

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. SAMALA RADHA

Sample ID : B2623192

Age/Gender : 44 Years/Female Reg. No : 0312505020041
Referred by : Dr. SANDEEP JANARDHAN A SPP Code : SPL-CV-172

Referring Customer : V CARE MEDICAL DIAGNOSTICS Collected On : 02-May-2025 06:38 PM
Primary Sample : Whole Blood EDTA Received On : 02-May-2025 10:48 PM
Reported On : 02-May-2025 11:44 PM

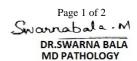
Client Address : Kimtee colony ,Gokul Nagar,Tarnaka Report Status : Final Report

	HA	EMATOLOG	SY
Test Name	Results	Units	Biological Reference Interval
Complete Blood Picture(CBP)			
Haemoglobin (Hb)	12.3	g/dL	12-15
Haematocrit (HCT) (Method: Calculated)	<u>33.6</u>	%	40-50
(Method: Call Impedence)	4.37	10^12/L	3.8-4.8
MCV (Method: Calculated)	<u>77</u>	fl	81-101
MCH Method: Calculated)	28.1	pg	27-32
(Method: Calculated) MCHC (Method: Calculated)	34.5	g/dL	32.5-34.5
RDW-CV (Method: Calculated) (Method: Calculated)	<u>15.6</u>	%	11.6-14.0
(Platelet Count (PLT) (Method: Cell Impedance)	175	10^9/L	150-410
Total WBC Count (Method: Impedance)	6.5	10^9/L	4.0-10.0
Differential Leucocyte Count (DC)			
Neutrophils (Method: Cell Impedence)	55	%	40-70
Lymphocytes (Method: Cell Impedence)	37	%	20-40
Monocytes (Method: Microscopy)	06	%	2-10
Enosinophils (Method: Microscopy)	02	%	1-6
Brascophils Method: Microscopy)	00	%	1-2
Absolute Neutrophils Count (Method: Impedence)	3.58	10^9/L	2.0-7.0
Absolute Lymphocyte Count (Method: Impedence)	2.4	10^9/L	1.0-3.0
Mosnod: Impeance) Absolute Monocyte Count (Method: Calculated)	0.39	10^9/L	0.2-1.0
Absolute Eosinophils Count (Method: Calculated)	0.13	10^9/L	0.02-0.5
(Method: Calculated) Absolute Basophil ICount (Method: Calculated)	0.00	10^9/L	0.0-0.3
Morphology	Anisocytos	is with Normoc	ytic normochromic
(Method: PAPs Staining)	,		









*** End Of Report ***





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: 02-May-2025 06:38 PM

LABORATORY TEST REPORT

Collected On

Name : Mrs. SAMALA RADHA

Sample ID : B2623191

Referring Customer

Age/Gender : 44 Years/Female Reg. No : 031250502004

Referred by : Dr. SANDEEP JANARDHAN A SPP Code : SPL-CV-172

Primary Sample : Whole Blood Received On : 02-May-2025 10:48 PM Sample Tested In : Serum Reported On : 03-May-2025 12:05 AM

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

: V CARE MEDICAL DIAGNOSTICS

CLINICAL BIOCHEMISTRY						
Test Name		Results	Units	Biological Reference Interval		
	•	•				
Thyroid Profile-I(TFT)						
T3 (Triiodothyronine)	40	84.70	ng/dL	70-204		
T4 (Thyroxine) (Method: CLIA)		10.25	μg/dL	3.2-12.6		
TSH -Thyroid Stimulating Hormone (Method: CLIA)		3.78	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 ***









Page 2 of 2