

LABORATORY TEST REPORT

Name	: Mr. PRADEEP BATHINI		
Sample ID	: A1309202		
Age/Gender	: 46 Years/Male	Reg. No	: 0312501150013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Jan-2025 02:19 PM
Primary Sample	: Whole Blood	Received On	: 15-Jan-2025 03:31 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Jan-2025 03:47 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)

 Haemoglobin (Hb) (Method: Cymmeth Method)	12.8	g/dL	13-17
 Haematocrit (HCT) (Method: Calculated)	44.5	%	40-50
 RBC Count (Method: Cell Impedance)	4.77	10 ¹² /L	4.5-5.5
 MCV (Method: Calculated)	93	fl	81-101
 MCH (Method: Calculated)	26.9	pg	27-32
 MCHC (Method: Calculated)	28.8	g/dL	32.5-34.5
 RDW-CV (Method: Calculated)	12.9	%	11.6-14.0
 Platelet Count (PLT) (Method: Cell Impedance)	248	10 ⁹ /L	150-410
 Total WBC Count (Method: Impedance)	4.8	10 ⁹ /L	4.0-10.0

Differential Leucocyte Count (DC)

 Neutrophils (Method: Cell Impedance)	70	%	40-70
 Lymphocytes (Method: Cell Impedance)	26	%	20-40
 Monocytes (Method: Microscopy)	02	%	2-10
 Eosinophils (Method: Microscopy)	02	%	1-6
 Basophils (Method: Microscopy)	00	%	1-2
 Absolute Neutrophils Count (Method: Impedance)	3.36	10 ⁹ /L	2.0-7.0
 Absolute Lymphocyte Count (Method: Impedance)	1.25	10 ⁹ /L	1.0-3.0
 Absolute Monocyte Count (Method: Calculated)	0.1	10 ⁹ /L	0.2-1.0
 Absolute Eosinophils Count (Method: Calculated)	0.1	10 ⁹ /L	0.02-0.5
 Absolute Basophil ICount (Method: Calculated)	0.00	10 ⁹ /L	0.0-0.3

 Morphology
(Method: PAPS Staining) Normocytic normochromic

*** End Of Report ***



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Primary Sample	: Whole Blood	Received On	: 15-Jan-2025 03:31 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 15-Jan-2025 04:13 PM
Client Address	: Kimtee colony ,Gokul Nagar,Tarnaka	Report Status	: Final Report


CLINICAL BIOCHEMISTRY

Test Name	Results	Units	Biological Reference Interval
Glycated Hemoglobin (HbA1c) (Method: HPLC)	5.5	%	Non Diabetic:< 5.7 Pre diabetic: 5.7-6.4 Diabetic:>= 6.5
Mean Plasma Glucose (Method: Calculated)	111.15	mg/dL	

Glycated hemoglobins (GHb), also called glycohemoglobins, are substances formed when glucose binds to hemoglobin, and occur in amounts proportional to the concentration of serum glucose. Since red blood cells survive an average of 120 days, the measurement of GHb provides an index of a person's average blood glucose concentration (glycemia) during the preceding 2-3 months. Normally, only 4% to 6% of hemoglobin is bound to glucose, while elevated glycohemoglobin levels are seen in diabetes and other hyperglycemic states Mean Plasma Glucose(MPG):This Is Mathematical Calculations Where Glycated Hb Can Be Correlated With Daily Mean Plasma Glucose Level

NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

INTERPRETATION

Method: Analyzer Fully automated HPLC platform.

Average Blood Glucose(eAG) (mg/dL)	Level of Control	Hemoglobin A1c (%)
421		14%
386		13%
350		12%
314		11%
279		10%
243		9%
208		8%
172	POOR	7%
136	GOOD	6%
101	EXCELLENT	5%

HbA1c values of 5.0- 6.5 percent indicate good control or an increased risk for developing diabetes mellitus. HbA1c values greater than 6.5 percent are diagnostic of diabetes mellitus. Diagnosis should be confirmed by repeating the HbA1c test.

NOTE: Hb F higher than 10 percent of total Hb may yield falsely low results. Conditions that shorten red cell survival, such as the presence of unstable hemoglobins like Hb SS, Hb CC, and Hb SC, or other causes of hemolytic anemia may yield falsely low results. Iron deficiency anemia may yield falsely high results.

*** End Of Report ***



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MD BIOCHEMISTRY

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LABORATORY TEST REPORT

Name	: Mr. PRADEEP BATHINI		
Sample ID	: A1309199		
Age/Gender	: 46 Years/Male	Reg. No	: 0312501150013
Referred by	: Dr. SELF	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 15-Jan-2025 02:19 PM
Primary Sample	: Whole Blood	Received On	: 15-Jan-2025 03:31 PM
Sample Tested In	: Serum	Reported On	: 15-Jan-2025 04:13 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)

 T3 (Triiodothyronine) (Method: CLIA)	107.89	ng/dL	70-204
 T4 (Thyroxine) (Method: CLIA)	9.3	µg/dL	3.2-12.6
 TSH -Thyroid Stimulating Hormone (Method: CLIA)	0.89	µIU/mL	0.35-5.5

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.

*** End Of Report ***



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