

**REPORT**

Name	: Mrs. DIVYA	Sample ID	: A0012562
Age/Gender	: 28 Years/Female	Reg. No	: 0312401050052
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jan-2024 07: 42 PM
Primary Sample	: Whole Blood	Received On	: 05-Jan-2024 09: 44 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 05-Jan-2024 10: 35 PM
Client Address	: Kimtee colony ,Gokul Nagar, Tarnaka	Report Status	: Final Report

**HAEMATOLOGY**

Test Name	Results	Units	Ref. Range	Method
<b>Complete Blood Picture(CBP)</b>				
Haemoglobin (Hb)	13.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	40.8	%	40-50	Calculated
RBC Count	4.84	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	84	fl	81-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	32.7	g/dL	32.5-34.5	Calculated
RDW-CV	12.7	%	11.6-14.0	Calculated
Platelet Count (PLT)	334	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	<b>11.8</b>	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	52	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	05	%	2-10	Microscopy
Eosinophils	03	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	6.14	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	<b>4.72</b>	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.59	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.35	10 <sup>9</sup> /L	0.02-0.5	Calculated
Absolute Basophil ICount	0.00	10 <sup>9</sup> /L	0.0-0.3	Calculated
Morphology	Normocytic normochromic with Leucocytosis			PAPs Staining



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

**REPORT**

Name	: Mrs. DIVYA	Sample ID	: A0012648
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 05-Jan-2024 07: 42 PM
Primary Sample	: Whole Blood	Received On	: 05-Jan-2024 09: 44 PM
Sample Tested In	: Serum	Reported On	: 05-Jan-2024 11:01 PM
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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Vitamin- B12 (cyanocobalamin)</b>	429	pg/mL	200-911	CLIA

**Interpretation:**

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

**Causes of vitamin B12 deficiency include: Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

<b>Progesterone</b>	0.28	ng/mL	Refer Table	CLIA
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**Interpretation:**

Age	Reference Range: Male (ng/mL)	Reference Range: Female (ng/mL)
<b>Pre Puberty Child</b>		
1-10 Years	0.07-0.52	0.07-0.52
<b>Puberty Tanner Stage</b>		
1	< 0.10-0.33	< 0.10-0.33
2	< 0.10-0.33	< 0.10-0.55
3	< 0.10-0.48	< 0.10-4.5
4	< 0.10-1.08	< 0.10-13.0
5	0.21-0.82	0.10-9.5
<b>Adult</b>	0.28-1.22	
Follicular Phase	----	0.15-1.40
Luteal Phase	----	3.34-25.56
Mid luteal phase		4.44-28.03
Postmenopausal	----	0.15-0.73
Pregnant	----	First trimester :11.22-90.00 Second trimester:25.55-89.40 Third trimester:48.40-422.50

- Serum progesterone is a test to measure the amount of progesterone in the blood. Progesterone is a hormone produced mainly in the ovaries. Progesterone plays a key role in pregnancy. It is produced after ovulation in the second half of the menstrual cycle. It helps make a woman's uterus ready for a fertilized egg to be implanted. It also prepares the uterus for pregnancy by inhibiting the uterine muscle to contract and the breasts for milk production.



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
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Result rechecked and verified for abnormal cases

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Estradiol-(eE2)</b>	50.84	pg/mL	Refer Table	CLIA

Age	Reference Range: Male(pg/mL)	Reference Range: Female(pg/mL)
0-1 Yr	< 19.88 - 52.50	< 19.88 - 52.50
1-8 Yr	<19.88	<19.88
<b>Puberty Tanner Stage</b>		
1	3-15	5-10
2	3-10	5-115
3	5-15	5-180
4	3-40	25-345
5	15-45	25-410
<b>Adult</b>	0-39.8	
Follicular Phase	----	19.5-144.2
Midcycle Peak	----	63.9-356.7
Luteal Phase	----	55.8-214.2
Postmenopausal	----	0-32.0

An estradiol test measures the amount of a hormone called estradiol in the blood. Estradiol is one of the main types of estrogens.

In women, most estradiol is released from the ovaries and adrenal glands. It is also released by the placenta during pregnancy. Estradiol is also produced in other body tissues, such as skin, fat, cells bone, brain, and liver. Estradiol plays a role in:

- Growth of the womb (uterus), fallopian tubes, and vagina
  - Breast development
  - Menopause
  - In men, a small amount of estradiol is mainly released by the testes. Estradiol helps prevent sperm from dying too early.
- This test may be ordered to check:
- How well your ovaries, placenta, or adrenal glands work
  - If you have signs of an ovarian tumor
  - If your periods have stopped (levels of estradiol vary, depending on the time of month)

\*\*\* End Of Report \*\*\*

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	133.21	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	9.0	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	3.28	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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