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	: B/O DIVYA		
Sample ID	: A1841988		
Age/Gender	: 5 Days/Female	Reg. No	: 0312503190012
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Mar-2025 01:01 PM
Primary Sample	: Whole Blood	Received On	: 19-Mar-2025 03:40 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 19-Mar-2025 04:41 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
Blood Grouping (A B O) *(Method: Tube Agglutination)*	O		
Rh Typing *(Method: Tube Agglutination)*	Positive		

Comments:

Blood group ABO & Rh test identifies your blood group & type of Rh factor. There are four major blood groups- A, B, AB, and O. It is important to know your blood group as you may need a transfusion of blood or blood components; you may want to donate your blood ; before or during a woman's pregnancy to determine the risk of Rh mismatch with the fetus.

Note: Both Forward and Reverse Grouping Performed .

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

DR.SWARNA BALA
MD PATHOLOGY

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ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name	: B/O DIVYA		
Sample ID	: A1841986		
Age/Gender	: 5 Days/Female	Reg. No	: 0312503190012
Referred by	: Dr. C N REDDY (M.B.B.S.,D.C.H)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 19-Mar-2025 01:01 PM
Primary Sample	: Whole Blood	Received On	: 19-Mar-2025 03:40 PM
Sample Tested In	: Serum	Reported On	: 19-Mar-2025 05:47 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Bilirubin(Total) *(Method: Diazo)*	**13.6**	mg/dL	1.5-12.0
Bilirubin (Direct) *(Method: Diazo)*	**0.6**	mg/dL	0.0 - 0.3
Bilirubin (Indirect) *(Method: Calculated)*	**13**	mg/dL	1.5-11.6

Interpretation:

Bilirubin is a yellowish pigment found in bile, a fluid made by the liver.
Bilirubin is left after these older blood cells are removed. The liver helps break down bilirubin so that it can be removed from the body in the stool.A level of bilirubin in the blood of 2.0 mg/dL can lead to jaundice. Jaundice is a yellow color in the skin, mucus membranes, or eyes.

In newborns, bilirubin level is higher for the first few days of life. Your child's provider must consider the following when deciding whether your baby's bilirubin level is too high:

- How fast the level has been rising
- Whether the baby was born early
- The baby's age

Jaundice can also occur when more red blood cells than normal are broken down. This can be caused by:

- A blood disorder called erythroblastosis fetalis
- A red blood cell disorder called hemolytic anemia
- Transfusion reaction in which red blood cells that were given in a transfusion are destroyed by the person's immune system

Note: DPD(3,5-dichlorophenyldiazonium tetrafluoroborate)

TSH -Thyroid Stimulating Hormone *(Method: CLIA)*	8.20	µIU/mL	1.7-9.1

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

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

*** End Of Report ***