

ITDOSE INFOSYSTEMS PVT. LTD.

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)

LABORATORY TEST REPORT

Name	: Mrs. LAVANYA		
Sample ID	: A0788005		
Age/Gender	: 25 Years/Female	Reg. No	: 0312410280009
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Oct-2024 01:04 PM
Primary Sample	: Whole Blood	Received On	: 28-Oct-2024 04:04 PM
Sample Tested In: Whole Blood EDTAClient Address: Kimtee colony ,Gokul Nagar,Tarnaka		Reported On	: 28-Oct-2024 04:20 PM
		Report Status	: Final Report
		007	

HAEMATOLOGY					
Test Name	Results	Units	Biological Reference Interval		
Complete Blood Picture(CBP)					
Haemoglobin (Hb) (Method: Cymreth Method)	<u>10.5</u>	g/dL	12-15		
Haematocrit (HCT)	<u>33.1</u>	%	40-50		
RBC Count (whithis: Cell Impedence)	<u>5.14</u>	10^12/L	3.8-4.8		
(Method: Calculated)	<u>64</u>	fl	81-101		
(Method: Calculated)	<u>20.4</u>	pg	27-32		
MCHC (Method: Calculated)	<u>31.8</u>	g/dL	32.5-34.5		
(Method: Calculated)	<u>19.0</u>	%	11.6-14.0		
Method: Cell Impedance)	350	10^9/L	150-410		
Total WBC Count	6.5	10^9/L	4.0-10.0		
Differential Leucocyte Count (DC)					
Neutrophils (Method: Cell Impedence)	50 <u>C</u>	%	40-70 alth Care		
Lymphocytes (Method: Cell Impedence)	40	%	20-40		
Monocytes	06	%	2-10		
Eosinophils (Method: Microscopy)	04	%	1-6		
Basophils	00	%	1-2		
	3.25	10^9/L	2.0-7.0		
	2.6	10^9/L	1.0-3.0		
	0.39	10^9/L	0.2-1.0		
	0.26	10^9/L	0.02-0.5		
	0.00	10^9/L	0.0-0.3		
(Morphology (Method: PAPs Staining)	Anisocytosis	with Normocy	tic normochromic		





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LABORATORY REPORT TEST

Name	: Mrs. LAVANYA				
Sample ID	: A0788006				
Age/Gender	: 25 Years/Female	Reg. No	: 0312410280009		
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172		
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Oct-2024 01:04 PM		
Primary Sample	: Whole Blood	Received On	: 28-Oct-2024 04:04 PM		
Sample Tested In	: Serum	Reported On	: 28-Oct-2024 05:14 PM		
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report		

CLINICAL BIOCHEMISTRY				
Test Name Results Units		Biological Reference Interval		
Beta- Human Chorionic Gonodotropin H	formone 0.34	mIU/mL	Refer to Interpretation	

Beta- Human Chorionic Gonodotropin Hormone 0.34

Refer to Interpretation

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)
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	Excellence in He.	alth Care

TSH -Thyroid Stimulating Hormone

1.33

0.35-5.5

Pregnancy	y & C	ord Blood	
			TSH (Thyroid Stimulating Hormone (µIU/mL)
		0.04.0.00	

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.

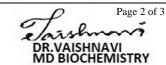
µIU/mL

- 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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	CLINICAL BIOCHEMISTRY						

	CLINIC/		
Test Name	Results	Units	Biological Reference Interval

*** End Of Report ***







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