

LABORATORY TEST REPORT










Name	: Mrs. MANASA		
Sample ID	: A1308745		
Age/Gender	: 22 Years/Female	Reg. No	: 0312412260020
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Dec-2024 08:12 AM
Primary Sample	: Whole Blood	Received On	: 26-Dec-2024 10:52 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 27-Dec-2024 12:14 AM
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)	12.7	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	43.7	%	40-50
 RBC Count (Method: Cell Impedance)	5.00	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	83	fl	81-101
 MCH (Method: Calculated)	25.6	pg	27-32
 MCHC (Method: Calculated)	31.5	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	14.0	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	215	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	7.4	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	63	%	40-70
 Lymphocytes (Method: Cell Impedance)	30	%	20-40
 Monocytes (Method: Microscopy)	06	%	2-10
 Eosinophils (Method: Microscopy)	01	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	4.66	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	2.22	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.44	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.07	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



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

LABORATORY TEST REPORT

Name	: Mrs. MANASA		
Sample ID	: A1308746, A1308743		
Age/Gender	: 22 Years/Female	Reg. No	: 0312412260020
Referred by	: Dr. Nivedita Ashrit MD (Obs/Gyn)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 26-Dec-2024 08:12 AM
Primary Sample	: Whole Blood	Received On	: 26-Dec-2024 10:52 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 26-Dec-2024 11:39 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 Random (RBS) 71 mg/dL 70-140
 (Method: Hexokinase (HK))

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

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

 TSH -Thyroid Stimulating Hormone 2.88 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 ***



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