

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 : Mrs. ANJUM FAIZ

Sample ID : A1309108

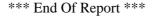
Age/Gender: 57 Years/FemaleReg. No: 0312501100012Referred by: Dr. SELFSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 10-Jan-2025 10:08 AM

Primary Sample : Whole Blood : 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

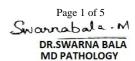
HAEMATOLOGY					
Test Name	Results	Units	Biological Reference Interval		
Complete Blood Picture(CBP)					
	10.0	g/dL	12-15		
(Method: Cynmeth Method)	36.9	%	40-50		
(Method: Calculated)		, ,			
RBC Count (Method: Cell Impedence)	<u>5.19</u>	10^12/L	3.8-4.8		
MCV (Method: Calculated)	<u>71</u>	fl	81-101		
MCH (Method: Calculated)	<u>19.4</u>	pg	27-32		
MCHC (Method: Calculated)	<u>27.2</u>	g/dL	32.5-34.5		
RDW-CV (Method: Calculated)	<u>17.7</u>	%	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		
<u>Differential Leucocyte Count (DC)</u>					
Neutrophils (Method: Cell Impedence)	63	%	40-70		
Lymphocytes (Method: Cell Impedence)	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: Impedence)	2.77	10^9/L	2.0-7.0		
Absolute Lymphocyte Count (Method: Impedence)	1.36	10^9/L	1.0-3.0		
Absolute Monocyte Count (Method: Calculated)	<u>0.18</u>	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					















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Sample Tested In : Whole Blood EDTA Reported On : 10-Jan-2025 01:21 PM

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	НА	EMATOLO	GY	
Test Name	Results	Units	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	<u>28</u>	mm/hr	12 or less	













: Serum

Sagepath Labs Pvt. Ltd.

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: 10-Jan-2025 01:06 PM

REPORT LABORATORY

: Mrs. ANJUM FAIZ Name

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

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

Reported On

	CLINICA	AL BIOCHEI	/IISTRT	
Test Name	Results	Units	Biological Reference Interval	
TSH -Thyroid Stimulating Hormone	2.72	μIU/mL	0.35-5.5	

Pregnancy & Cord Blood

Sample Tested In

		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	

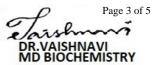
- TSH is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production.
- TSH interacts with 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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Primary Sample : Whole Blood Received On : 10-Jan-2025 12:12 PM

Primary Sample : Whole Blood : 10-Jan-2025 12:12 PM Sample Tested In : Serum : Reported On : 10-Jan-2025 01:09 PM

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

	CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval		
Lipid Profile					
Cholesterol Total (Method: CHOD-POD)	<u>201</u>	mg/dL	< 200		
Triglycerides-TGL	<u>155</u>	mg/dL	< 150		
Cholesterol-HDL (Method: Direct)	47	mg/dL	40-60		
© Cholesterol-LDL (Method: Calculated)	<u>123</u>	mg/dL	< 100		
© Cholesterol- VLDL	31	mg/dL	7-35		
Non HDL Cholesterol (Method: Calculated)	<u>154</u>	mg/dL	< 130		
Cholesterol Total /HDL Ratio	<u>4.28</u>	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 discorders for primary and secondary.

NCEP Recommendations	Cholesterol Total in (mg/dL)	Triglycerides in (mg/dL)	HDL Cholesterol (mg/dL)	I DI Chalactaral	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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	CLINICA	AL BIOCHEN	MISTRY
Test Name	Results	Units	Biological Refe
Kidney Profile-KFT			
© Creatinine (Method: Jaffes Kinetic)	0.66	mg/dL	0.60-1.10
Urea-Serum	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 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.

*** End Of Report ***







