










LABORATORY TEST REPORT

Name	: Mrs. A BHARGAVI		
Sample ID	: A1308648		
Age/Gender	: 29 Years/Female	Reg. No	: 0312412250014
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Dec-2024 09:04 AM
Primary Sample	: Whole Blood	Received On	: 25-Dec-2024 12:59 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 25-Dec-2024 02:51 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Blood Picture(CBP)

 Haemoglobin (Hb) (Method: Cymeth Method)	11.0	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	39.8	%	40-50
 RBC Count (Method: Cell Impedance)	4.53	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	88	fl	81-101
 MCH (Method: Calculated)	26.5	pg	27-32
 MCHC (Method: Calculated)	32.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	17.6	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	261	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	7.2	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	69	%	40-70
 Lymphocytes (Method: Cell Impedance)	25	%	20-40
 Monocytes (Method: Microscopy)	04	%	2-10
 Eosinophils (Method: Microscopy)	02	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	4.97	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.8	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)	0.14	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)

Anisocytosis with Normocytic normochromic



LABORATORY TEST REPORT

Name	: Mrs. A BHARGAVI		
Sample ID	: A1308705		
Age/Gender	: 29 Years/Female	Reg. No	: 0312412250014
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Dec-2024 09:04 AM
Primary Sample	:	Received On	: 25-Dec-2024 12:48 PM
Sample Tested In	: Urine	Reported On	: 25-Dec-2024 04:05 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)

Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	Clear	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlichs reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.010	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	7.0	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
R.B.C. <small>(Method: Microscopic)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopic)</small>	02-03	/hpf	00-05
Casts <small>(Method: Microscopic)</small>	Absent		Absent
Crystals <small>(Method: Microscopic)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		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

LABORATORY TEST REPORT

Name	: Mrs. A BHARGAVI		
Sample ID	: A1308649, A1308650, A1308647		
Age/Gender	: 29 Years/Female	Reg. No	: 0312412250014
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 25-Dec-2024 09:04 AM
Primary Sample	: Whole Blood	Received On	: 25-Dec-2024 12:59 PM
Sample Tested In	: Plasma-NaF(F), Plasma-NaF-1hr,	Reported On	: 25-Dec-2024 02:15 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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Glucose Fasting (F) 72 mg/dL 70-100
 (Method: Hexokinase)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma 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 Challenge Test (75 Gms of glucose):Pregnancy

Glucose Challenge Test (GCT): 101 mg/dL 70 - 140
 (Method: Hexokinase (HK))

Interpretation:

- 50 grams glucose challenge test is a screening tool for gestational diabetes in pregnant women with no risk factors. GCT is done between 24 and 28 weeks of gestation.
- Plasma glucose level of > 140 mg/dL constitutes a positive screen and these women should be followed by a diagnostic oral glucose tolerance test(OGTT)
- This assay is a single step test procedure developed by Diabetes in Pregnancy Study Group India (DIPSI) to diagnose GDM. It has been approved by Ministry of Health, Government of India and is also recommended by WHO.

Note: Sample collection done after 60 minutes of 50 grams of glucose load with approximately 450 mL of water.

TSH -Thyroid Stimulating Hormone 1.75 µIU/mL 0.35-5.5
 (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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