

Sagepath Labs Pvt. Ltd.

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

REPORT

Name : Mrs. CH LALITHA Sample ID : A0013148

Age/Gender : 60 Years/Female Reg. No : 0312401300031

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

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 30-Jan-2024 12:27 PM

Primary Sample : Whole Blood Received On : 30-Jan-2024 04:27 PM
Sample Tested In : Whole Blood EDTA Reported On : 30-Jan-2024 08:05 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)	6.5	g/dL	12-15	Cynmeth Method		
Haematocrit (HCT)	20.5	%	40-50	Calculated		
RBC Count	2.07	10^12/L	4.5-5.5	Cell Impedence		
MCV	99	fl	81-101	Calculated		
MCH	31.6	pg	27-32	Calculated		
MCHC	31.9	g/dL	32.5-34.5	Calculated		
RDW-CV	19.2	%	11.6-14.0	Calculated		
Platelet Count (PLT)	120	10^9/L	150-410	Cell Impedance		
Total WBC Count	7.1	10^9/L	4.0-10.0	Impedance		
Differential Leucocyte Count (DC)						
Neutrophils	90	%	40-70	Cell Impedence		
Lymphocytes	06	%	20-40	Cell Impedence		
Monocytes	02	%	2-10	Microscopy		
Eosinophils	02	%	1-6	Microscopy		
Basophils	0	%	1-2	Microscopy		
Absolute Neutrophils Count	6.39	10^9/L	2.0-7.0	Impedence		
Absolute Lymphocyte Count	0.43	10^9/L	1.0-3.0	Impedence		
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	Severe and	emia Neutrophi	lia Mild Thrombocytopenia	PAPs Staining		

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited







Swarnabala - M DR.SWARNA BALA MD PATHOLOGY



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REPORT

Name: Mrs. CH LALITHASample ID: A0013145Age/Gender: 60 Years/FemaleReg. No: 0312401300031

Referred by : Dr. SELF SPP Code : SPL-CV-172
Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 30-Jan-2024

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 30-Jan-2024 12:27 PM Primary Sample : Whole Blood Received On : 30-Jan-2024 04:27 PM

Sample Tested In : Serum Reported On : 30-Jan-2024 07:07 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)	33.16	ng/dL	40-181	CLIA	
T4 (Thyroxine)	2.8	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	37.10	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.

Result rechecked and verified for abnormal cases

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*** End Of Report ***







DR.VAISHNAVI MD BIOCHEMISTRY