

**LABORATORY TEST REPORT**










Name	: Ms. LAKSHMI R		
Sample ID	: A1309600		
Age/Gender	: 24 Years/Female	Reg. No	: 0312501280049
Referred by	: Dr. VEDHIKA	SPP Code	: SPL-CV-172
Referring Customer	: V CARE MEDICAL DIAGNOSTICS	Collected On	: 28-Jan-2025 07:29 PM
Primary Sample	: Whole Blood	Received On	: 28-Jan-2025 10:48 PM
Sample Tested In	: Whole Blood EDTA	Reported On	: 28-Jan-2025 10:56 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>11.6</b>	g/dL	12-15
 <b>Haematocrit (HCT)</b> (Method: Calculated)	<b>40.0</b>	%	40-50
 <b>RBC Count</b> (Method: Cell Impedance)	<b>4.21</b>	10 <sup>12</sup> /L	3.8-4.8
 <b>MCV</b> (Method: Calculated)	<b>90</b>	fl	81-101
 <b>MCH</b> (Method: Calculated)	<b>27.5</b>	pg	27-32
 <b>MCHC</b> (Method: Calculated)	<b>32.5</b>	g/dL	32.5-34.5
 <b>RDW-CV</b> (Method: Calculated)	<b>13.2</b>	%	11.6-14.0
 <b>Platelet Count (PLT)</b> (Method: Cell Impedance)	<b>279</b>	10 <sup>9</sup> /L	150-410
 <b>Total WBC Count</b> (Method: Impedance)	<b>8.7</b>	10 <sup>9</sup> /L	4.0-10.0

**Differential Leucocyte Count (DC)**

 <b>Neutrophils</b> (Method: Cell Impedance)	<b>65</b>	%	40-70
 <b>Lymphocytes</b> (Method: Cell Impedance)	<b>25</b>	%	20-40
 <b>Monocytes</b> (Method: Microscopy)	<b>06</b>	%	2-10
 <b>Eosinophils</b> (Method: Microscopy)	<b>04</b>	%	1-6
 <b>Basophils</b> (Method: Microscopy)	<b>00</b>	%	1-2
 <b>Absolute Neutrophils Count</b> (Method: Impedance)	<b>5.66</b>	10 <sup>9</sup> /L	2.0-7.0
 <b>Absolute Lymphocyte Count</b> (Method: Impedance)	<b>2.17</b>	10 <sup>9</sup> /L	1.0-3.0
 <b>Absolute Monocyte Count</b> (Method: Calculated)	<b>0.52</b>	10 <sup>9</sup> /L	0.2-1.0
 <b>Absolute Eosinophils Count</b> (Method: Calculated)	<b>0.35</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 ) Normocytic normochromic

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



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*Swarnabala - M*  
**DR.SWARNA BALA**  
MD PATHOLOGY


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**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>	80.20	ng/dL	70-204
 <b>T4 (Thyroxine)</b> <small>(Method: CLIA)</small>	6.0	µg/dL	3.2-12.6
 <b>TSH -Thyroid Stimulating Hormone</b> <small>(Method: CLIA)</small>	<b>6.14</b>	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.



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

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**IMMUNOLOGY & SEROLOGY**

Test Name	Results	Units	Biological Reference Interval
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 VDRL- Syphilis Antibodies  
(Method: Slide Flocculation)

Non Reactive

Non Reactive

The serological diagnosis of syphilis is classified into two groups: Nontreponemal tests (RPR/VDRL) and Treponemal tests (TPHA/CLIA). Syphilis serology is a treponemal assay for the qualitative determination of antibodies to *T. pallidum* in human serum or plasma as an aid in the diagnosis of syphilis. Treponemal tests may remain reactive for life, even following adequate therapy thus a positive result suggests infection with *Treponema pallidum* but does not distinguish between treated and untreated infections. Therefore, the results of a nontreponemal assay, such as rapid plasma reagin, are needed to provide information on a patient's disease state and history of therapy. Nontreponemal tests lack sensitivity in late stage of infection and screening with these tests alone may yield false positive reactions in various acute and chronic conditions in the absence of syphilis (biological false positive reactions).

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
 MD, MICROBIOLOGIST

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

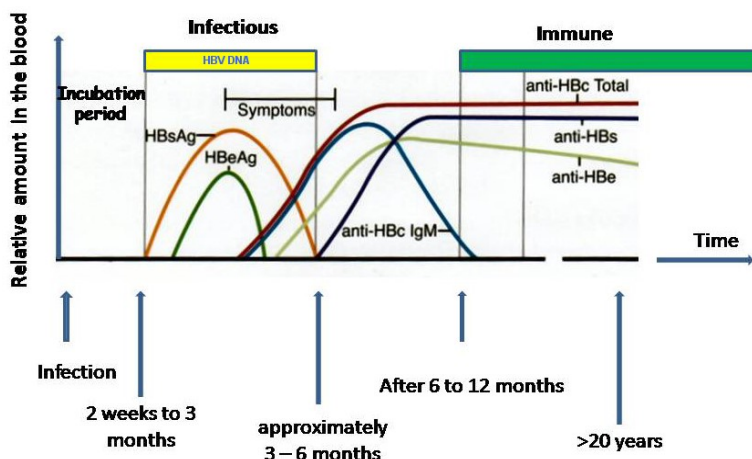
Test Name	Results	Units	Biological Reference Interval
Hepatitis B Surface Antigen (HBsAg) (Method: ELISA)	0.36	S/Co	<1.00 :Negative >1.00 :Positive

**Interpretation:**

- Negative result implies that antibodies to HBsAg have not been detected in the sample. This means the patient has either not been exposed to HBsAg infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HBsAg.
- Positive result implies that antibodies to HBsAg have been detected in the sample.

Hepatitis B Virus ( HBV ) is a member of the Hepadna virus family causing infections of the liver with extremely variable clinical features. Hepatitis B is transmitted primarily by body fluids especially serum and also spread effectively sexually and from mother to baby. In most individuals HBV hepatitis is self limiting, but 1-2% normal adolescents and adults develop Chronic Hepatitis. Frequency of chronic HBV infection is 5-10% in immunocompromised patients and 80% in neonates. The initial serological marker of acute infection is HBsAg which typically appears 2-3 months after infection and disappears 12-20 weeks after onset of symptoms. Persistence of HBsAg for more than six months indicates development of carrier state or Chronic liver disease.

**HBV antigens and antibodies in the blood**



**Note:**

1. All Reactive results are tested additionally by Specific antibody Neutralization assay . For further confirmation Molecular assays are recommended For diagnostic purposes, results should be used in conjunction with clinical history and other hepatitis markers for Acute or Chronic infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

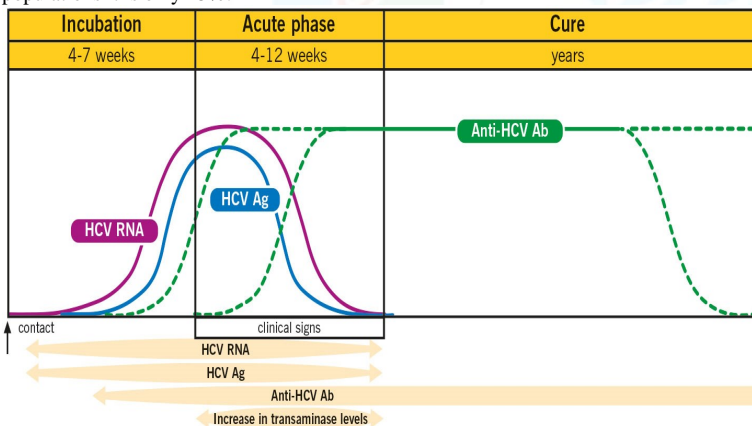
Test Name	Results	Units	Biological Reference Interval
Hepatitis C Virus Antibody (Method: ELISA)	0.20	S/Co	< 1.00 : Negative > 1.00 : Positive

**Interpretation:**

- Negative result implies that antibodies to HCV have not been detected in the sample. This means the patient has either not been exposed to HCV infection or the sample has been tested during the "window phase" i.e. before the development of detectable levels of antibodies. Hence a Non-Reactive result does not exclude the possibility of exposure or infection with HCV.
- Positive result implies that antibodies to HCV have been detected in the sample.

**Comments :-**

Hepatitis C (HCV) is an RNA virus of Flavivirus group transmitted via blood transfusions, transplantation, injection drug users, accidental needle punctures in healthcare workers, dialysis patients and rarely from mother to infant. 10% of new cases show sexual transmission. As compared to HAV & HBV, chronic infection with HCV occurs in 85% of infected individuals. In high risk populations, the predictive value of Anti HCV for HCV infection is > 99% whereas in low risk populations it is only 25%.



**Note:**

- False positive results are seen in Autoimmune diseases, Rheumatoid factor, Hypergammaglobulinemia, Paraproteinemia, passive antibody transfer, Anti- idiotypes & Anti superoxide dismutase
- False negative results are seen in early Acute infection, Immunosuppression & Immuno-incompetence
- HCV RNA PCR recommended in all Reactive results to differentiate between past and present infection

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**IMMUNOLOGY & SEROLOGY**

**VIRAL SCREENING**

Test Name	Results	Units	Biological Reference Interval
HIV (1& 2) Antibody (Method: ELISA)	0.31	S/Co	< 1.00 : Negative > 1.00 : Positive

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



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**DR. RUTURAJ MANIKLAL KOLHAPURE**  
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