Sagepath Labs Pvt. Ltd.

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. RATNA PRABHA		
Sample ID	: A1841887		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140033
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
Primary Sample	: Whole Blood	Received On	: 14-Mar-2025 02:24 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 14-Mar-2025 02:34 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb) *(Method: Cynmeth Method)*	**7.1**	g/dL	12-15
Haematocrit (HCT) *(Method: Calculated)*	**24.2**	%	40-50
RBC Count *(Method: Cell Impedence)*	**3.50**	10^12/L	3.8-4.8
MCV *(Method: Calculated)*	**69**	fl	81-101
MCH *(Method: Calculated)*	**20.4**	pg	27-32
MCHC *(Method: Calculated)*	**29.5**	g/dL	32.5-34.5
RDW-CV *(Method: Calculated)*	**16.2**	%	11.6-14.0
Platelet Count (PLT) *(Method: Cell Impedance)*	175	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 Impedence)*	70	%	40-70
Lymphocytes *(Method: Cell Impedence)*	20	%	20-40
Monocytes *(Method: Microscopy)*	06	%	2-10
Eosinophils *(Method: Microscopy)*	04	%	1-6
Basophils *(Method: Microscopy)*	00	%	1-2
Absolute Neutrophils Count *(Method: Impedence)*	3.08	10^9/L	2.0-7.0
Absolute Lymphocyte Count *(Method: Impedence)*	**0.88**	10^9/L	1.0-3.0
Absolute Monocyte Count *(Method: Calculated)*	0.26	10^9/L	0.2-1.0
Absolute Eosinophils Count *(Method: Calculated)*	0.18	10^9/L	0.02-0.5
Absolute Basophil lCount *(Method: Calculated)*	0.00	10^9/L	0.0-0.3
Morphology *(Method: PAPs Staining)*	Anisocytosis with Severe Microcytic hypochromic anemia		

*** End Of Report ***

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

Sagepath Labs Pvt. Ltd.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. RATNA PRABHA		
Sample ID	: A1841887, A1841888		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140033
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
Primary Sample	: Whole Blood	Received On	: 14-Mar-2025 02:24 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 14-Mar-2025 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) (Method: HPLC)	5.2	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose (Method: Calculated)	102.54	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	ALERT	14%
386		13%
350		12%
314		11%
279		10%
243		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.*

MC 3633

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. RATNA PRABHA		
Sample ID	: A1841887, A1841888		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140033
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
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Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 14-Mar-2025 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
PRL(Prolactin) (Method: CLIA)	6.79	ng/mL	Refer Table

Interpretation:

Age	Reference Range: Male (ng/mL)	Reference Range: Female(ng/mL)
Puberty Tanner Stage		
1	< 10.0	3.6-12.0
2-3	< 6.1	2.6-18.0
4-5	2.8-11.0	3.2-20.0
Adult	2.1-17.7	Nonpregnant :2.8–29.2 Pregnant :9.7–208.5 Postmenopausal :1.8–20.3

- Prolactin is a 23kD sized hormone produced by the lactotroph cells of the pituitary gland, a grape-sized organ found at the base of the brain. Normally present in low amounts in men and non-pregnant women, prolactin's main role is to promote lactation (breast milk production).
- Breast milk production that is not related to childbirth (galactorrhea)
- Erection problems in men
- Irregular or no menstrual periods (amenorrhea)

TSH -Thyroid Stimulating Hormone (Method: CLIA)	3.91	µIU/mL	0.35-5.5

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.

DR. LAVANYA LAGISETTY
MD BIOCHEMISTRY

MC 3633

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. RATNA PRABHA		
Sample ID	: A1841887, A1841888		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140033
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
Primary Sample	: Whole Blood	Received On	: 14-Mar-2025 02:24 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 14-Mar-2025 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
LH (Leutinizing Hormone) (Method: CLIA)	4.81	mIU/mL	Refer Table

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.02-8.0	0.02-8.0
1-10 Years	0.04-3.6	0.03-3.9
Puberty Tanner Stage		
1	0.04-3.6	0.03-3.0
2	0.26-4.8	0.10-4.1
3	0.56-6.3	0.20-9.1
4-5	0.56-7.8	0.50-15.0
Adult	20–70 years:1.5–9.3 > 70 years:3.1–34.6	
Follicular Phase	----	1.9–12.5
Midcycle Peak	----	8.7–76.3
Luteal Phase	----	0.5–16.9
Postmenopausal	----	15.9–54.0
Pregnant	----	< 0.1–1.5
Contraceptives	----	0.7–5.6

Increased Values Of LH Seen In:

- Menopause,ovarian dysgenesis. (Turner syndrome),Testicular dysgenesis (Klinefelter syndrome).
- Precocious puberty

Decreased Values Of LH Seen In:

- Pituitary failure. Both LH/ FSH are low.
- hypothalamic failure will also lead to low LH and FSH level.

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. RATNA PRABHA		
Sample ID	: A1841887, A1841888		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140033
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
Primary Sample	: Whole Blood	Received On	: 14-Mar-2025 02:24 PM
Sample Tested In	: Whole Blood EDTA, Serum	Reported On	: 14-Mar-2025 03:14 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
FSH (Follicle Stimulating Hormone) *(Method: CLIA)*	10.95	mIU/mL	Refer Table

Interpretation:

Age	Reference Range: Male (mIU/mL)	Reference Range: Female(mIU/mL)
Pre Puberty Child		
2-11 Months	0.19-11.3	0.10-11.3
1-10 Years	0.3-4.6	0.68-6.7
Puberty Tanner Stage		
1-2	0.30-4.6	0.68-6.7
3.-4	1.24-15.4	1.0-7.4
5	1.53-6.8	1.0-9.2
Adult	1.42-18.4	
Follicular Phase	----	2.5–10.2
Midcycle Peak	----	3.4–33.4
Luteal Phase	----	1.5–9.1
Postmenopausal	----	23.0–116.3
Pregnant	----	< 0.3

The follicle stimulating hormone (FSH) blood test measures the level of FSH in blood. FSH is a hormone released by the pituitary gland, located on the underside of the brain.

Low FSH levels in women may be present due to:

- Being very underweight or having had recent rapid weight loss
- Not producing eggs (not ovulating)
- Parts of the brain (the pituitary gland or hypothalamus) not producing normal amounts of some or all of its hormones
- Pregnancy

High FSH levels in men may mean the testicles are not functioning correctly due to:

- Advancing age (male menopause)
- Damage to testicles caused by alcohol abuse, chemotherapy, or radiation
- Certain tumors in the pituitary gland

*** End Of Report ***

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: Mrs. RATNA PRABHA		
Sample ID	: A1841885		
Age/Gender	: 32 Years/Female	Reg. No	: 0312503140034
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Mar-2025 11:18 AM
Primary Sample	: Whole Blood	Received On	: 14-Mar-2025 02:24 PM
Sample Tested In	: Serum	Reported On	: 14-Mar-2025 08:11 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Anti Mullerian Hormone (AMH) *(Method: CLIA)*	0.32	ng/mL	Refer Table

Age Ranges in Females:		Fertility Ranges:
18-25 Years: 0.96-13.34 ng/mL	26-30 Years: 0.17-7.37 ng/mL	Optimal Fertility: 4.0-6.8 ng/mL
31-35 Years: 0.07-7.35 ng/mL	36-40 Years: 0.03-7.15 ng/mL	Satisfactory Fertility: 2.2-4.0 ng/mL
41-45 Years: < 3.27 ng/mL	> 46 Years: < 1.15 ng/mL	Low Fertility: 0.3-2.2 ng/mL
Male Reference Range: 0.73-16.05 ng/mL		

OVER VIEW:

Antimullerian hormone (AMH), also called müllerian inhibiting substance, is a glycoprotein that regulates reproductive duct development. Its presence in the fetal male causes regression of the müllerian (female) ducts which then allows for the wolffian (male) ducts to develop. AMH is produced by the Sertoli cells of the testis beginning around 6 weeks gestation; levels remain elevated until puberty. In the female fetus, the absence of AMH allows the müllerian ducts to develop into the fallopian tubes, uterus, and upper 2/3 of the vagina. The hormone is secreted by the granulosa cells of preantral and small antral follicles of the ovaries and begins to be detected around 36 weeks gestational age. AMH levels are low in female children until puberty. They typically remain constant during the reproductive years and then decline steadily with age as the number of follicles decrease. AMH is undetectable at menopause.

Clinical Significance:

- Assess gonadal function in children
- Evaluation of infants with ambiguous genitalia and other intersex conditions.
- Evaluating testicular function in infants and children including cryptorchidism and anorchidism.
- Aid in the assessment of infrequent or absent menses, including premature ovarian insufficiency, polycystic ovarian syndrome and menopause.
- Assessing ovarian status including follicle development, ovarian reserve, and ovarian responsiveness, as part of an evaluation for infertility and assisted reproduction protocols such as in vitro fertilization (IVF).
- Assessing ovarian function prior to, during, and following gonadotoxic cancer treatment in premenopausal women.
- Diagnosing and monitoring patients with AMH-secreting ovarian granulosa cell tumors.

*** End Of Report ***

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