

LABORATORY TEST REPORT

Name	: Mrs. CHATLA YADAMMA		
Sample ID	: B2623319		
Age/Gender	: 59 Years/Female	Reg. No	: 0312505080013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2025 10:56 AM
Primary Sample	:	Received On	: 08-May-2025 05:08 PM
Sample Tested In	: Capillary Tube	Reported On	: 08-May-2025 05:18 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


HAEMATOLOGY

Test Name	Results	Units	Biological Reference Interval
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Bleeding Time & Clotting Time

Bleeding Time (BT) <small>(Method: Capillary Method)</small>	02:40	Minutes	2 - 5
Clotting Time (CT) <small>(Method: Capillary Method)</small>	04:30	Minutes	3 - 7



LABORATORY TEST REPORT

Name	: Mrs. CHATLA YADAMMA		
Sample ID	: B2623142		
Age/Gender	: 59 Years/Female	Reg. No	: 0312505080013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2025 10:56 AM
Primary Sample	:	Received On	: 08-May-2025 12:58 PM
Sample Tested In	: Urine	Reported On	: 08-May-2025 01:24 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Reference Interval
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Complete Urine Analysis (CUE)
Physical Examination

Colour	Pale Yellow	Straw to light amber
Appearance	HAZY	Clear

Chemical Examination

Glucose <small>(Method: Strip Reflectance)</small>	Negative	Negative
Protein <small>(Method: Strip Reflectance)</small>	Negative	Negative
Bilirubin (Bile) <small>(Method: Strip Reflectance)</small>	Negative	Negative
Urobilinogen <small>(Method: Ehrlich's reagent)</small>	Negative	Negative
Ketone Bodies <small>(Method: Strip Reflectance)</small>	Negative	Negative
Specific Gravity <small>(Method: Strip Reflectance)</small>	1.015	1.000 - 1.030
Blood <small>(Method: Strip Reflectance)</small>	Negative	Negative
Reaction (pH) <small>(Method: Reagent Strip Reflectance)</small>	6.0	5.0 - 8.5
Nitrites <small>(Method: Strip Reflectance)</small>	Negative	Negative
Leukocyte esterase <small>(Method: Reagent Strip Reflectance)</small>	Negative	Negative

Microscopic Examination (Microscopy)

PUS(WBC) Cells <small>(Method: Microscopy)</small>	03-04	/hpf	00-05
R.B.C. <small>(Method: Microscopy)</small>	Nil	/hpf	Nil
Epithelial Cells <small>(Method: Microscopy)</small>	02-03	/hpf	00-05
Casts <small>(Method: Microscopy)</small>	Absent		Absent
Crystals <small>(Method: Microscopy)</small>	Absent		Absent
Bacteria	Nil		Nil
Budding Yeast Cells <small>(Method: Microscopy)</small>	Nil		Absent

Comments :Urine analysis is one of the most useful laboratory tests as it identifies a wide range of medical conditions including renal damage, urinary tract infections,diabetes, hypertension and drug toxicity.



*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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 Swarnabala - M
 DR.SWARNABALA
 MD PATHOLOGY





LABORATORY TEST REPORT

Name	: Mrs. CHATLA YADAMMA		
Sample ID	: B2623320		
Age/Gender	: 59 Years/Female	Reg. No	: 0312505080013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2025 10:56 AM
Primary Sample	: Whole Blood	Received On	: 08-May-2025 12:58 PM
Sample Tested In	: Serum	Reported On	: 08-May-2025 06:15 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

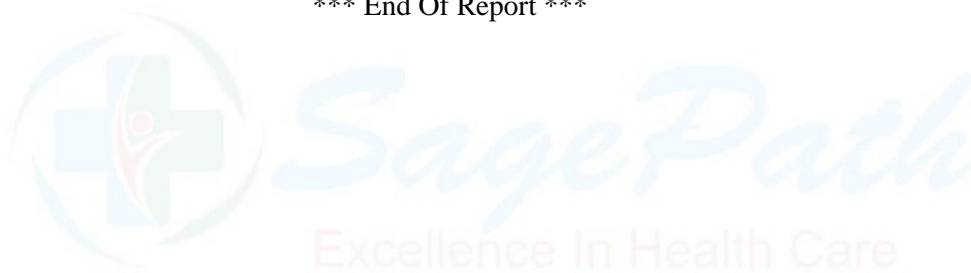

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
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Renal Profile

 Creatinine (Method: Sarcosine Oxidase Method)	0.62	mg/dL	0.60-1.10
 Blood Urea Nitrogen (BUN) (Method: Calculated)	9.3	mg/dL	7.0-18.0
 Uric Acid (Method: Uricase)	4.7	mg/dL	2.6-6.0
 Calcium (Method: Arsenazo)	9.97	mg/dL	8.5-10.1

*** End Of Report ***



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 DR. LAVANYA LAGISETTY
 MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mrs. CHATLA YADAMMA		
Sample ID	: B2623320		
Age/Gender	: 59 Years/Female	Reg. No	: 0312505080013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 08-May-2025 10:56 AM
Primary Sample	: Whole Blood	Received On	: 08-May-2025 12:58 PM
Sample Tested In	: Serum	Reported On	: 08-May-2025 02:38 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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Thyroid Profile-I(TFT)

 T3 (Triiodothyronine) (Method: CLIA)	102.31	ng/dL	40-181
 T4 (Thyroxine) (Method: CLIA)	12.28	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone (Method: CLIA)	1.87	µIU/mL	0.50-8.9

Pregnancy & Cord Blood

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 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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