










**LABORATORY TEST REPORT**

Name	: Mrs. L LAKSHMI		
Sample ID	: A1309567		
Age/Gender	: 36 Years/Female	Reg. No	: 0312501280006
Referred by	: Dr. KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 09:12 AM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 01:03 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Jan-2025 03:22 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)	<b>7.8</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>29.7</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>4.77</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>62</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>16.4</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>26.2</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>18.4</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	<b>347</b>	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>6.9</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	<b>60</b>	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	<b>34</b>	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	<b>04</b>	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	<b>02</b>	%	1-6
 <b>Basophils</b> (Method: Microscopy)	<b>0</b>	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	<b>4.14</b>	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	<b>2.35</b>	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	<b>0.28</b>	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	<b>0.14</b>	10 <sup>9</sup> /L	0.02-0.5
 <b>Absolute Basophil ICount</b> (Method: Calculated)	<b>0.00</b>	10 <sup>9</sup> /L	0.0-0.3

**Morphology**  
 (Method: PAPs Staining)

Anisocytosis with Severe Microcytic hypochromic anemia



**LABORATORY TEST REPORT**

Name	: Mrs. L LAKSHMI		
Sample ID	: A1309570, A1309572		
Age/Gender	: 36 Years/Female	Reg. No	: 0312501280006
Referred by	: Dr. KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 09:12 AM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 01:09 PM
Sample Tested In	: Plasma-NaF(R), Serum	Reported On	: 28-Jan-2025 02:15 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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Glucose Random (RBS) 92 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.

Vitamin- B12 (cyanocobalamin) 434 pg/mL 200-911  
(Method: CLIA)

**Interpretation:**

This test is most often done when other blood tests suggest a condition called megaloblastic anemia. Pernicious anemia is a form of megaloblastic anemia caused by poor vitamin B12 absorption. This can occur when the stomach makes less of the substance the body needs to properly absorb vitamin B12.

**Causes of vitamin B12 deficiency include: Diseases that cause malabsorption**

- Lack of intrinsic factor, a protein that helps the intestine absorb vitamin B12
- Above normal heat production (for example, with hyperthyroidism)

**An increased vitamin B12 level is uncommon in:**

- Liver disease (such as cirrhosis or hepatitis)
- Myeloproliferative disorders (for example, polycythemia vera and chronic myelogenous leukemia)

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



*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**

**LABORATORY TEST REPORT**

Name	: Mrs. L LAKSHMI		
Sample ID	: A1309572		
Age/Gender	: 36 Years/Female	Reg. No	: 0312501280006
Referred by	: Dr. KRISHNA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 09: 12 AM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 01: 09 PM
Sample Tested In	: Serum	Reported On	: 28-Jan-2025 02: 24 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>	114.8	ng/dL	70-204
 <b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	9.5	µg/dL	3.2-12.6
 <b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	3.79	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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*Dr. Vaishnavi*  
**DR. VAISHNAVI**  
**MD BIOCHEMISTRY**