

**REPORT**

Name	: Mrs. SURYA BHAVANI	Sample ID	: 24864487
Age/Gender	: 33 Years/Female	Reg. No	: 0312404300002
Referred by	: Dr. PADMA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 30-Apr-2024 08:42 AM
Primary Sample	: Whole Blood	Received On	: 30-Apr-2024 01:11 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 30-Apr-2024 02:24 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)	12.3	g/dL	12-15	Cynmeth Method
Haematocrit (HCT)	<b>37.7</b>	%	40-50	Calculated
RBC Count	<b>4.40</b>	10 <sup>12</sup> /L	4.5-5.5	Cell Impedence
MCV	86	fl	81-101	Calculated
MCH	28.0	pg	27-32	Calculated
MCHC	32.6	g/dL	32.5-34.5	Calculated
RDW-CV	13.0	%	11.6-14.0	Calculated
Platelet Count (PLT)	282	10 <sup>9</sup> /L	150-410	Cell Impedence
Total WBC Count	8.6	10 <sup>9</sup> /L	4.0-10.0	Impedence
<b>Differential Leucocyte Count (DC)</b>				
Neutrophils	65	%	40-70	Cell Impedence
Lymphocytes	30	%	20-40	Cell Impedence
Monocytes	03	%	2-10	Microscopy
Eosinophils	02	%	1-6	Microscopy
Basophils	0	%	1-2	Microscopy
Absolute Neutrophils Count	5.59	10 <sup>9</sup> /L	2.0-7.0	Impedence
Absolute Lymphocyte Count	2.58	10 <sup>9</sup> /L	1.0-3.0	Impedence
Absolute Monocyte Count	0.26	10 <sup>9</sup> /L	0.2-1.0	Calculated
Absolute Eosinophils Count	0.17	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 blood picture.			PAPs Staining



Swannabala - M  
DR.SWARNA BALA  
MD PATHOLOGY

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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Beta- Human Chorionic Gonodotropin Hormone</b>	0.70	mIU/mL	Refer to Interpretation	CLIA

**Interpretation:**

- A quantitative human chorionic gonadotropin (HCG) test measures the specific level of HCG in the blood. HCG is a hormone produced in the body during pregnancy.
- HCG appears in the blood and urine of pregnant women as early as 10 days after conception. Quantitative HCG measurement helps determine the exact age of the fetus. It can also assist in the diagnosis of abnormal pregnancies, such as ectopic pregnancies, molar pregnancies, and possible miscarriages. It is also used as part of a screening test for Down syndrome.
- This test is also done to diagnose abnormal conditions not related to pregnancy that can raise HCG level.

Non Pregnant Females: < 10.0 mIU/mL

Post Menopausal Females: < 10.0 mIU/mL

**Pregnancy**

Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)	Gestational Age and Expected hCG Values (mIU/mL)
0.2-1 weeks: 10-50	1-2 weeks : 50-500	2-3 weeks : 500-10,000
3-4 weeks : 1000-50,000	5-6 weeks : 10,000-100,000	6-8 weeks : 15,000-200,000
2-3 months : 10,000-100,000		

Result rechecked and verified for abnormal cases

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

Laboratory is NABL Accredited



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**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Ref. Range	Method
<b>Thyroid Profile-I(TFT)</b>				
<b>T3 (Triiodothyronine)</b>	132.65	ng/dL	70-204	CLIA
<b>T4 (Thyroxine)</b>	9.0	µg/dL	3.2-12.6	CLIA
<b>TSH -Thyroid Stimulating Hormone</b>	2.78	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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