

REPORT

| | | | |
|--------------------|--------------------------------------|---------------|------------------------|
| Name | : Mrs. MUBEENA | Sample ID | : 24854724 |
| Age/Gender | : 29 Years/Female | Reg. No | : 0312310140029 |
| Referred by | : Dr. A ARCHANA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 14-Oct-2023 12:39 PM |
| Primary Sample | : Whole Blood | Received On | : 14-Oct-2023 03:09 PM |
| Sample Tested In | : Whole Blood EDTA | Reported On | : 14-Oct-2023 04:19 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) | 11.6 | g/dL | 13-17 | Cynmeth Method |
| Haematocrit (HCT) | 35.6 | % | 40-50 | Calculated |
| RBC Count | 4.53 | 10 ¹² /L | 4.5-5.5 | Cell Impedance |
| MCV | 79 | fl | 81-101 | Calculated |
| MCH | 25.6 | pg | 27-32 | Calculated |
| MCHC | 32.5 | g/dL | 32.5-34.5 | Calculated |
| RDW-CV | 13.8 | % | 11.6-14.0 | Calculated |
| Platelet Count (PLT) | 310 | 10 ⁹ /L | 150-410 | Cell Impedance |
| Total WBC Count | 6.8 | 10 ⁹ /L | 4.0-10.0 | Impedance |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils | 59 | % | 40-70 | Cell Impedance |
| Lymphocytes | 37 | % | 20-40 | Cell Impedance |
| Monocytes | 02 | % | 2-10 | Microscopy |
| Eosinophils | 02 | % | 1-6 | Microscopy |
| Basophils | 0 | % | 1-2 | Microscopy |
| Absolute Neutrophils Count | 4.01 | 10 ⁹ /L | 2.0-7.0 | Impedance |
| Absolute Lymphocyte Count | 2.52 | 10 ⁹ /L | 1.0-3.0 | Impedance |
| Absolute Monocyte Count | 0.14 | 10 ⁹ /L | 0.2-1.0 | Calculated |
| Absolute Eosinophils Count | 0.14 | 10 ⁹ /L | 0.02-0.5 | Calculated |
| Absolute Basophil ICount | 0.00 | 10 ⁹ /L | 0.0-0.3 | Calculated |
| Morphology | Normocytic normochromic blood picture | | | PAPs Staining |

Result rechecked and verified for abnormal cases

*** End Of Report ***

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*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

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Swarnabala .M
DR.SWARNABALA
MD PATHOLOGY

REPORT

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| Age/Gender | : 29 Years/Female | Reg. No | : 0312310140029 |
| Referred by | : Dr. A ARCHANA | SPP Code | : SPL-CV-172 |
| Referring Customer | : V CARE MEDICAL DIAGNOSTICS | Collected On | : 14-Oct-2023 12:39 PM |
| Primary Sample | : Whole Blood | Received On | : 14-Oct-2023 03:09 PM |
| Sample Tested In | : Whole Blood EDTA, Serum | Reported On | : 14-Oct-2023 05:02 PM |
| Client Address | : Kimtee colony ,Gokul Nagar,Tarnaka | Report Status | : Final Report |

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Ref. Range | Method |
|------------------------------------|---------|-------|--|------------|
| Glycated Hemoglobin (HbA1c) | 6.0 | % | Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5 | HPLC |
| Mean Plasma Glucose | 125.5 | mg/dL | | Calculated |

Interpretation:

- 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

PRL(Prolactin) 6.61 ng/mL Refer Table CLIA

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)

*** End Of Report ***

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Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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| Primary Sample | : Whole Blood | Received On | : 14-Oct-2023 03:09 PM |
| Sample Tested In | : Serum | Reported On | : 14-Oct-2023 04:54 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) | 114.36 | ng/dL | 70-204 | CLIA |
| T4 (Thyroxine) | 9.5 | µg/dL | 3.2-12.6 | CLIA |
| TSH -Thyroid Stimulating Hormone | 3.85 | 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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