

# 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. PRAVALIKASample ID: 24864551Age/Gender: 29 Years/FemaleReg. No: 0312405090020Referred by: Dr. SELFSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 09-May-2024 11:49 AM
Primary Sample : Whole Blood EDTA Reported On : 09-May-2024 01:00 PM
: 09-May-2024 01:00 PM
: 09-May-2024 03:36 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)	12.3	g/dL	12-15	Cynmeth Method		
Haematocrit (HCT)	37.5	%	40-50	Calculated		
RBC Count	4.62	10^12/L	4.5-5.5	Cell Impedence		
MCV	81	fl	81-101	Calculated		
MCH	26.6	pg	27-32	Calculated		
MCHC	32.8	g/dL	32.5-34.5	Calculated		
RDW-CV	14.8	%	11.6-14.0	Calculated		
Platelet Count (PLT)	277	10^9/L	150-410	Cell Impedance		
Total WBC Count	11.7	10^9/L	4.0-10.0	Impedance		
Differential Leucocyte Count (DC)						
Neutrophils	70	%	40-70	Cell Impedence		
Lymphocytes	25	%	20-40	Cell Impedence		
Monocytes	03	%	2-10	Microscopy		
Eosinophils	02	%	1-6	Microscopy		
Basophils	0	%	1-2	Microscopy		
Absolute Neutrophils Count	8.19	10^9/L	2.0-7.0	Impedence		
Absolute Lymphocyte Count	2.93	10^9/L	1.0-3.0	Impedence		
Absolute Monocyte Count	0.35	10^9/L	0.2-1.0	Calculated		
Absolute Eosinophils Count	0.23	10^9/L	0.02-0.5	Calculated		
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated		
Morphology	Normocytic	normochromic	with Leucocytosis	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. PRAVALIKA Sample ID : 24864552

Age/Gender : 29 Years/Female Reg. No : 0312405090020

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

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 09-May-2024 11:49 AM Primary Sample : Whole Blood Received On : 09-May-2024 12:50 PM

Sample Tested In : Serum Reported On : 09-May-2024 04:57 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

### **CLINICAL BIOCHEMISTRY**

<u> </u>					
Test Name	Results	Units	Ref. Range	Method	
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	155.15	ng/dL	70-204	CLIA	
T4 (Thyroxine)	5.7	μg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	0.05	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 \*\*\*







