

Sagepath Labs Pvt. Ltd.

Registered Office:- # Plot No. 564, 1st floor, Buddhanagar, Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana.

ICMR Reg .No. SAPALAPVLHT (Covid -19)

Ph:- 040-40125441, Email:- info@sagepathlabs.com

PORT Website:- www.sagepathlabs.com

- REPORT

Name : Mrs. ANURADHA Sample ID : 24863700

Age/Gender : 37 Years/Female Reg. No : 0312310020066

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 02-Oct-2023 07:19 PM

Primary Sample : Whole Blood Received On : 02-Oct-2023 10:07 PM

Sample Tested In : Whole Blood EDTA Reported On : 03-Oct-2023 09:43 AM

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

HAEMATOLOGY							
Test Name	Results	Units	Ref. Range	Method			
COMPLETE BLOOD COUNT (CBC)							
Haemoglobin (Hb)	10.6	g/dL	12-15	Cynmeth Method			
RBC Count	3.68	10^12/L	4.5-5.5	Cell Impedence			
Haematocrit (HCT)	33.0	%	40-50	Calculated			
MCV	90	fl	81-101	Calculated			
MCH	28.8	pg	27-32	Calculated			
MCHC	32.1	g/dL	32.5-34.5	Calculated			
RDW-CV	14.6	%	11.6-14.0	Calculated			
Platelet Count (PLT)	120	10^9/L	150-410	Cell Impedance			
Total WBC Count	5.4	10^9/L	4.0-10.0	Impedance			
Neutrophils	64	%	40-70	Cell Impedence			
Absolute Neutrophils Count	3.46	10^9/L	2.0-7.0	Impedence			
Lymphocytes	27	%	20-40	Cell Impedence			
Absolute Lymphocyte Count	1.46	10^9/L	1.0-3.0	Impedence			
Monocytes	06	%	2-10	Microscopy			
Absolute Monocyte Count	0.32	10^9/L	0.2-1.0	Calculated			
Eosinophils	03	%	1-6	Microscopy			
Absolute Eosinophils Count	0.16	10^9/L	0.02-0.5	Calculated			
Basophils	00	%	1-2	Microscopy			
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated			
<u>Morphology</u>							
WBC	Normal count						
RBC	Normocytic normochromic						
Platelets	Mild Thrombocytopenia			Microscopy			
Result rechecked and verified for abr	normal cases						

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited











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REPOR

Name : Mrs. ANURADHA Sample ID : 24863699

Age/Gender : 37 Years/Female Reg. No : 0312310020066

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 02-Oct-2023 07:19 PM

Primary Sample : Whole Blood Received On : 02-Oct-2023 10:07 PM Sample Tested In : Serum Reported On : 02-Oct-2023 10:46 PM

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

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	117.32	ng/dL	70-204	CLIA	
T4 (Thyroxine)	9.6	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	2.86	ulU/ml	0.35-5.5	CLIA	

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.

Correlate Clinically.

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*** End Of Report ***







