

Lab Address:- # Plot No. 564 , 1st floor , Buddhanagar , Near Sai Baba Temple Peerzadiguda Boduppal Hyderabad, Telangana. ICMR Reg .No. SAPALAPVLHT (Covid -19)

LABORATORY TEST REPORT

Name : Mr. HUSSAIN Sample ID : A1307885

Age/Gender: 27 Years/MaleReg. No: 0312411290033Referred by: Dr. SELFSPP Code: SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 29-Nov-2024 07:08 PM Primary Sample : Whole Blood Received On : 29-Nov-2024 10:12 PM

Sample Tested In : Whole Blood EDTA Reported On : 29-Nov-2024 10:21 PM

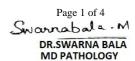
Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

HAEMATOLOGY				
Test Name Results Units Biological Reference Interval				
Complete Blood Bisture (CBB)				
Complete Blood Picture(CBP)	15.8	a/dl	13-17	
Haemoglobin (Hb) (Method: Cynmeth Method)		g/dL		
Haematocrit (HCT) (Method: Calculated)	47.5	%	40-50	
RBC Count (Method: Cell Impedence)	5.49	10^12/L	4.5-5.5	
MCV (Method: Calculated)	86	fl	81-101	
MCH (Method: Calculated)	28.8	pg	27-32	
MCHC (Method: Calculated)	33.3	g/dL	32.5-34.5	
RDW-CV (Method: Calculated)	12.9	%	11.6-14.0	
(Method: Cell Impedance)	319	10^9/L	150-410	
Total WBC Count (Method: Impedance)	8.9	10^9/L	4.0-10.0	
Differential Leucocyte Count (DC)				
Neutrophils (Method: Cell Impedence)	62	%	40-70	
Lymphocytes (Method: Cell Impedence)	33	%	20-40	
Monocytes (Method: Microscopy)	03	%	2-10	
Eosinophils (Method: Microscopy)	02	%	1-6	
Basophils (Method: Microscopy)	00	%	1-2	
Absolute Neutrophils Count (Method: Impedence)	5.52	10^9/L	2.0-7.0	
Absolute Lymphocyte Count (Method: Impedence)	2.94	10^9/L	1.0-3.0	
Absolute Monocyte Count (Method: Calculated)	0.27	10^9/L	0.2-1.0	
Absolute Eosinophils Count (Method: Calculated)	0.18	10^9/L	0.02-0.5	
(Method: Calculated)	0.00	10^9/L	0.0-0.3	
Morphology (Method: PAPs Staining)	Normocytic n	ormochromic		









*** End Of Report ***





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: 29-Nov-2024 07:08 PM

LABORATORY REPORT

Name : Mr. HUSSAIN Sample ID : A1307885 Age/Gender : 27 Years/Male

: 0312411290033 Reg. No SPP Code : SPL-CV-172

Collected On

Referred by : Dr. SELF Referring Customer: V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood Received On : 29-Nov-2024 10:12 PM Sample Tested In : Whole Blood EDTA Reported On : 29-Nov-2024 11:19 PM

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

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HAEMATOLOGY				
Test Name	Results	Units	Biological Reference Interval	
Erythrocyte Sedimentation Rate (ESR)	7	mm/hr	10 or less	













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LABORATORY TEST REPORT

Name : Mr. HUSSAIN Sample ID : A1307886

Age/Gender : 27 Years/Male

Referred by : Dr. SELF

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Primary Sample : Whole Blood
Sample Tested In : Plasma-NaF(R)

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

No : 0312411290033

Reg. No : 0312411290

SPP Code : SPL-CV-172 Collected On : 29-Nov-2024 07:08 PM

Received On : 29-Nov-2024 10:27 PM

Reported On : 29-Nov-2024 11:07 PM

Report Status : Final Report

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name	Results	Units	Biological Reference Interval

Glucose Random (RBS)

107

mg/dL

70-140

Interpretation of Plasma Glucose based on ADA guidelines 2018

	1 3	2hrsPlasma Glucose(mg/dL)	HbA1c(%) RBS(mg/dL)	
Prediabetes	100-125	140-199	5.7-6.4	NA
Diabetes	> = 126	> = 200	I	>=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







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DR.VAISHNAVI
MD BIOCHEMISTRY





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LABORATORY TEST REPORT

Name : Mr. HUSSAIN Sample ID : A1307884

Reg. No : 0312411290033

Referred by : Dr. SELF

SPP Code : SPL-CV-172 Collected On : 29-Nov-2024 07:08 PM

Referring Customer : V CARE MEDICAL DIAGNOSTICS
Primary Sample : Whole Blood

Received On : 29-Nov-2024 10:27 PM

Sample Tested In : Serum

Age/Gender

Reported On : 29-Nov-2024 10:55 PM

Client Address : Kimtee colony ,Gokul Nagar,Tarnaka

: 27 Years/Male

Report Status : Final Report

CLINICAL BIOCHEMISTRY				
Test Name	Results	Units	Biological Reference Interval	
Thyroid Profile-I(TFT)				
T3 (Triiodothyronine)	127.81	ng/dL	70-204	
T4 (Thyroxine)	9.3	μg/dL	3.2-12.6	
TSH -Thyroid Stimulating Hormone (Method: CLIA)	1.28	μlU/mL	0.35-5.5	

Pregnancy & Cord Blood

T3 (Triiodothyronine):		T4 (Thyroxine)	TSH (Thyroid Stimulating Hormone)
First Trimester : 8	1-190 ng/dL	15 to 40 weeks:9.1-14.0 μg/dL	First Trimester : 0.24-2.99 µIU/mL
Second&Third Trimester :10	0-260 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 ***







