




LABORATORY TEST REPORT

Name	: B/O MAMATHA		
Sample ID	: A1308256		
Age/Gender	: 8 Days/Male	Reg. No	: 0312412110057
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Dec-2024 09:39 PM
Primary Sample	: Whole Blood	Received On	: 11-Dec-2024 10:43 PM
Sample Tested In	: Serum	Reported On	: 12-Dec-2024 08:58 AM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
 Bilirubin(Total) <small>(Method: Diazo)</small>	17.2	mg/dL	0.1-1.2
 Bilirubin (Direct) <small>(Method: Diazo)</small>	0.9	mg/dL	0.0 - 0.3
 Bilirubin (Indirect) <small>(Method: Calculated)</small>	16.3	mg/dL	0.2-1.0

Interpretation:

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.

Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool. A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

Note: DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

*** End Of Report ***



Dr. Vaishnavi
DR. VAISHNAVI
 MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: B/O MAMATHA		
Sample ID	: A1308260		
Age/Gender	: 8 Days/Male	Reg. No	: 0312412110059
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 11-Dec-2024 09:39 PM
Primary Sample	: Whole Blood	Received On	: 11-Dec-2024 10:43 PM
Sample Tested In	: Serum	Reported On	: 11-Dec-2024 11:28 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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TSH -Thyroid Stimulating Hormone
2.95
μIU/mL
1.7-9.1

(Method: CLIA)

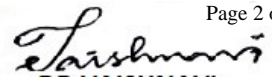
Pregnancy & Cord Blood

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 ***




DR.VAISHNAVI
MD BIOCHEMISTRY

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