

Sagepath Labs Pvt. Ltd.

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 : Mrs. ALIVELU Sample ID : A1309764

: 31 Years/Female Reg. No : 0312502010019

Age/Gender Referred by : Dr. JANAKI SPP Code : SPL-CV-172 Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 01-Feb-2025 03:41 AM

Primary Sample : Whole Blood Received On : 01-Feb-2025 04:32 PM Sample Tested In : Whole Blood EDTA Reported On : 01-Feb-2025 04:46 PM

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

| HAEMATOLOGY | | | | |
|---|--------------|---------------|--------------------------------|--|
| Test Name | Results | Units | Biological Reference Interval | |
| Complete Blood Picture(CBP) | | | | |
| Haemoglobin (Hb) | 12.2 | g/dL | 12-15 | |
| (Method: Cynmeth Method) | <u>34.7</u> | % | 40-50 | |
| (Method: Calculated) | 4.60 | 10^12/L | 3.8-4.8 | |
| (Method: Cell Impedence) | <u>76</u> | fl | 81-101 | |
| (Method: Calculated) | <u>26.6</u> | " pg | 27-32 | |
| (Method: Calculated) | 33.0 | g/dL | 32.5-34.5 | |
| (Method: Calculated) | 13.6 | g/uL % | 11.6-14.0 | |
| (Method: Calculated) | | | | |
| Platelet Count (PLT) (Method: Cell Impedance) | 330 | 10^9/L | 150-410 | |
| Total WBC Count (Method: Impedance) | <u>12.4</u> | 10^9/L | 4.0-10.0 | |
| Differential Leucocyte Count (DC) | | | | |
| Neutrophils (Method: Cell Impedence) | <u>71</u> | % | 40-70 | |
| Lymphocytes (Method: Cell Impedence) | 24 | % | 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) | <u>8.8</u> | 10^9/L | 2.0-7.0 | |
| Absolute Lymphocyte Count (Method: Impedence) | 2.98 | 10^9/L | 1.0-3.0 | |
| Absolute Monocyte Count (Method: Calculated) | 0.37 | 10^9/L | 0.2-1.0 | |
| Absolute Eosinophils Count (Method: Calculated) | 0.25 | 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 n | ormochromic v | with Neutrophilic Leucocytosis | |











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REPORT LABORATORY TEST

Name : Mrs. ALIVELU Sample ID : A1309765

> Reg. No : 0312502010019

Age/Gender : 31 Years/Female Referred by : Dr. JANAKI SPP Code : SPL-CV-172

Referring Customer: V CARE MEDICAL DIAGNOSTICS Collected On : 01-Feb-2025 03:41 AM Primary Sample : Whole Blood Received On : 01-Feb-2025 04:35 PM Sample Tested In : Plasma-NaF(R) Reported On : 01-Feb-2025 05:59 PM

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

CLINICAL BIOCHEMISTRY

GLUCOSE RANDOM (RBS)

Test Name Units **Biological Reference Interval** Results

mg/dL 70-140 Glucose Random (RBS) 77

Interpretation of Plasma Glucose based on ADA guidelines 2018

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

Reference: Diabetes care 2018:41(suppl.1):S13-S27

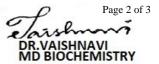
- The random blood glucose if it is above 200 mg/dL and the patient has increased thirst, polyuria, and polyphagia, suggests diabetes mellitus.
- As a rule, two-hour glucose samples will reach the fasting level or it will be in the normal range.

*** End Of Report ***













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LABORATORY TEST REPORT

Name : Mrs. ALIVELU Sample ID : A1309763

Reg. No : 0312502010019

Referred by : Dr. JANAKI

SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS

Collected On : 01-Feb-2025 03:41 AM Received On : 01-Feb-2025 04:35 PM

Primary Sample : Whole Blood Sample Tested In : Serum

Age/Gender

Reported On : 01-Feb-2025 05:21 PM

Client Address : Kimtee

Report Status : Final Report

dress : Kimtee colony ,Gokul Nagar,Tarnaka

: 31 Years/Female

CLINICAL BIOCHEMISTRY

| Test Name | Results | Units | Biological Reference Interval | |
|----------------------------------|--------------|--------|-------------------------------|--|
| | | | | |
| Thyroid Profile-I(TFT) | | | | |
| T3 (Triiodothyronine) | 121.8 | ng/dL | 70-204 | |
| T4 (Thyroxine) | 8.5 | μg/dL | 3.2-12.6 | |
| TSH -Thyroid Stimulating Hormone | <u>37.64</u> | μIU/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 ***







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DR. VAISHNAVI
MD BIOCHEMISTRY