

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. UMA

Sample ID : B2622327

Age/Gender : 30 Years/Female Reg. No : 0312504010029

Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 01-Apr-2025 03:29 PM
Primary Sample : Whole Blood Received On : 01-Apr-2025 04:44 PM
Sample Tested In : Whole Blood EDTA Reported On : 01-Apr-2025 05:12 PM

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

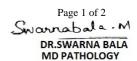
HAEMATOLOGY					
Test Name	Results	Units	Biological Reference Interval		
Complete Blood Picture(CBP)					
Haemoglobin (Hb) (Method: Cymreth Method)	14.4	g/dL	12-15		
(Method: Cynnern Method) (Method: Calculated) (Method: Calculated)	40.3	%	40-50		
(melinde: Calculated) (Method: Call Impedence)	4.80	10^12/L	3.8-4.8		
MCV (Method: Calculated)	83	fl	81-101		
MCH (Wethod: Calculated)	29.5	pg	27-32		
WELLIAGE CALCULATED) WHO MCHC (Method: Calculated)	34.5	g/dL	32.5-34.5		
RDW-CV (Method: Calculated)	13.2	%	11.6-14.0		
Platelet Count (PLT) Method: Cell Impedance)	229	10^9/L	150-410		
Total WBC Count (Method: Impedance)	<u>10.3</u>	10^9/L	4.0-10.0		
Differential Leucocyte Count (DC)					
Neutrophils (Method: Cell Impedence)	62	%	40-70		
Lymphocytes (Method: Cell Impedence)	30	%	20-40		
Monocytes (Method: Microscopy)	06	%	2-10		
Eosinophils (Methad: Microscopy)	02	%	1-6		
Basophils (Method: Microscopy)	00	%	1-2		
Absolute Neutrophils Count Method: Impedence)	6.39	10^9/L	2.0-7.0		
Absolute Lymphocyte Count (Method: Impedence)	3.09	10^9/L	1.0-3.0		
Method: Calculated) Method: Calculated)	0.62	10^9/L	0.2-1.0		
Absolute Eosinophils Count (Method: Calculated)	0.21	10^9/L	0.02-0.5		
Absolute Basophil ICount Method: Calculated)	0.00	10^9/L	0.0-0.3		
Morphology (Method: PAPs Stalning)	Normocytic normochromic With Mild Leucocytosis				

*** End Of Report ***













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LABORATORY TEST REPORT

Name : Mrs. UMA Sample ID : B2622330

Age/Gender : 30 Years/Female Reg. No : 0312504010029
Referred by : Dr. SELF SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 01-Apr-2025 03:29 PM

Primary Sample : Whole Blood Received On : 01-Apr-2025 04:30 PM Sample Tested In : Serum Reported On : 01-Apr-2025 05:36 PM

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

CLINICAL BIOCHEMISTRY					
Test Name	Results	Units	Biological Reference Interval		
Thyroid Profile-I(TFT)					
T3 (Triiodothyronine)	132.65	ng/dL	70-204		
T4 (Thyroxine)	9.0	μg/dL	3.2-12.6		
TSH -Thyroid Stimulating Hormone (Method: CLIA)	1.99	μIU/mL	0.35-5.5		

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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