SagePath®
Excellence In Health Care

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. RAJESHWARI	Sample ID	: 24753470
Age/Gender	: 27 Years/Female	Reg. No	: 0312311070032
Referred by	: Dr. V. Anasuya Reddy (Chandra Hospital)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Nov-2023 10:28 AM
Primary Sample	: Whole Blood	Received On	: 07-Nov-2023 01:01 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 07-Nov-2023 01:49 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)	**9.9**	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	**30.1**	%	40-50	Calculated
RBC Count	**4.03**	10^12/L	4.5-5.5	Cell Impedence
MCV	**75**	fl	81-101	Calculated
MCH	**24.5**	pg	27-32	Calculated
MCHC	**32.0**	g/dL	32.5-34.5	Calculated
RDW-CV	**16.9**	%	11.6-14.0	Calculated
Platelet Count (PLT)	404	10^9/L	150-410	Cell Impedance
Total WBC Count	9.3	10^9/L	4.0-10.0	Impedance
Differential Leucocyte Count (DC)				
Neutrophils	70	%	40-70	Cell Impedence
Lymphocytes	20	%	20-40	Cell Impedence
Monocytes	06	%	2-10	Microscopy
Eosinophils	04	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	6.51	10^9/L	2.0-7.0	Impedence
Absolute Lymphocyte Count	1.86	10^9/L	1.0-3.0	Impedence
Absolute Monocyte Count	0.56	10^9/L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.37	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

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited

MC 3633

*TESTS CONDUCTED @ CENTRAL LAB, HYDERABAD

Swarnabala - M
DR.SWARNA BALA
MD PATHOLOGY

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REPORT

Name	: Mrs. RAJESHWARI	Sample ID	: 24753472
Age/Gender	: 27 Years/Female	Reg. No	: 0312311070032
Referred by	: Dr. V. Anasuya Reddy (Chandra Hospital)	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 07-Nov-2023 10:28 AM
Primary Sample	: Whole Blood	Received On	: 07-Nov-2023 01:01 PM
Sample Tested In	: Serum	Reported On	: 07-Nov-2023 02:14 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)	101.23	ng/dL	70-204	CLIA
T4 (Thyroxine)	10.2	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	2.31	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 ***

MC 3633

DR.VAISHNAVI
MD BIOCHEMISTRY