



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. LALEETA Sample ID : 24202484

Age/Gender : 38 Years/Female Reg. No : 0312411130011
Referred by : Dr. RAJINI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Nov-2024 11:04 AM

Primary Sample : Received On : 13-Nov-2024 12:54 PM Sample Tested In : Capillary Tube Reported On : 13-Nov-2024 01:51 PM

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

HAEMATOLOGY				
Test Name	Results	Units	Biological Reference Interval	
Bleeding Time & Clotting Time				
Bleeding Time (BT) (Method: Capillary Method)	03:10	Minutes	2 - 5	
Clotting Time (CT) (Method: Capillary Method)	05:40	Minutes	3 - 7	

*** End Of Report ***







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: 0312411130011

: SPL-CV-172

LABORATORY TEST **REPORT**

Name : Mrs. LALEETA Sample ID : 24202480

Age/Gender : 38 Years/Female

Reg. No Referred by : Dr. RAJINI SPP Code

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 13-Nov-2024 11:04 AM : 13-Nov-2024 12:54 PM Primary Sample : Whole Blood Received On 13-Nov-2024 02:02 PM Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Reported On	: 13-NOV-2024
Report Status	: Final Report

HAEMATOLOGY				
Test Name	Results	Units	Biological Reference Interval	
Complete Blood Picture(CBP)				
Haemoglobin (Hb)	<u>10.9</u>	g/dL	12-15	
(Method: Cynmeth Method) Haematocrit (HCT) (Method: Calculated)	<u>32.8</u>	%	40-50	
RBC Count (Method: Cell Impedence)	3.89	10^12/L	3.8-4.8	
(Method: Calculated)	84	fl	81-101	
MCH (Method: Calculated)	28.0	pg	27-32	
MCHC (Method: Calculated)	33.2	g/dL	32.5-34.5	
RDW-CV (Method: Calculated)	12.6	%	11.6-14.0	
Platelet Count (PLT) (Method: Cell Impedance)	233	10^9/L	150-410	
Total WBC Count (Method: Impedance)	4.8	10^9/L	4.0-10.0	
Differential Leucocyte Count (DC)				
Neutrophils (Method: Cell Impedence)	56	%	40-70 alth Care	
Lymphocytes (Method: Cell Impedence)	34	%	20-40	
Monocytes (Method: Microscopy)	06	%	2-10	
Eosinophils (Method: Microscopy)	04	%	1-6	
Basophils (Method: Microscopy)	00	%	1-2	
Absolute Neutrophils Count (Method: Impedence)	2.69	10^9/L	2.0-7.0	
Absolute Lymphocyte Count (Method: Impedence)	1.63	10^9/L	1.0-3.0	
Absolute Monocyte Count (Method: Calculated)	0.29	10^9/L	0.2-1.0	
Absolute Eosinophils Count (Method: Calculated)	0.19	10^9/L	0.02-0.5	
Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3	
Morphology (Method: PAPs Staining)	Normocytic	normochromic		







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REPORT LABORATORY TEST

Name : Mrs. LALEETA Sample ID : 24202479

Age/Gender : 38 Years/Female Reg. No : 0312411130011 Referred by : Dr. RAJINI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Nov-2024 11:04 AM Primary Sample Received On : 13-Nov-2024 12:54 PM Sample Tested In Reported On : 13-Nov-2024 03:53 PM : Urine

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

Test Name	Results	Units	Biological Reference Interval
1 COL HUITIC	itesuits	Oilito	Diological reference interval

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

HAZY **Appearance** Clear

Chemical Examination

Negative Glucose (++)Protein Negative Negative Negative Negative Bilirubin (Bile) Urobilinogen Negative Negative Ketone Bodies (+)Negative

Specific Gravity 1.030 1.000 - 1.030

Blood Negative Negative 6.5 5.0 - 8.5Reaction (pH)

Nitrites Negative Negative Negative Negative Leukocyte esterase

Microscopic Examination (Microscopy)

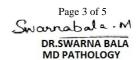
PUS(WBC) Cells 02-04 00-05 /hpf R.B.C. Nil Nil /hpf **Epithelial Cells** 01-02 /hpf 00-05 Absent Absent Casts Crystals Absent Absent Bacteria Nil Nil Nil **Budding Yeast Cells** Absent

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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LABORATORY TEST REPORT

Name : Mrs. LALEETA

Sample ID : 24202482, 24202481, 24202477

Age/Gender : 38 Years/Female Reg. No : 0312411130011
Referred by : Dr. RAJINI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 13-Nov-2024 11:04 AM Primary Sample : Whole Blood Received On : 13-Nov-2024 12:54 PM

Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP), Reported On : 13-Nov-2024 02:36 PM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval

Glucose Fasting (F) <u>277</u> mg/dL 70-100

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	>= 126	>= 200	> = 6.5	>=200(with symptoms)

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

Glucose Post Prandial (PP) <u>254</u> mg/dL 70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	FastingPlasma Glucose(mg/dL)	2hrsPlasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	>= 200	> = 6.5	>=200(with symptoms)

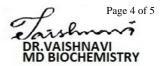
Reference: Diabetes care 2018:41(suppl.1):S13-S27

- Postprandial glucose level is a screening test for Diabetes Mellitus
- $\bullet~$ If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.











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CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
TSH -Thyroid Stimulating Hormone	2.086	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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DR.VAISHNAVI
MD BIOCHEMISTRY