

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. B RAMESH Sample ID : A1308770

Age/Gender : 46 Years/Male

Referred by : Dr. DILIP KUMAR KANDARI

Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Sample Tested In : Whole Blood EDTA

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka



Reg. No : 0312412280001 SPP Code : SPL-CV-172

Collected On : 28-Dec-2024 08:18 AM

Reported On : 28-Dec-2024 01:10 PM

: 28-Dec-2024 12:20 PM

Report Status : Final Report

Received On

HAEMATOLOGY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Maemoglobin (Hb)	14.8	g/dL	13-17
RBC Count (Method: Cell Impedence)	5.00	10^12/L	4.5-5.5
Maematocrit (HCT) (Method: Calculated)	46.8	%	40-50
Wellow Calculated) MCV (Method: Calculated)	94	fl	81-101
MCH (Method: Calculated)	29.6	pg	27-32
(Method: Calculated)	<u>31.5</u>	g/dL	32.5-34.5
RDW-CV (Method: Calculated)	12.7	%	11.6-14.0
Platelet Count (PLT) (Method: Cell Impedance)	300	10^9/L	150-410
Total WBC Count (Method: Impedance)	5.9	10^9/L	4.0-10.0
Meutrophils (Method: Cell Impedence)	68	%	40-70
Absolute Neutrophils Count (Method: Impedence)	4.01	10^9/L	2.0-7.0
Lymphocytes (Method: Cell Impedence)	23	%	20-40
Absolute Lymphocyte Count (Method: Impedence)	1.36	10^9/L	1.0-3.0
Monocytes (Method: Microscopy)	05	%	2-10
Absolute Monocyte Count (Method: Calculated)	0.3	10^9/L	0.2-1.0
Eosinophils (Method: Microscopy)	04	%	1-6
Absolute Eosinophils Count (Method: Calculated)	0.24	10^9/L	0.02-0.5
Basophils (Method: Microscopy)	00	%	1-2
Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3
Morphology			
WBC	Within Nor	mal Limits	
RBC	Normocytic	normochromic	blood picture.
Platelets (Method: Microscopy)	Adequate.		

*** End Of Report ***







Page 1 of 11 Swarnabala.M DR.SWARNA BALA **MD PATHOLOGY**



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. B RAMESH Sample ID : A1308770

Sample ID : A 1308770

Age/Gender : 46 Years/Male Reg. No : 0312412280001

Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM

Primary Sample : Whole Blood : 28-Dec-2024 12:20 PM Sample Tested In : Whole Blood EDTA : Reported On : 28-Dec-2024 01:36 PM

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

HAEMATOLOGY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	8	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.











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. B RAMESH

Sample ID : A1308768

Age/Gender : 46 Years/Male Reg. No : 0312412280001
Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM

Primary Sample : Received On : 28-Dec-2024 12:25 PM Sample Tested In : Urine Reported On : 28-Dec-2024 01:59 PM

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

CLINICAL PATHOLOGY

HEALTH PROFILE A-2 PACKAGE

Test Name Results Units Biological Reference Interval

Complete Urine Analysis (CUE)

Physical Examination

Colour Pale Yellow Straw to light amber

Appearance HAZY Clear

Chemical Examination

Glucose Negative Negative

Protein Negative Negative Strip Reflectance)

Bilirubin (Bile) Negative Negative Negative

Urobilinogen Negative Negative Negative

Ketone Bodies Negative Negative

Specific Gravity 1.020 1.000 - 1.030

(Method: Strip Reflectance)

Blood Negative Negative

Reaction (pH)
(Method: Reagent Strip Reflectance)6.05.0 - 8.5NitritesNegativeNegative

Leukocyte esterase Negative Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells 02-04 /hpf 00-05 R.B.C. Nil Nil /hpf 01-02 00-05 **Epithelial Cells** /hpf Casts Absent Absent Absent Absent Crystals Bacteria Nil Nil

Nil

Budding Yeast Cells (Method: Microscopy)







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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

Absent





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. B RAMESH

Sample ID : A1308767, A1308783

Age/Gender : 46 Years/Male Reg. No : 0312412280001
Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM

Primary Sample : Whole Blood Received On : 28-Dec-2024 03:27 PM

Primary Sample : Whole Blood : 28-Dec-2024 03:27 PM Sample Tested In : Plasma-NaF(F), Plasma-NaF(PP) Reported On : 28-Dec-2024 04:37 PM

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

CLINICAL BIOCHEMISTRY

GLUCOSE POST PRANDIAL (PP)

Test Name Results Units Biological Reference Interval

Glucose Fasting (F) <u>149</u> 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

Glucose Post Prandial (PP) <u>271</u> mg/dL 70-140

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

- Postprandial glucose level is a screening test for Diabetes Mellitus
- If glucose level is >140 mg/dL and <200 mg/dL, then GTT (glucose tolerance test) is advised.
- \bullet If level after 2 hours = >200 mg/dL diabetes mellitus is confirmed.
- Advise HbA1c for further evaluation.











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LABORATORY TEST REPORT

: Mr. B RAMESH Name Sample ID : A1308770

Age/Gender : 46 Years/Male

Sample Tested In

Referred by : Dr. DILIP KUMAR KANDARI

Referring Customer: V CARE MEDICAL DIAGNOSTICS Primary Sample : Whole Blood

: Whole Blood EDTA Client Address : Kimtee colony ,Gokul Nagar,Tarnaka : 0312412280001

Reg. No

SPP Code : SPL-CV-172

Collected On : 28-Dec-2024 08:18 AM Received On : 28-Dec-2024 12:25 PM

Reported On : 28-Dec-2024 01:35 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Biological Reference Interval	
Glycated Hemoglobin (HbA1c)	6.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5	
Mean Plasma Glucose (Method: Calculated)	131.24	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		14%
386	_ A	13%
350	L	12%
314	E	11%
279	R	10%
243	Т	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. B RAMESH
Sample ID : A1308769
Age/Gender : 46 Years/Male

: 46 Years/Male Reg. No : 0312412280001 : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM
Primary Sample : Whole Blood Received On : 28-Dec-2024 12:25 PM
Sample Tested In : Serum Reported On : 28-Dec-2024 02:40 PM

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

	CLINICA	AL BIOCHE	MISTRY	
	HEALTH PI	ROFILE A-2	PACKAGE	
Test Name	Results	Units	Biological Reference Interval	
Calcium (Method: Arsenazo)	9.84	mg/dL	8.5-10.1	

Comments:

Referred by

- Calcium in the body is found mainly in the bones (approximately 99%). In serum, Calcium exists in a
 free ionised form and in bound form (with Albumin). Hence, a decrease in Albumin causes lower
 Calcium levels and vice-versa.
- Calcium levels in serum depend on the Parathyroid Hormone.
- Increased Calcium levels are found in Bone tumors, Hyperparathyroidism. decreased levels are found in Hypoparathyroidism, renal failure, Rickets.

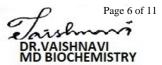
*** End Of Report ***

Excellence In Health Care











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. B RAMESH Sample ID : A1308769

Cholesterol Total /HDL Ratio

LDL/HDL Ratio

Age/Gender : 46 Years/Male Reg. No : 0312412280001 Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM Primary Sample : Whole Blood Received On : 28-Dec-2024 12:25 PM Sample Tested In : Serum Reported On : 28-Dec-2024 05:23 PM

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

CLINICAL BIOCHEMISTRY HEALTH PROFILE A-2 PACKAGE

Test Name Results Units **Biological Reference Interval Lipid Profile** Cholesterol Total < 200 **232.4** mg/dL Triglycerides-TGL <u>638.8</u> mg/dL < 150 Cholesterol-HDL 31.4 mg/dL 40-60 Not calculated mg/dL < 100 Cholesterol-LDL Cholesterol- VLDL Not calculated mg/dL 7-35 Non HDL Cholesterol 201 < 130 mg/dL

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.

0 - 4.0

0 - 3.5

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

Not calculated Ratio

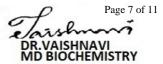
Not calculated Ratio

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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LABORATORY TEST REPORT

Name : Mr. B RAMESH Sample ID : A1308769

Age/Gender : 46 Years/Male

Referred by : Dr. DILIP KUMAR KANDARI

Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood
Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

Reg. No : 0312412280001

SPP Code : SPL-CV-172

Collected On : 28-Dec-2024 08:18 AM Received On : 28-Dec-2024 12:25 PM

Reported On : 28-Dec-2024 02:40 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Liver Function Test (LFT)			
Bilirubin(Total)	0.61	mg/dL	0.1-1.2
Bilirubin (Direct)	0.15	mg/dL	0.0 - 0.3
Bilirubin (Indirect)	0.46	mg/dL	0.2-1.0
Aspartate Aminotransferase (AST/SGOT)	16.2	U/L	15-37
Alanine Aminotransferase (ALT/SGPT)	19.9	U/L	0-55
Alkaline Phosphatase(ALP) Method: Kinetic PNPP-AMP)	69.6	U/L	30-120
Gamma Glutamyl Transpeptidase (GGTP)	34.8	U/L	15-85
Protein - Total (Method: Biuret)	7.69	g/dL	6.4-8.2
(Method: Bromocresol Green (BCG))	4.7	g/dL	3.4-5.0
Globulin (Method: Calculated)	2.99	g/dL	2.0-4.2
A:G Ratio (Method: Calculated)	1.57	Ratio	0.8-2.0
SGOT/SGPT Ratio	0.81	Ratio	<1.0

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.

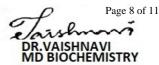
Bilirubin is a waste product that forms when the liver breaks down red blood cells. Bilirubin exits the body as bile in stool. High levels of bilirubin can cause jaundice - a condition in which the skin and whites of the eyes turn yellow- and may indicate liver damage.

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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LABORATORY TEST REPORT

Name : Mr. B RAMESH Sample ID : A1308769

Age/Gender : 46 Years/Male

Referred by : Dr. DILIP KUMAR KANDARI

Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood
Sample Tested In : Serum

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

No : 0312412280001

Reg. No : 0312412280 SPP Code : SPL-CV-172

Collected On : 28-Dec-2024 08:18 AM Received On : 28-Dec-2024 12:25 PM

Reported On : 28-Dec-2024 02:40 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

		COLIEL A E	. 7.010.102
Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
Creatinine (Method: Jaffes Kinetic)	0.88	mg/dL	0.70-1.30
Urea-Serum (Method: Calculated)	32.3	mg/dL	12.8-42.8
Blood Urea Nitrogen (BUN) (Method: Calculated)	15.08	mg/dL	7.0-18.0
BUN / Creatinine Ratio	17.14	Ratio	6 - 22
Uric Acid (Method: Uricase)	<u>7.95</u>	mg/dL	3.5-7.2
Sodium (Method: ISE Direct)	144	mmol/L	135-150
Potassium (Method: ISE Direct)	4.0	mmol/L	3.5-5.0
Chloride (Method: ISE Direct)	106	mmol/L	94-110

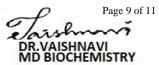
Interpretation:

• 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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REPORT LABORATORY TEST

Name : Mr. B RAMESH Sample ID : A1308769

Age/Gender : 46 Years/Male

: 0312412280001 Reg. No Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM Primary Sample : Whole Blood Received On : 28-Dec-2024 12:25 PM Sample Tested In : Serum Reported On : 28-Dec-2024 02:40 PM

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

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE

Test Name	Results	Units	Biological Reference Interval
Iron Profile-I			
Iron(Fe) (Method: Ferrozine)	88	μg/dL	65-175
Total Iron Binding Capacity (TIBC) (Method: Ferrozine)	342	μg/dL	250-450
Transferrin (Method: Calculated)	239.16	mg/dL	215-365
Iron Saturation((% Transferrin Saturation)	25.73	%	20-50
Unsaturated Iron Binding Capacity (UIBC)	254	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
- 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 ***







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Lab Address: - # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT LABORATORY

Name : Mr. B RAMESH

Sample ID : A1308769

: 0312412280001 Age/Gender : 46 Years/Male Reg. No Referred by : Dr. DILIP KUMAR KANDARI SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 28-Dec-2024 08:18 AM Primary Sample : Whole Blood Received On : 28-Dec-2024 12:25 PM Sample Tested In : Serum

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

Results

: 28-Dec-2024 02:41 PM Reported On

Biological Reference Interval

CLINICAL BIOCHEMISTRY

HEALTH PROFILE A-2 PACKAGE Units

Thyroid Profile-I(TFT)			
T3 (Triiodothyronine)	<u>60.67</u>	ng/dL	70-204
T4 (Thyroxine) (Method: CLIA)	4.3	μg/dL	3.2-12.6
TSH -Thyroid Stimulating Hormone	5.45	μIU/mL	0.35-5.5

Pregnancy & Cord Blood

Test Name

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 n	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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