










**LABORATORY TEST REPORT**

Name	: Mrs. NAVANEETHA		
Sample ID	: A0787625		
Age/Gender	: 34 Years/Female	Reg. No	: 0312410140005
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Oct-2024 07:51 AM
Primary Sample	: Whole Blood	Received On	: 14-Oct-2024 01:00 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 14-Oct-2024 01:31 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report












**HAEMATOLOGY**

Test Name	Results	Units	Biological Reference Interval
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**Complete Blood Picture(CBP)**

 <b>Haemoglobin (Hb)</b> (Method: Cymeth Method)	12.3	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>37.6</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>4.92</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>76</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>25.0</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	32.6	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>15.5</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	288	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	6.0	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	67	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	27	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	04	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	02	%	1-6
 <b>Basophils</b> (Method: Microscopy)	00	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	4.02	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	1.62	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	0.24	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	0.12	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	0.00	10 <sup>9</sup> /L	0.0-0.3

**Morphology**

(Method: PAPS Staining)

Anisocytosis with Normocytic normochromic



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Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Oct-2024 07:51 AM
Primary Sample	: Whole Blood	Received On	: 14-Oct-2024 01:00 PM
Sample Tested In	: Plasma-NaF(R)	Reported On	: 14-Oct-2024 01:38 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**
**GLUCOSE RANDOM (RBS)**

Test Name	Results	Units	Biological Reference Interval
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Glucose Random (RBS) 140 mg/dL 70-140

(Method: 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.

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

Excellence In Health Care



*Dr. Vaishnavi*  
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 MD BIOCHEMISTRY

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**LABORATORY TEST REPORT**








Name	: Mrs. NAVANEETHA		
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Age/Gender	: 34 Years/Female	Reg. No	: 0312410140005
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Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 14-Oct-2024 07:51 AM
Primary Sample	: Whole Blood	Received On	: 14-Oct-2024 01:00 PM
Sample Tested In	: Serum	Reported On	: 14-Oct-2024 02:04 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report



**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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**Kidney Profile-KFT**

 Creatinine (Method: Jaffes Kinetic)	<b>0.51</b>	mg/dL	0.60-1.10
 Urea-Serum (Method: Calculated)	17.4	mg/dL	12.8-42.8
 Blood Urea Nitrogen (BUN) (Method: Calculated)	8.14	mg/dL	7.0-18.0
BUN / Creatinine Ratio	15.96		6 - 22
 Uric Acid (Method: Uricase)	3.60	mg/dL	2.6-6.0
 Sodium (Method: ISE Direct)	138	mmol/L	135-150
 Potassium (Method: ISE Direct)	4.5	mmol/L	3.5-5.0
 Chloride (Method: ISE Direct)	99	mmol/L	94-110

**Interpretation:**

- The kidneys, located in the retroperitoneal space in the abdomen, are vital for patient health. They process several hundred liters of fluid a day and remove around two liters of waste products from the bloodstream. The volume of fluid that passes through the kidneys each minute is closely linked to cardiac output. The kidneys maintain the body's balance of water and concentration of minerals such as sodium, potassium, and phosphorus in blood and remove waste by-products from the blood after digestion, muscle activity and exposure to chemicals or medications. They also produce renin which helps regulate blood pressure, produce erythropoietin which stimulates red blood cell production, and produce an active form of vitamin D, needed for bone health.

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



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Primary Sample	: Whole Blood	Received On	: 14-Oct-2024 01:00 PM
Sample Tested In	: Serum	Reported On	: 14-Oct-2024 01:44 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


**CLINICAL BIOCHEMISTRY**

Test Name	Results	Units	Biological Reference Interval
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**Thyroid Profile-I(TFT)**

 <b>T3 (Triiodothyronine)</b> <small>(Method: CLIA)</small>	123.63	ng/dL	70-204
 <b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	5.6	µg/dL	3.2-12.6
 <b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	3.62	µIU/mL	0.35-5.5

**Pregnancy & Cord Blood**

<b>T3 (Triiodothyronine):</b>	<b>T4 (Thyroxine)</b>	<b>TSH (Thyroid Stimulating Hormone)</b>
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.

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



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