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
Website:- www.sagepathlabs.com

# REPORT

| | | | |
|---|---|---|---|
| Name | : Mrs. U RAJESHWARI | Sample ID | : 24863763 |
| Age/Gender | : 56 Years/Female | Reg. No | : 0312310090032 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 09-Oct-2023 10:54 AM |
| Primary Sample | : Whole Blood | Received On | : 09-Oct-2023 11:58 AM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 09-Oct-2023 12:14 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## HAEMATOLOGY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Complete Blood Picture(CBP)** | | | | |
| Haemoglobin (Hb) | **8.7** | g/dL | 12-15 | Cynmeth Method |
| Haematocrit (HCT) | **28.0** | % | 40-50 | Calculated |
| RBC Count | **4.04** | 10^12/L | 4.5-5.5 | Cell Impedence |
| MCV | **69** | fl | 81-101 | Calculated |
| MCH | **21.5** | pg | 27-32 | Calculated |
| MCHC | **31.0** | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | **15.2** | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 155 | 10^9/L | 150-410 | Cell Impedance |
| Total WBC Count | 5.5 | 10^9/L | 4.0-10.0 | Impedance |
| **Differential Leucocyte Count (DC)** | | | | |
| Neutrophils | 50 | % | 40-70 | Cell Impedence |
| Lymphocytes | 40 | % | 20-40 | Cell Impedence |
| Monocytes | 06 | % | 2-10 | Microscopy |
| Eosinophils | 04 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 2.75 | 10^9/L | 2.0-7.0 | Impedence |
| Absolute Lymphocyte Count | 2.2 | 10^9/L | 1.0-3.0 | Impedence |
| Absolute Monocyte Count | 0.33 | 10^9/L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.22 | 10^9/L | 0.02-0.5 | Calculated |
| Absolute Basophil lCount | 0.00 | 10^9/L | 0.0-0.3 | Calculated |
| Morphology | Anisocytosis with Microcytic hypochromic anemia | | | PAPs Staining |

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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|---|---|---|---|
| Name | : Mrs. U RAJESHWARI | Sample ID | : 24863764 |
| Age/Gender | : 56 Years/Female | Reg. No | : 0312310090032 |
| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 09-Oct-2023 10:54 AM |
| Primary Sample | : Whole Blood | Received On | : 09-Oct-2023 12:04 PM |
| Sample Tested In | : Serum | Reported On | : 09-Oct-2023 01:28 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

## CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|---|---|---|---|---|
| **Creatinine -Serum** | **1.55** | mg/dL | 0.60-1.10 | Sarcosine oxidase |

**Interpretation:**

- This test is done to see how well your kidneys are working.Creatinine is a chemical waste product of creatine. Creatine is a chemical made by the body and is used to supply energy mainly to muscles.
- **A higher than normal level may be due to:**
- Renal diseases and insufficiency with decreased glomerular filtration, urinary tract obstruction, reduced renal blood flow including congestive heart failure, shock, and dehydration; rhabdomyolysis can cause elevated serum creatinine.
- **A lower than normal level may be due to:**
- Small stature, debilitation, decreased muscle mass; some complex cases of severe hepatic disease can cause low serum creatinine levels. In advanced liver disease, low creatinine may result from decreased hepatic production of creatinine and inadequate dietary protein as well as reduced musle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

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MD BIOCHEMISTRY

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| Referred by | : Dr. SELF | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 09-Oct-2023 10:54 AM |
| Primary Sample | : Whole Blood | Received On | : 09-Oct-2023 12:04 PM |
| Sample Tested In | : Serum | Reported On | : 09-Oct-2023 01:03 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)** | 89.66 | ng/dL | 40-181 | CLIA |
| **T4 (Thyroxine)** | 10.2 | µg/dL | 3.2-12.6 | CLIA |
| **TSH -Thyroid Stimulating Hormone** | 0.35 | µIU/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 ***

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