



Vijaya Diagnostic Centre

16-11-741/C/C, Beside TITAN Showroom, Dilsukhnagar, Hyderabad.

Helpline : 040-21000000

Email : info@vijayadiagnostic.com

www.vijayadiagnostic.com

LABORATORY TEST REPORT

Regn Date : 10/10/2021 08:30 Sample Collection : 10/10/2021 08:52
Name : MR. SINGASANI UMA MAHESHWAR Print Date : 10/10/2021 14:47
Regn No : REDDY-L4515970 Age / Sex : 32 Years / Male
Ref By : SELF Regn Centre : Dilsukhnagar - 12
Sample Type : Serum Ref no. :



T3,T4 & TSH

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total T3 <i>Method : Chemiluminescence Immuno Assay (CLIA)</i>	: 1.34	Adult : 0.6-1.81 ng/mL
Total T4 <i>Method : Chemiluminescence Immuno Assay (CLIA)</i>	: 6.80	Adult : 3.2-12.6 µg/dL
TSH <i>Method : Chemiluminescence Immuno Assay (CLIA)</i>	: 2.921	Adult : 0.55-4.78 µIU/mL

Comments / Interpretation :

- Patient preparation is particularly important for hormone studies, results of which may be markedly affected by many factors such as stress, position, fasting state, time of the day, preceding diet and drug therapy.
- The levels of T3 helps in the diagnosis of T3 Thyrotoxicosis and monitoring the course of hyperthyroidism.
- T3 is not recommended for diagnosis of hypothyroidism as decreased values have minimal clinical significance.
- Values below the lower limits can be caused by a number of conditions including non-thyroidal illness, acute and chronic stress and hypothyroidism.
- Elevated level of T4 are seen in hyperthyroidism, pregnancy, euthyroid patients with increased serum Thyroxine Binding Globulin.
- Decreased levels are noted in hypothyroidism, hypoproteinemia, euthyroid sick syndrome, decrease in Thyroxine Binding Globulin.
- TSH levels are increased in primary hypothyroidism, insufficient thyroid hormone replacement therapy, Hashimotos thyroiditis, use of amphetamines, dopamine antagonists, iodine containing agents, lithium and iodine induced or deficiency goiter.
- Decreased levels of TSH may be seen in Graves Disease, Toxic multinodular Goitre, Thyroiditis, Excessive treatment with thyroid hormone replacement and central Hypothyroidism.



MC-2657

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CONSULTANT PATHOLOGIST



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Sample Type : Whole Blood - EDTA Ref no. :



COMPLETE BLOOD PICTURE (CBP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Haemoglobin <i>Photometric measurement</i>	: 14.1	13.0 - 17.0 g/dL
Total RBC Count <i>Coulter Principle</i>	: 6.25	4.5 - 5.5 millions/cumm
Packed Cell Volume / Hematocrit <i>Calculated</i>	: 43.30	40.0 - 50.0 Vol%
MCV <i>Derived from RBC Histogram</i>	: 69.30	83.0 - 101.0 fl
MCH <i>Calculated</i>	: 22.60	27 - 32 pg
MCHC <i>Calculated</i>	: 32.60	31.5 - 34.5 gm/dL
RDW <i>Derived from RBC Histogram</i>	: 13.9	11.6 - 14.0 %
Total WBC Count <i>Coulter Principle</i>	: 9900	4000 - 10000 Cells/cumm
<u>Differential count</u>		
Neutrophils <i>VCSn Technology & Microscopy</i>	: 44	40 - 80 %
Lymphocytes <i>VCSn Technology & Microscopy</i>	: 40	20 - 40 %
Eosinophils <i>VCSn Technology & Microscopy</i>	: 5	1 - 6 %
Monocytes <i>VCSn Technology & Microscopy</i>	: 10	2 - 10 %
Basophils <i>VCSn Technology & Microscopy</i>	: 1	0 - 2 %
<u>Absolute Leucocyte Count</u>		
Absolute Neutrophil Count <i>Method : Calculation</i>	: 4356	2000 - 7000 Cells/cumm
Absolute Lymphocyte Count <i>Method : Calculation</i>	: 3960	1000 - 3000 Cells/cumm
Absolute Eosinophil Count <i>Method : Calculation</i>	: 495	20 - 500 Cells/cumm
Absolute Monocyte Count <i>Method : Calculation</i>	: 990	200 - 1000 Cells/cumm
Platelet Count <i>Coulter Principle/ Microscopy</i>	: 278000	150000 - 410000 /cumm
<u>Peripheral Smear</u>		
RBC	: Microcytic Hypochromic with erythrocytosis	
Released Date	10/10/2021 11:56	



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COMPLETE BLOOD PICTURE (CBP)

TEST NAME

Microscopy of Leishman stained smear

RESULT

BIOLOGICAL REFERENCE INTERVAL

WBC

: Absolute lymphocytosis

Microscopy of Leishman stained smear

Platelets

: Adequate



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ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>TEST NAME</u>	<u>RESULT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Erythrocyte Sedimentation Rate (ESR)	: 4	0 - 15 mm/hr
Method : Automated (Modified Westergren)		

Comments / Interpretation :

- ESR is a nonspecific parameter, clinically useful in disorders associated with an increased production of acute phase proteins.
- Elevated in acute and chronic infections and malignancies.
- Extremely high ESR values are seen in multiple myeloma, leukemias, lymphomas, breast and lung carcinomas, rheumatoid arthritis, Systemic Lupus Erythematosus and pulmonary infarction.



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Sample Type : Serum Ref no. :



LIPID PROFILE (LP)

TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVAL
Serum Status	: Clear	
Triglycerides	: 253	Desirable Level : < 150 mg/dL Borderline : 150 - 199 mg/dL High : 200 - 499 mg/dL Very High : > 499 mg/dL
Total Cholesterol	: 235	Desirable Level : < 200 mg/dL Borderline : 200 - 240 mg/dL Undesirable : > 240 mg/dL
Method : CHOD-POD		
LDL Cholesterol.	: 138	Optimal : < 100 mg/dL Near Optimal : 100 - 129 mg/dL Borderline High : 130 - 159 mg/dL High : 160 - 189 mg/dL Very High : > 189 mg/dL
Method: Calculation		
HDL Cholesterol	: 46	Desirable Level : > 60 mg/dL Optimal : 40 - 59 mg/dL Undesirable : < 40 mg/dL
Method : Enzymatic Immunoinhibition		
VLDL	: 51	< 30
Method: Calculation		
Total Cholesterol/HDL Cholesterol Ratio	: 5.11	Low Risk : 3.3 - 4.4 Average Risk : 4.5 - 7.1 Moderate Risk : 7.2 - 11.0
Method: Calculation		
LDL Cholesterol/HDL Cholesterol Ratio	: 3.01	Desirable Level : 0.5 - 3.0 Borderline Risk : 3.0 - 6.0 High Risk : > 6.0
Method: Calculation		

Comments / Interpretation :

- Lipid profile is a panel of blood tests that serves as an initial broad medical screening tool for abnormalities in lipids, the results of this tests can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis and other diseases.



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