

Age/Sex : 33/ Male SRD No. : TF1820321

Sample Collected At : 01-03-2019 07:48 AM Ref. No. :

Report On : 01-03-2019 12:00 PM IP/OP No :

**Value Observed Reference Range**

**DEPARTMENT OF HAEMATOLOGY**

ESR	38 mm/hr	Female 1-16 yrs - 10-20 17-50 yr - < or equal to 12 51-60 yrs - < or equal to 19 61-70 yrs - < or equal to 20 >70 yrs - < or equal to 35  Male 1-16 yrs - 10-20 17-50 yr - < or equal to 10 51-60 yrs - < or equal to 12 61-70 yrs - < or equal to 14 >70 yrs - < or equal to 30
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**DIFFERENTIAL LEUCOCYTE COU...**

Neutrophils	60 %	P-40-70 %  L-20-40 %  E-1-6 %  M-2-10 %
Lymphocytes	23 %	
Eosinophils	04 %	
Monocytes	02 %	
TC	13, 400 cells / cumm	4,000 - 10,000 Cells/cumm

**Notes:**

Sample type - Citrated Blood  
METHOD : Westergen method  
Sample Type - EDTA Whole Blood  
Method - Automated cell counter  
Differential count - VCS technology.  
Sample type - EDTA Blood  
Sample Type - EDTA Whole Blood  
Method - Automated cell counter  
WBC - DC Detection method.

Age/Sex : 33/ Male SRD No. : TF1820321



**DEEPTHY OS**

Lab Technician

Dept Of Haematology

NEYYATTINKARA, Tel:-8547631026

Status : FINAL REPORT

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Sample Collected At : 01-03-2019 07:48 AM Ref. No. : TF1820321

Report On : 01-03-2019 04:55 PM IP/OP No :

**Value Observed Reference Range**

**DEPARTMENT OF HORMONES**

T4	1.22 µg/dl	4.5 - 12.6 µg/dl
TSH	> 100 mIU/L (rechecked)	Euthyroid: 0.35-5.5 mIU/L Hyperthyroid: <0.35 mIU/L Hypothyroid : >5.5 mIU/L

**Notes:**

Notes : Serum T3 levels are used as a thyroid function test which is particularly useful in the diagnosis of T3

thyrotoxicosis, in which T3 is increased and T4 is within normal limits. T3 toxicosis is occasionally found in Graves' disease. T3 is needed in patients with clinical evidence of hyperthyroidism, in whom the usual thyroid profile is normal or borderline. T3 levels are affected by certain drugs, binding proteins, non thyroidal chronic diseases, assay interferences and iodine deficiency. It is not helpful for evaluation of hypothyroidism.

Serum T4 levels are used in the diagnosis of hyper and hypothyroidism. T4 may be increased with the surreptitious use of thyroxine. T4 levels may be abnormal in the presence of systemic nonthyroidal disease. Alterations in binding capacity or quantity of TBG may increase or decrease total thyroxine without causing symptoms. Assay interferences can affect T4 levels.

TEST: TSH, Method : CLIA/ECLIA Sample type : SERUM

TSH estimations are used as a thyroid function test, in the differential diagnosis of primary hypothyroidism and hyperthyroidism from pituitary/hypothalamic hypothyroidism and hyperthyroidism and also for monitoring therapy. A normal result on a sensitive TSH assay is acceptable evidence for adequate thyroid replacement. 3rd generation TSH assays can be considered as a test for thyroid disease. A result within the accepted reference interval provides strong evidence for euthyroidism. This assay has a sensitivity of 0.001 mIU/L and meets all criteria as a 3rd Generation TSH assay. Secretion of T3 and T4 is regulated by TSH through a negative feedback mechanism involving the Thyroid, Pituitary and Hypothalamus.

Certain conditions can affect TSH levels which include

Time of collection, Pregnancy, Poor adherence to treatment, Certain drugs and dietary products

Assay interferences including high dose of biotin therapy, Non thyroidal illness, genetic conditions.

TSH exhibit a diurnal pattern. So it is advisable to check it during morning hours.

The samples of TFT will be preserved in the lab only for 2 days after performing the test. Hence any complaints or clarifications of reports if any, may kindly be informed within 2 days on issue of reports.

TEST : T4, METHOD : CLIA, SAMPLE : SERUM

Serum T4 levels are used in the diagnosis of hyper and hypothyroidism. T4 may be increased with the surreptitious use of thyroxine. T4 levels may be abnormal in the presence of systemic nonthyroidal disease. Alterations in binding capacity or quantity of TBG may increase or decrease total thyroxine without causing symptoms.



**PADMANABHAN NAIR**

Status : FINAL REPORT

**Certificate No. : M-0208**

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