

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	: Miss. NIVRUTHI		
Sample ID	: A1307653		
Age/Gender	: 17 Years/Female	Reg. No	: 0312411160029
Referred by	: Dr. SUSHMA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Nov-2024 01:02 PM
Primary Sample	: Whole Blood	Received On	: 16-Nov-2024 04:04 PM
Sample Tested In	: Citrated Plasma	Reported On	: 16-Nov-2024 05:43 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY					
Test Name	Results	Units	Biological Reference Interval		

Activated Partial Thromboplastin Time (APTT/PTTK)

	•	•	,	
Patient Value		36.50	sec	26-40
Control Value		33.00	Sec	
(Method: Agglutination)				

Comments: APTT measures intrinsic and common pathways of the coagulation cascade. Prolonged APTT may be caused by heparin and other anticoagulants, factor deficiencies or inhibitors such as lupus anticoagulants

PROTHROMBIN TIME (P TIME)					
PT-Patient Value (Method: Photo Optical Clot Detection)	14.1	Secs	10-15		
PT-Mean Control Value	13.00	Seconds			
PT Ratio	1.08				
PT INR	1.10		0.9-1.2		

Interpretation :

Prothrombin time measures the extrinsic coagulation pathway which consists of activated Factor VII (VIIa), Tissue factor and Proteins of the common pathway (Factors X, V, II & Fibrinogen). This assay is used to control long term oral anticoagulant therapy, evaluation of liver function & to evaluate coagulation disorders specially factors involved in the extrinsic pathway like Factors V, VII, X, Prothrombin & Fibrinogen.

Note

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1. INR is the parameter of choice in monitoring adequacy of oral anticoagulant therapy. Appropriate therapeutic range varies with the disease and treatment intensity

2. Prolonged INR suggests potential bleeding disorder / bleeding complications

3. Results should be clinically correlated

4. Test conducted on Citrated plasma





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LABORATORY TEST REPORT

Name	: Miss. NIVRUTHI			
Sample ID	: A1307656			
Age/Gender	: 17 Years/Female	Reg. No	: 0312411160029	
Referred by	: Dr. SUSHMA	SPP Code	: SPL-CV-172	
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Nov-2024 01:02 PM	
Primary Sample	: Whole Blood	Received On	: 16-Nov-2024 04:04 PM	
Sample Tested In	: Whole Blood EDTA	Reported On	: 16-Nov-2024 04:47 PM	
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report	

HAEMATOLOGY					
Test Name	Results	Units	Biological Reference Interval		
Complete Placed Bioture(CPP)					
Haemoglobin (Hb)	10.6	a/dl	12-15		
(Method: Cynmeth Method)	<u>10.0</u>	g/u∟	12-13		
	<u>32.9</u>	%	40-50		
RBC Count (Method: Cell Impedence)	4.11	10^12/L	3.8-4.8		
(Method: Calculated)	<u>80</u>	fl	81-101		
(Method: Calculated)	<u>25.9</u>	pg	27-32		
MCHC (Method: Calculated)	<u>32.4</u>	g/dL	32.5-34.5		
RDW-CV	13.5	%	11.6-14.0		
Platelet Count (PLT)	310	10^9/L	150-410		
Total WBC Count	6.9	10^9/L	4.0-10.0		
Differential Leucocyte Count (DC)					
Neutrophils (Method: Cell Impedence)	65 Cel	%	40-70 Care		
Lymphocytes (Method: Cell Impedence)	25	%	20-40		
Monocytes (Method: Microscopy)	06	%	2-10		
Eosinophils (Method: Microscopy)	04	%	1-6		
Basophils	00	%	1-2		
	4.49	10^9/L	2.0-7.0		
	1.73	10^9/L	1.0-6.2		
	0.41	10^9/L	0.2-1.0		
Absolute Eosinophils Count (Method: Calculated)	0.28	10^9/L	0.02-0.5		
	0.00	10^9/L	0.0-0.3		
Morphology (Method: PAPs Staining)	Normocytic n	ormochromic			







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LABORATORY TEST REPORT

CLINICAL BIOCHEMISTRY

Units

ng/mL

Name	: Miss. NIVRUTHI		
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 16-Nov-2024 01:02 PM
Primary Sample	: Whole Blood	Received On	: 16-Nov-2024 04:04 PM
Sample Tested In	: Serum	Reported On	: 16-Nov-2024 05:17 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

Test Name

PRL(Prolactin)

7.12

Results

Refer Table

Biological Reference Interval

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		
		Nonpregnant :2.8–29.2		
Adult	2.1-17.7	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 menIrregular or no menstrual periods (amenorrhea)

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Prin	nary Sample	: Whole Blood	Received On	: 16-Nov-2024 04:04 PM
San	nple Tested In	: Serum	Reported On	: 16-Nov-2024 05:17 PM
Clie	ent Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY					
Test Name Results Units Biological Reference Interval					
LH (Leutinizing Hormone)	13.59	mIU/mL	Refer Table		
Interpretation:					

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.02-8.0	0.02-8.0
1-10 Years	0.04-3.6	0.03-3.9
Puberty Tanner Stage		
1	0.04-3.6	0.03-3.0
2	0.26-4.8	0.10-4.1
3	0.56-6.3	0.20-9.1
4-5	0.56-7.8	0.50-15.0
Adult	20–70 years:1.5–9.3 > 70 years:3.1–34.6	50000
Follicular Phase		1.9–12.5
Midcycle Peak		8.7–76.3
Luteal Phase	-	0.5–16.9
Postmenopausal		15.9–54.0
Pregnant		< 0.1–1.5
Contraceptives		0.7–5.6

Increased Values Of LH Seen In:

- Menopause, ovarian dysgenesis. (Turner syndrome), Testicular dysgenesis (Klinefelter syndrome).
- Precocious puberty

Decreased Values Of LH Seen In:

- Pituitary failure. Both LH/ FSH are low.
- hypothalamic failure will also lead to low LH and FSH level.





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CLINICAL BIOCHEMISTRY					
Test Name Results Units Biological Reference Interval					
FSH (Follicle Stimulating Hormone)	4.86	mIU/mL	Refer Table		

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.19-11.3	0.10-11.3
1-10 Years	0.3-4.6	0.68-6.7
Puberty Tanner Stage		
1-2	0.30-4.6	0.68-6.7
34	1.24-15.4	1.0-7.4
5	1.53-6.8	1.0-9.2
Adult	1.42-18.4	
Follicular Phase		2.5-10.2
Midcycle Peak		3.4–33.4
Luteal Phase		1.5–9.1
Postmenopausal		23.0–116.3
Pregnant		< 0.3

The follicle stimulating hormone (FSH) blood test measures the level of FSH in blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain.

Low FSH levels in women may be present due to:

- · Being very underweight or having had recent rapid weight loss
- Not producing eggs (not ovulating)
- Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones
- Pregnancy

High FSH levels in men may mean the testicles are not functioning correctly due to:

- Advancing age (male menopause)
- Damage to testicles caused by alcohol abuse, chemotherapy, or radiation
- Certain tumors in the pituitary gland







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Primary Sample	: Whole Blood	Received On	: 16-Nov-2024 04:04 PM
Sample Tested In	: Serum	Reported On	: 16-Nov-2024 05:52 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY						
Test Name Results Units Biological Reference Interval						
Liver Function Test (LFT)						
Bilirubin(Total)	0.4	mg/dL	0.3-1.2			
	0.1	mg/dL	0.0 - 0.3			
Bilirubin (Indirect)	0.3	mg/dL	0.2-1.0			
Aspartate Aminotransferase (AST/SGOT)	17	U/L	15-37			
Alanine Aminotransferase (ALT/SGPT)	7	U/L	0-55			
Alkaline Phosphatase(ALP) (Method: Kinetic PMP-AMP)	60	U/L	30-120			
Gamma Glutamyl Transpeptidase (GGTP)	11	U/L	5-55			
Protein - Total	7.2	g/dL	6.4-8.2			
Albumin (Method: Bromocresol Green (BCG))	4.2	g/dL	3.4-5.0			
Globulin (Method: Calculated)	3	g/dL	2.0-4.2			
A:G Ratio	1.4 (00	%	0.8-2.0			
SGOT/SGPT Ratio	2.43					

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

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Biological Reference Interval		
Kidney Profile-KFT					
	0.87	mg/dL	0.60-1.10		
(Method: Calculated)	35.2	mg/dL	12.8-42.8		
Blood Urea Nitrogen (BUN)	16.45	mg/dL	7.0-18.0		
BUN / Creatinine Ratio	18.91		6 - 22		
	4.7	mg/dL	2.6-6.0		
Sodium (Method: ISE Direct)	141	mmol/L	135-150		
Potassium	4.2	mmol/L	3.5-5.0		
Chloride (Method: ISE Direct)	105	mmol/L	94-110		
In terms to the second		N. K. A.			

• 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 though 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.







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CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Biological Reference Interval		
Thyroid Profile-I(TFT)					
	97.50	ng/dL	80-210		
	6.1	µg/dL	3.2-12.6		
TSH -Thyroid Stimulating Hormone	1.08	µIU/mL	0.35-5.5		

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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