










LABORATORY TEST REPORT

Name	: Mrs. ANJUM FAIZ		
Sample ID	: A1309108		
Age/Gender	: 57 Years/Female	Reg. No	: 0312501100012
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 10:08 AM
Primary Sample	: Whole Blood	Received On	: 10-Jan-2025 12:11 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 10-Jan-2025 12:27 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)	10.0	g/dL	12-15
 Haematocrit (HCT) (Method: Calculated)	36.9	%	40-50
 RBC Count (Method: Cell Impedance)	5.19	10 ¹² /L	3.8-4.8
 MCV (Method: Calculated)	71	fl	81-101
 MCH (Method: Calculated)	19.4	pg	27-32
 MCHC (Method: Calculated)	27.2	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	17.7	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	217	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	4.4	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	63	%	40-70
 Lymphocytes (Method: Cell Impedance)	31	%	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)	2.77	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.36	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.18	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.09	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 Microcytic hypochromic anemia

*** End Of Report ***




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



HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
 Erythrocyte Sedimentation Rate (ESR) (Method: Westergren method)	28	mm/hr	12 or less



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Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

LABORATORY TEST REPORT

Name	: Mrs. ANJUM FAIZ		
Sample ID	: A1309107		
Age/Gender	: 57 Years/Female	Reg. No	: 0312501100012
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 10-Jan-2025 10:08 AM
Primary Sample	: Whole Blood	Received On	: 10-Jan-2025 12:12 PM
Sample Tested In	: Serum	Reported On	: 10-Jan-2025 01:06 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** 2.72 $\mu\text{IU/mL}$ 0.35-5.5
(Method: CLIA)

Pregnancy & Cord Blood

TSH (Thyroid Stimulating Hormone ($\mu\text{IU/mL}$))	
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
DR. VAISHNAVI
MD BIOCHEMISTRY

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
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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Lipid Profile

 Cholesterol Total (Method: CHOD-POD)	201	mg/dL	< 200
 Triglycerides-TGL (Method: GPO-POD)	155	mg/dL	< 150
 Cholesterol-HDL (Method: Direct)	47	mg/dL	40-60
 Cholesterol-LDL (Method: Calculated)	123	mg/dL	< 100
 Cholesterol- VLDL (Method: Calculated)	31	mg/dL	7-35
 Non HDL Cholesterol (Method: Calculated)	154	mg/dL	< 130
 Cholesterol Total /HDL Ratio (Method: Calculated)	4.28	Ratio	0-4.0
 LDL/HDL Ratio (Method: Calculated)	2.62	Ratio	0-3.5

The National Cholesterol Education program's third Adult Treatment Panel (ATPIII) has issued its recommendations on evaluating and treating lipid disorders 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 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

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

*** End Of Report ***










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DR.VAISHNAVI
MD BIOCHEMISTRY

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CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Kidney Profile-KFT			
 Creatinine (Method: Jaffes Kinetic)	0.66	mg/dL	0.60-1.10
 Urea-Serum (Method: Calculated)	27.5	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) (Method: Calculated)	12.85	mg/dL	7.0-18.0
BUN / Creatinine Ratio	19.47	Ratio	6 - 22
 Uric Acid (Method: UriCase)	6.0	mg/dL	2.6-6.0
 Sodium (Method: ISE Direct)	142	mmol/L	135-150
 Potassium (Method: ISE Direct)	4.6	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	100	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 through 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.

*** End Of Report ***



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DR. VAISHNAVI
MD BIOCHEMISTRY

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