

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. SUSHMITHA

Sample ID : 24202415

Age/Gender : 41 Years/Female Reg. No : 0312411110023

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Nov-202

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Nov-2024 02:26 PM
Primary Sample : Whole Blood Received On : 11-Nov-2024 03:10 PM
Sample Tested In : Whole Blood EDTA Reported On : 11-Nov-2024 03:24 PM

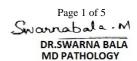
Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY			
Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb)	10.4	g/dL	12-15
(Method: Cynmeth Method)	 33.1	%	40-50
Haematocrit (HCT) (Method: Calculated) RBC Count	4.90	10^12/L	3.8-4.8
(Method: Cell Impedence)	68	fl	81-101
MCV (Method: Calculated) MCH	<u>21.3</u>	 pg	27-32
(Method: Calculated)	31.5	g/dL	32.5-34.5
(Method: Calculated)	16.2	%	11.6-14.0
(Method: Calculated)	262	70 10^9/L	150-410
(Method: Cell Impedance)			7 <i>6-1 1</i> 3 7 1 2
Total WBC Count (Methad: Impedance)	<u>10.6</u>	10^9/L	4.0-10.0
Differential Leucocyte Count (DC) Neutrophils	70	%	40-70 alla Cara
(Method: Cell Impedence)	26	%	20-40
(Method: Cell Impedence)	02	%	2-10
(Method: Microscopy)	02	%	1-6
(Method: Microscopy)	00	%	1-2
Basophils (Method: Microscopy) Absolute Noutrophile Count			
Absolute Neutrophils Count (Method: Impedence)	<u>7.42</u>	10^9/L	2.0-7.0
Absolute Lymphocyte Count (Method: Impedence)	2.76	10^9/L	1.0-3.0
Mbsolute Monocyte Count (Method: Calculated)	0.21	10^9/L	0.2-1.0
Absolute Eosinophils Count (Method: Calculated)	0.21	10^9/L	0.02-0.5
Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3
Morphology (Method: PAPs Stalning)	Anisocytosis	with Microcytic	hypochromic anemia with Mild Leucocytosis











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LABORATORY TEST REPORT

Name : Mrs. SUSHMITHA

Sample ID : 24202414

Age/Gender : 41 Years/Female Reg. No : 0312411110023

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Nov-2024 02:26 PM Primary Sample : Received On : 11-Nov-2024 03:29 PM

Sample Tested In : Urine Reported On : 11-Nov-2024 03:29 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance Clear Clear

Chemical Examination

Glucose (Method: Strip Reflectance)

Protein Negative Negative Negative

Bilirubin (Bile) Negative Negative Negative Negative

(Method: Strip Reflectance)

Urobilinogen (Method: Etrichs reagent)

Ketone Bodies
(Method: Strip Reflectance)

Negative

Negative

Specific Gravity
(Method: Strip Reflectance)

1.000 - 1.030

Blood Negative Negative

 Reaction (pH)
 6.0
 5.0 - 8.5

 (Method: Reagent Strip Reflectance)
 Negative
 Negative

Leukocyte esterase Negative Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 03-04 00-05 /hpf R.B.C. Nil Nil /hpf **Epithelial Cells** 01-02 /hpf 00-05 Absent Absent Casts Crystals Absent Absent Bacteria Nil Nil Nil **Budding Yeast Cells** Absent

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.







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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY





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LABORATORY TEST REPORT

Name : Mrs. SUSHMITHA

Sample ID : 24202413

Age/Gender : 41 Years/Female Reg. No : 0312411110023

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Nov-2024 02:26 PM Primary Sample : Whole Blood Received On : 11-Nov-2024 03:10 PM Sample Tested In : Plasma-NaF(R) Reported On : 11-Nov-2024 04:14 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name Results Units Biological Reference Interval

Glucose Random (RBS) 79 mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

	1 3	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200	I I	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

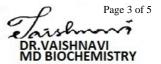
*** End Of Report ***

Excellence in Health Care









Age/Gender



Sagepath Labs Pvt. Ltd.

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LABORATORY TEST REPORT

 Name
 : Mrs. SUSHMITHA

 Sample ID
 : 24202415, 24202416

: 41 Years/Female Reg. No : 0312411110023

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn) SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 11-Nov-2024 02:26 PM

Primary Sample : Whole Blood : 11-Nov-2024 03:10 PM Sample Tested In : Whole Blood EDTA, Serum Reported On : 11-Nov-2024 04:14 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

CLINICAL BIOCHEMISTRY			
Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c)	5.6	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose	114.02	mg/dL	

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 A10 (%)
421		14%
386	_ A	13%
350	L	12%
314	E	11%
279	R	10%
243	Т	9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

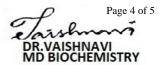
HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

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.











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REPORT LABORATORY TEST

Name : Mrs. SUSHMITHA

Sample ID : 24202415, 24202416

Age/Gender : 41 Years/Female

Referred by : Dr. Nivedita Ashrit MD (Obs/Gyn)

Referring Customer: V CARE MEDICAL DIAGNOSTICS Primary Sample : Whole Blood

Sample Tested In : Whole Blood EDTA, Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

: 0312411110023 Reg. No

SPP Code : SPL-CV-172

Collected On : 11-Nov-2024 02:26 PM Received On : 11-Nov-2024 03:10 PM

Reported On 11-Nov-2024 04:14 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

Tool Hamb	Test Name Results	Ilts Units Biological Reference Interval
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TSH -Thyroid Stimulating Hormone 0.83 μIU/mL 0.35-5.5

Pregnancy & Co	rd 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.

*** End Of Report ***







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