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Excellence In Health Care

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 | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308087 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 10:19 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:24 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 08-Dec-2024 02:48 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## HAEMATOLOGY

## HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **COMPLETE BLOOD COUNT (CBC)** | | | |
| Haemoglobin (Hb) *(Method: Cynmeth Method)* | 16.1 | g/dL | 13-17 |
| RBC Count *(Method: Cell Impedence)* | **5.68** | 10^12/L | 4.5-5.5 |
| Haematocrit (HCT) *(Method: Calculated)* | 49.1 | % | 40-50 |
| MCV *(Method: Calculated)* | 86 | fl | 81-101 |
| MCH *(Method: Calculated)* | 28.4 | pg | 27-32 |
| MCHC *(Method: Calculated)* | 32.9 | g/dL | 32.5-34.5 |
| RDW-CV *(Method: Calculated)* | 12.6 | % | 11.6-14.0 |
| Platelet Count (PLT) *(Method: Cell Impedance )* | 304 | 10^9/L | 150-410 |
| Total WBC Count *(Method: Impedance)* | 8.1 | 10^9/L | 4.0-10.0 |
| Neutrophils *(Method: Cell Impedence)* | 70 | % | 40-70 |
| Absolute Neutrophils Count *(Method: Impedence)* | 5.67 | 10^9/L | 2.0-7.0 |
| Lymphocytes *(Method: Cell Impedence)* | 20 | % | 20-40 |
| Absolute Lymphocyte Count *(Method: Impedence)* | 1.62 | 10^9/L | 1.0-3.0 |
| Monocytes *(Method: Microscopy)* | 06 | % | 2-10 |
| Absolute Monocyte Count *(Method: Calculated)* | 0.49 | 10^9/L | 0.2-1.0 |
| Eosinophils *(Method: Microscopy)* | 04 | % | 1-6 |
| Absolute Eosinophils Count *(Method: Calculated)* | 0.32 | 10^9/L | 0.02-0.5 |
| Basophils *(Method: Microscopy)* | 00 | % | 1-2 |
| Absolute Basophil lCount *(Method: Calculated)* | 0.00 | 10^9/L | 0.0-0.3 |
| **Morphology** | | | |
| WBC | Within Normal Limits | | |
| RBC | Normocytic normochromic | | |
| Platelets *(Method: Microscopy)* | Adequate. | | |

*** End Of Report ***

MC 3633



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MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

## LABORATORY TEST REPORT

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|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308087 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 10:19 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:24 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 08-Dec-2024 03:28 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## HAEMATOLOGY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Erythrocyte Sedimentation Rate (ESR) *(Method: Westergren method)* | 7 | mm/hr | 10 or less |

**Comments :** ESR is an acute phase reactant which indicates presence and intensity of an inflammatory process.It is never diagnostic of a specific disease. It is used to monitor the course or response to treatment of certain diseases. Extremely high levels are found in cases of malignancy, hematologic diseases, collagen disorders and renal diseases.

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## LABORATORY TEST REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308136 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 10:19 AM |
| Primary Sample | : | Received On | : 08-Dec-2024 01:50 PM |
| Sample Tested In | : Urine | Reported On | : 08-Dec-2024 03:33 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL PATHOLOGY

## HEALTH PROFILE A-3 PACKAGE

| 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)* | Negative | | Negative |
| Protein *(Method: Strip Reflectance)* | Negative | | Negative |
| Bilirubin (Bile) *(Method: Strip Reflectance )* | Negative | | Negative |
| Urobilinogen *(Method: Ehrlichs reagent)* | Negative | | Negative |
| Ketone Bodies *(Method: Strip Reflectance)* | Negative | | Negative |
| Specific Gravity *(Method: Strip Reflectance)* | 1.015 | | 1.000 - 1.030 |
| Blood *(Method: Strip Reflectance)* | Negative | | Negative |
| Reaction (pH) *(Method: Reagent Strip Reflectance)* | 5.5 | | 5.0 - 8.5 |
| Nitrites *(Method: Strip Reflectance)* | Negative | | Negative |
| Leukocyte esterase *(Method: Reagent Strip Reflectance)* | Negative | | Negative |
| **Microscopic Examination (Microscopy)** | | | |
| PUS(WBC) Cells *(Method: Microscopy)* | 03-04 | /hpf | 00-05 |
| R.B.C. *(Method: Microscopic)* | Nil | /hpf | Nil |
| Epithelial Cells *(Method: Microscopic)* | 01-02 | /hpf | 00-05 |
| Casts *(Method: Microscopic)* | Absent | | Absent |
| Crystals *(Method: Microscopic)* | Absent | | Absent |
| Bacteria | Nil | | Nil |
| Budding Yeast Cells *(Method: Microscopy)* | Nil | | Absent |

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## LABORATORY TEST REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308089 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 10:19 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:31 PM |
| Sample Tested In | : Plasma-NaF(F) | Reported On | : 08-Dec-2024 02:46 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Glucose Fasting (F) *(Method: Hexokinase)* | 87 | 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

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## LABORATORY TEST REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308087, A1308090 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
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| Sample Tested In | : Whole Blood EDTA, Serum | Reported On | : 08-Dec-2024 02:49 PM |
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## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| Glycated Hemoglobin (HbA1c) *(Method: HPLC)* | 5.2 | % | Non Diabetic:< 5.7<br>Pre diabetic: 5.7-6.4<br>Diabetic:>= 6.5 |
| Mean Plasma Glucose *(Method: Calculated)* | 102.54 | 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 A1c (%) |
|---|---|---|
| 421 | ALERT | 14% |
| 386 | | 13% |
| 350 | | 12% |
| 314 | | 11% |
| 279 | | 10% |
| 243 | | 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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## LABORATORY TEST REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
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## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| 25 - Hydroxy Vitamin D (Method: CLIA) | **20.26** | ng/mL | <20.0-Deficiency<br>20.0-30.0-Insufficiency<br>30.0-100.0-Sufficiency<br>>100.0-Potential Intoxication |

**Interpretation:**
**1.**Vitamin D helps your body absorb calcium and maintain strong bones throughout your entire life. Your body produces vitamin D when the sun's UV rays contact your skin. Other good sources of the vitamin include fish, eggs, and fortified dairy products. It's also available as a dietary supplement.
**2**.Vitamin D must go through several processes in your body before your body can use it. The first transformation occurs in the liver. Here, your body converts vitamin D to a chemical known as 25-hydroxyvitamin D, also called calcidiol.
**3**.The 25-hydroxy vitamin D test is the best way to monitor vitamin D levels. The amount of 25-hydroxyvitamin D in your blood is a good indication of how much vitamin D your body has. The test can determine if your vitamin D levels are too high or too low.
**4**.The test is also known as the 25-OH vitamin D test and the calcidiol 25-hydroxycholecalciferol test. It can be an important indicator of osteoporosis (bone weakness) and rickets (bone malformation).
**Those who are at high risk of having low levels of vitamin D include:**
1.people who don't get much exposure to the sun
2.older adults
3.people with obesity.
4.dietary deficiency
**Increased Levels:** Vitamin D Intoxication

*Method : CLIA*

| | | | |
|---|---|---|---|
| Vitamin- B12 (cyanocobalamin) (Method: CLIA) | **149** | pg/mL | 211-911 |

**Interpretation:**
This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.
**Causes of vitamin B12 deficiency include:Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)
-

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## CLINICAL BIOCHEMISTRY

## HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Lipid Profile** | | | |
| Cholesterol Total *(Method: CHOD-POD)* | 154 | mg/dL | < 200 |
| Triglycerides-TGL *(Method: GPO-POD)* | 81 | mg/dL | < 150 |
| Cholesterol-HDL *(Method: Direct)* | 48 | mg/dL | 40-60 |
| Cholesterol-LDL *(Method: Calculated)* | 89.8 | mg/dL | < 100 |
| Cholesterol- VLDL *(Method: Calculated)* | 16.2 | mg/dL | 7-35 |
| Non HDL Cholesterol *(Method: Calculated)* | 106 | mg/dL | < 130 |
| Cholesterol Total /HDL Ratio *(Method: Calculated)* | 3.21 | % | 0-4.0 |
| HDL / LDL Ratio | 0.53 | | |
| LDL/HDL Ratio *(Method: Calculated)* | 1.87 | % | 0-3.5 |

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid discorders for primary and secondary.

| NCEP Recommendations | Cholesterol Total in (mg/dL) | Triglycerides in (mg/dL) | HDL Cholesterol (mg/dL) | LDL Cholesterol in (mg/dL) | Non HDL Cholesterol in (mg/dL) |
|---|---|---|---|---|---|
| Optimal | Adult: < 200<br>Children: < 170 | < 150 | 40-59 | Adult:<100<br>Children: <110 | <130 |
| Above Optimal | ----- | ----- | | 100-129 | 130 - 159 |
| Borderline High | Adult: 200-239<br>Children:171-199 | 150-199 | | Adult: 130-159<br>Children: 111-129 | 160 - 189 |
| High | Adult:>or=240<br>Children:>or=200 | 200-499 | **≥ 60** | Adult:160-189<br>Children:>or=130 | 190 - 219 |
| Very High | ----- | >or=500 | | Adult: >or=190<br>------- | >=220 |

**Note:** LDL cholesterol cannot be calculated if triglyceride is >400 mg/dL (**Friedewald's formula)**. Calculated values not provided for LDL and VLDL

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| Sample Tested In | : Serum | Reported On | : 08-Dec-2024 03:34 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Liver Function Test (LFT)** | | | |
| Bilirubin(Total) *(Method: Diazo)* | 0.7 | mg/dL | 0.1-1.2 |
| Bilirubin (Direct) *(Method: Diazo)* | 0.2 | mg/dL | 0.0 - 0.3 |
| Bilirubin (Indirect) *(Method: Calculated)* | 0.5 | mg/dL | 0.2-1.0 |
| Aspartate Aminotransferase (AST/SGOT) *(Method: IFCC UV Assay)* | 22 | U/L | 15-37 |
| Alanine Aminotransferase (ALT/SGPT) *(Method: IFCC with out (P-5-P))* | 18 | U/L | 0-55 |
| Alkaline Phosphatase(ALP) *(Method: Kinetic PNPP-AMP)* | 115 | U/L | 30-120 |
| Gamma Glutamyl Transpeptidase (GGTP) *(Method: IFCC)* | 18 | U/L | 15-85 |
| Protein - Total *(Method: Biuret)* | 6.7 | g/dL | 6.4-8.2 |
| Albumin *(Method: Bromocresol Green (BCG) )* | 4.3 | g/dL | 3.4-5.0 |
| Globulin *(Method: Calculated)* | 2.4 | g/dL | 2.0-4.2 |
| A:G Ratio *(Method: Calculated)* | 1.79 | % | 0.8-2.0 |
| SGOT/SGPT Ratio | 1.22 | | |

**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.

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## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Kidney Profile-KFT** | | | |
| Creatinine *(Method: Jaffes Kinetic)* | 0.93 | mg/dL | 0.70-1.30 |
| Urea-Serum *(Method: Calculated)* | 22.7 | mg/dL | 12.8-42.8 |
| Blood Urea Nitrogen (BUN) *(Method: Calculated )* | 10.61 | mg/dL | 7.0-18.0 |
| BUN / Creatinine Ratio | 11.41 | | 6 - 22 |
| Uric Acid *(Method: Uricase)* | 5.1 | mg/dL | 3.5-7.2 |
| Sodium *(Method: ISE Direct)* | 141 | mmol/L | 135-150 |
| Potassium *(Method: ISE Direct)* | 4.3 | mmol/L | 3.5-5.0 |
| Chloride *(Method: ISE Direct)* | 101 | mmol/L | 94-110 |

**Interpretation:**

- 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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|---|---|---|---|
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## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Iron Profile-I** | | | |
| Iron(Fe) *(Method: Ferrozine)* | 72 | µg/dL | 65-175 |
| Total Iron Binding Capacity (TIBC) *(Method: Ferrozine)* | 385 | µg/dL | 250-450 |
| Transferrin *(Method: Calculated)* | 269.23 | mg/dL | 215-365 |
| Iron Saturation((% Transferrin Saturation) *(Method: Calculated)* | **18.7** | % | 20-50 |
| Unsaturated Iron Binding Capacity (UIBC) *(Method: FerroZine)* | 313 | µg/dL | 110 - 370 |

**Interpretation:**

- Serum transferrin (and TIBC) high, serum iron low, saturation low. Usual causes of depleted iron stores include blood loss, inadequate dietary iron. RBCs in moderately severe iron deficiency are hypochromic and microcytic. Stainable marrow iron is absent. Serum ferritin decrease is the earliest indicator of iron deficiency if inflammation is absent.
- **Anemia of chronic disease:** Serum transferrin (and TIBC) low to normal, serum iron low, saturation low or normal. Transferrin decreases with many inflammatory diseases. With chronic disease there is a block in movement to and utilization of iron by marrow. This leads to low serum iron and decreased erythropoiesis. Examples include acute and chronic infections, malignancy and renal failure.
- **Sideroblastic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron normal to high, saturation high.
- **Hemolytic Anemia:** Serum transferrin (and TIBC) normal to low, serum iron high, saturation high.
- **Hemochromatosis:** Serum transferrin (and TIBC) slightly low, serum iron high, saturation very high.
- **Protein depletion:** Serum transferrin (and TIBC) may be low, serum iron normal or low (if patient also is iron deficient). This may occur as a result of malnutrition, liver disease, renal disease.
- **Liver disease:** Serum transferrin variable; with acute viral hepatitis, high along with serum iron and ferritin. With chronic liver disease (eg, cirrhosis), transferrin may be low. Patients who have cirrhosis and portacaval shunting have saturated TIBC/transferrin as well as high ferritin.

*** End Of Report ***



DR.VAISHNAVI
MD BIOCHEMISTRY

MC 3633

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## LABORATORY TEST REPORT

| | | | |
|---|---|---|---|
| Name | : Mr. MAHESH KUMAR | | |
| Sample ID | : A1308090 | | |
| Age/Gender | : 34 Years/Male | Reg. No | : 0312412080011 |
| Referred by | : Dr. M HARIN REDDY | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 08-Dec-2024 10:19 AM |
| Primary Sample | : Whole Blood | Received On | : 08-Dec-2024 01:31 PM |
| Sample Tested In | : Serum | Reported On | : 08-Dec-2024 02:59 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

### HEALTH PROFILE A-3 PACKAGE

| Test Name | Results | Units | Biological Reference Interval |
|---|---|---|---|
| **Thyroid Profile-I(TFT)** | | | |
| T3 (Triiodothyronine) *(Method: CLIA)* | 110.32 | ng/dL | 70-204 |
| T4 (Thyroxine) *(Method: CLIA)* | 8.1 | µg/dL | 3.2-12.6 |
| TSH -Thyroid Stimulating Hormone *(Method: CLIA)* | 4.68 | 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.

*** End Of Report ***

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