

Karishma

DOB:
Gender: F
PID: QD2301973
Physician:

Age: 32Y
Abhinav Diagnostics Centre
F-1/9, DLF Phase-1, Gurgaon
Gurgaon
Haryana
Phone: 9899227001

Order#	Collected Date/Time	Reported Date/Time	Status
2805320	13/09/2018 07:45 AM	13/09/2018 06:56 PM	Final Report

CBC (INCLUDES DIFF/PLT)

Test	Within Range	Out of Range		Biological Ref Range	Units
HEMOGLOBIN	13.9			11.7 - 15.5	g/dL
HEMATOCRIT	42.1			35.0 - 45.0	%
WHITE BLOOD CELL COUNT		11.3	Н	3.8 - 10.8	Thousand/uL
NEUTROPHILS	66.1			40.0 - 75.0	%
LYMPHOCYTES	26.1			16.0 - 46.0	%
MONOCYTES	5.9			0.0 - 12.0	%
EOSINOPHILS	1.5			0.0 - 7.0	%
BASOPHILS	0.4			0.0 - 2.0	%
NUCLEATED RBC	0.0				/100 WBC
PLATELET COUNT	225			140 - 400	Thousand/uL
ABSOLUTE NEUTROPHILS	7469			1500 - 7800	cells/uL
ABSOLUTE LYMPHOCYTES	2949			850 - 3900	cells/uL
ABSOLUTE MONOCYTES	667			200 - 950	cells/uL
ABSOLUTE EOSINOPHILS	170			15 - 550	cells/uL
ABSOLUTE BASOPHILS	45			0 - 200	cells/uL
RED BLOOD CELL COUNT	4.48			3.80 - 5.10	Million/uL
MCV	94.0			80.0 - 100.0	fL
MCH	31.0			27.0 - 33.0	pg
MCHC	33.0			32.0 - 36.0	g/dL
RDW	12.1			11.0 - 15.0	%
MPV	8.9			7.5 - 11.5	fL
MENTZER INDEX	20.98				

METHOD - CALCULATED

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

Panel Comments
CBC (INCLUDES DIFF/PLT)

2849423-12885161

METHOD : CELL COUNTER

Accordings.

< Netums



Karishma

98180304181

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ERYTHROCYTE SEDIMENTATION RATE

Test	Within Range	Out of Range		Biological Ref Range	Units
FRYTHROCYTE SEDIMENTATION RATE	90	22	н	1 - 15	mm/hr

METHOD: MODIFIED WESTERGREN (AUTOMATED)

Autolims Version 3.02 On 13/09/2018

SAMPLE TYPE : EDTA WHOLE BLOOD

PERIPHERAL SMEAR, REVIEW

Test	Within Range	Out of Range	Biological Ref Range	Units
PERIPHERAL SMEAR, REVIEW COMMENT	RBCs- Normocyt normochromic predominantly. WBCs- Show mi leucocytosis. Platelets- Adequate on smear and normal in morphology. No abnormal cel form seen in the smear examined Smear features to be correlated clinically.	ld I e d.		
Panel Comments				

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PERIPHERAL SMEAR, REVIEW

METHOD : MICROSCOPIC

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SPECIAL CHEMISTRY

Test	Within Range	Out of Range	Biological Ref Range	Units
TSH	1 68		0 40 - 5 50	uIII/ml

METHOD: CHEMILUMINESCENCE

SAMPLE TYPE : SERUM

CHILDREN

PREMATURE - 28-36 WEEKS : 0.7-27.0 uIU/mL BIRTH - 4 DAYS : 1.0-39.0 uIU/mL 5 DAYS - 20 WEEKS : 1.7-9.1 uIU/mL21 WEEK-20 YRS 0.7-6.4 uIU/mL

ADULTS

21-54 YRS 0.4-5.5 uIU/mL55- 87 YRS 0.5-8.9 uIU/mL

PREGNANCY

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: 0.1-2.5 uIU/mL FIRST TRIMESTER SECOND TRIMESTER : 0.2-3.0 uIU/mL THIRD TRIMESTER $0.3-3.0 \, uIU/mL$

There is a modest, but clear, circadian variation in circulating TSH levels in humans. TSH levels begin to rise several hours before the onset of sleep, and peak levels are observed between 2300 and 0600 hours. Nadir concentrations are observed during the afternoon. The diurnal variation in TSH level approximates $\pm 50\%$, so that the time of specimen collection may have some influence on the measured serum TSH concentration. Additionally, plotting changes over time allows more reliable tracking of patient response to therapy.

end of report for Karishma , Order No #2805320, Acc No # 181121134 181121133 181121130

Dr Anurag Bansal M.D., Associate Director - Medical

Date and Time of Order Received in the Lab: 13/09/2018 01:49 PM



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H - High, L - Low, VH - Very High, VL - Very Low, A - Clinically Abnormal, PA - Panic Abnormal

CONDITIONS OF LABORATORY TESTING AND REPORTING

Quest Diagnostics, Gurgaon, Haryana, India

- 1. Laboratory results should be used with other clinical information to determine a final diagnosis.
- 2. In case of unexpected test results please contact the laboratory. We will investigate and repeat analysis if possible.
- 3. The medical report must be viewed and reproduced as a whole.
- 4. This medical report is not intended for medico-legal purposes.
- 5. The medical report is to be interpreted and used by medical personnel only
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- 10. A requested test may not be carried out if:
 - a. Sample is insufficient or inappropriate.
 - b. Sample quality is unsatisfactory.
 - c. Request for testing is withdrawn by the ordering doctor or patient.
- d. There is discord between the labelling of the sample container and the name on the test requisition.
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