

REPORT

Name	: Mrs. KRANTI	Sample ID	: 24863943
Age/Gender	: 48 Years/Female	Reg. No	: 0312404040007
Referred by	: Dr. GOUTAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2024 12:36 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 04-Apr-2024 01:35 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)	13.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	39.9	%	40-50	Calculated
RBC Count	4.36	10 ¹² /L	4.5-5.5	Cell Impedence
MCV	92	fl	81-101	Calculated
MCH	30.6	pg	27-32	Calculated
MCHC	33.4	g/dL	32.5-34.5	Calculated
RDW-CV	13.9	%	11.6-14.0	Calculated
Platelet Count (PLT)	248	10 ⁹ /L	150-410	Cell Impedence
Total WBC Count	6.3	10 ⁹ /L	4.0-10.0	Impedence
Differential Leucocyte Count (DC)				
Neutrophils	54	%	40-70	Cell Impedence
Lymphocytes	40	%	20-40	Cell Impedence
Monocytes	04	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	00	%	1-2	Microscopy
Absolute Neutrophils Count	3.4	10 ⁹ /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.52	10 ⁹ /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.25	10 ⁹ /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.13	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



Swannabala - M
DR.SWARNA BALA
MD PATHOLOGY

REPORT

Name	: Mrs. KRANTI	Sample ID	: 24863951, 24863944
Age/Gender	: 48 Years/Female	Reg. No	: 0312404040007
Referred by	: Dr. GOUTAM	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2024 12:36 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 04-Apr-2024 01:45 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Ref. Range	Method
Glucose Random (RBS)	76	mg/dL	70-140	Hexokinase (HK)

Interpretation of Plasma Glucose based on ADA guidelines 2018

Diagnosis	Fasting Plasma Glucose(mg/dL)	2hrs Plasma Glucose(mg/dL)	HbA1c(%)	RBS(mg/dL)
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	> = 6.5	>=200(with symptoms)

Reference: Diabetes care 2018:41(suppl.1):S13-S27

- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

Creatinine -Serum	0.70	mg/dL	0.60-1.10	Sarcosine oxidase
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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 muscle mass.

Result rechecked and verified for abnormal cases

*** End Of Report ***

Laboratory is NABL Accredited



Dr. Vaishnavi
DR. VAISHNAVI
MD BIOCHEMISTRY

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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 04-Apr-2024 08:16 AM
Primary Sample	: Whole Blood	Received On	: 04-Apr-2024 12:36 PM
Sample Tested In	: Serum	Reported On	: 04-Apr-2024 01:19 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)	114.85	ng/dL	70-204	CLIA
T4 (Thyroxine)	9.2	µg/dL	3.2-12.6	CLIA
TSH -Thyroid Stimulating Hormone	5.29	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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