

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)

	REPOR	T	
Name	: Mrs. P PRETHI	Sample ID	: A0643606
Age/Gender	: 25 Years/Female	Reg. No	: 0312407020021
Referred by	: Dr. SAI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Jul-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 02-Jul-2024 12:55 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 02-Jul-2024 01:01 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report

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HAEMATOLOGY					
Test Name	Results	Units	Ref. Range	Method	
Complete Blood Picture(CBP)					
Haemoglobin (Hb)	10.9	g/dL	12-15	Cynmeth Method	
Haematocrit (HCT)	32.5	%	40-50	Calculated	
RBC Count	3.88	10^12/L	3.8-4.8	Cell Impedence	
MCV	84	fl	81-101	Calculated	
MCH	28.0	pg	27-32	Calculated	
MCHC	33.5	g/dL	32.5-34.5	Calculated	
RDW-CV	14.0	%	11.6-14.0	Calculated	
Platelet Count (PLT)	334	10^9/L	150-410	Cell Impedance	
Total WBC Count	6.2	10^9/L	4.0-10.0	Impedance	
Differential Leucocyte Count (DC)					
Neutrophils	57	%	40-70	Cell Impedence	
Lymphocytes	37	%	20-40	Cell Impedence	
Monocytes	04	%	2-10	Microscopy	
Eosinophils	02	%	1-6	Microscopy	
Basophils	00	%	1-2	Microscopy	
Absolute Neutrophils Count	3.53	10^9/L	2.0-7.0	Impedence	
Absolute Lymphocyte Count	2.29	10^9/L	1.0-3.0	Impedence	
Absolute Monocyte Count	0.25	10^9/L	0.2-1.0	Calculated	
Absolute Eosinophils Count	0.12	10^9/L	0.02-0.5	Calculated	
Absolute Basophil ICount	0.00	10^9/L	0.0-0.3	Calculated	
Morphology	Normocytic r	normochromic		PAPs Staining	
Desult rechecked and verified for abnorr	nal aasaa				

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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-	REF		
Name	: Mrs. P PRETHI	Sample ID	: A0643604
Age/Gender	: 25 Years/Female	Reg. No	: 0312407020021
Referred by	: Dr. SAI LATHA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 02-Jul-2024 11:32 AM
Primary Sample	: Whole Blood	Received On	: 02-Jul-2024 01:02 PM
Sample Tested In	: Serum	Reported On	: 02-Jul-2024 02:39 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)	95.66	ng/dL	70-204	CLIA	
T4 (Thyroxine)	5.9	µg/dL	3.2-12.6	CLIA	
TSH -Thyroid Stimulating Hormone	14.19	µIU/mL	0.35-5.5	CLIA	

Pregnancy & Cord Blood		
T3 (Triiodothyronine):	T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 81-190 ng	g/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	g/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 Laboratory is NABL Accredited

*** End Of Report ***





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