possible miscarriages. It is also used as part of a screening test for Down syndrome.
- This test is also done to diagnose abnormal conditions not related to pregnancy that can raise HCG level.

**Non Pregnant Females: < 10.0 mIU/mL**

**Post Menopausal Females: < 10.0 mIU/mL**

**Pregnancy**

Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)
0.2-1 weeks: 10-50	1-2 weeks : 50-500	2-3 weeks : 500-10,000
3-4 weeks : 1000-50,000	5-6 weeks : 10,000-100,000	6-8 weeks : 15,000-200,000
2-3 months : 10,000-100,000		



*Dr. Vaishnavi*  
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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>PRL(Prolactin)</b>	13.99	ng/mL	Refer Table	CLIA

**Interpretation:**

Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
Puberty Tanner Stage		
1	< 10.0	3.6-12.0
2-3	< 6.1	2.6-18.0
4-5	2.8-11.0	3.2-20.0
Adult	2.1-17.7	Nonpregnant :2.8-29.2 Pregnant :9.7-208.5 Postmenopausal :1.8-20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

<b>TSH -Thyroid Stimulating Hormone</b>	2.09	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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Correlate Clinically.

Result rechecked and verified for abnormal cases  
Laboratory is NABL Accredited