

Patient Name	: Mrs. Swapna	Patient Id	: 161107-004
Gender/Age	: Female / 34 Years	Reg Date	: 07-Nov-2016 08:47 AM
Sample Type	: Blood	Sample Date	: 07-Nov-2016 08:47 AM
Referred By	: Self	Report Date	: 07-Nov-2016 06:54 PM

DEPARTMENT OF HAEMATOLOGY

<u>Investigation</u>	<u>Result</u>	<u>Reference Ranges</u>
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COMPLETE BLOOD PICTURE

Haemoglobin	:	12.5 gms %	M: 12.5 - 18.0 gms %
Packed Cell Volume	:	39.6 %	F: 11.5 - 16.5 gms %
Total R B C Count	:	4.6 millions/Cum	M: 39 - 54 %
Total W B C Count	:	14,000 Cells/Cumm	F: 34 - 58 %
Platelet Count	:	3.81 Lakhs /Cumm	3.9 - 6.5
			4,000 - 11,000 Cells/Cumm
			1.5 - 4.0 lakhs/Cum

DIFFERENTIAL COUNT

Neutrophils	:	62 %	40 - 70 %
Lymphocytes	:	32 %	20 - 45 %
Eosinophils	:	3 %	01 - 06 %
Monocytes	:	3 %	02 - 06 %
Basophils	:	0 %	00 - 02 %

SMEAR EXAMINATION

RBC	:	Normocytic / Normochromic
WBC	:	Mild Leucocytosis
Plateletes	:	Adequate

**DR.SUMAN KUMAR MD
PATHOLOGIST**

Quality is our Motto

Patient Name : **MRS SWAPNA**
 Age / Sex : 34 Year(s) / Female
 Ref. Doctor :
 Ref. Customer : SIGMA DIAGNOSTICS
 Sample & SID : SERUM - 5094358

Patient ID :
 MED ID : 1889764
 Sample Drawn Date : 2016-11-07 15:35
 Registration Date : 2016-11-07 15:38
 Report Date : 2016-11-07 17:07

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
25-Hydroxy Vitamin D Total (D2 & D3) <small>(Method: CHEMILUMINESCENCE)</small>	42.55	ng/mL	

Note : Registered MED ID will keep a track to your clinical stats.



NOTE: The above Given Risk Level Interpretation is not age specific and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

METHOD: Electrochemiluminescence binding assay

Equipment: Roche Cobas

VALUE	CONDITION	INFERENCE
< 10	SEVERE DEFICIENCY	Could be associated with osteomalacia or rickets
10 - 19	MILD DEFICIENCY	May be associated with increased risk of osteoporosis or secondary hyperparathyroidism
20 - 50	OPTIMUM LEVELS	Optimum levels in the healthy population; patients with bone disease may benefit from higher levels within this range
51 - 80	INCREASED Risk of hypercalciuria	Sustained levels > 50 ng/mL 25OH-VitD along with prolonged calcium supplementation may lead to hypercalciuria and decreased renal function
>80	TOXICITY POSSIBLE	80 ng/mL is the lowest reported level associated with toxicity in patients without primary hyperparathyroidism who have normal renal function. Most patients with toxicity have levels > 150 ng/mL. Patients with renal failure can have very high 25-OH-VitD levels without any signs of toxicity, as renal conversion to the active hormone 1, 25-OH-VitD is impaired or absent.

These reference ranges represent clinical decision values, based on the 2011 Institute of Medicine report, that apply to males and females of all ages, rather than population-based reference values. Population reference ranges for 25-OH-VitD vary widely depending on ethnic background, age, geographic location of the studied populations, and the sampling season.

NOTE : Please ask your service provider for MED ID

NOTE : Assay results should be correlated clinically with other clinical findings and the total clinical status of the patient.

Indicates NABL Accredited parameter when processed in HQ ,Hyderabad.

M. Ramesh Babu

Bio-Chemist

Reside Heritage Fresh Super Market, Balaji Nagar, Nizampet, Hyderabad. Tell: 040-65121777, 40114377

This is an electronically authenticated report

Dr. Ramana MD

Pathologist

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188976414109391

CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
Vitamin - B12 <small>(Method: Chemiluminescence)</small>	452.4	pg/mL	200 - 911

Note : Registered MED ID will keep a track to your clinical stats.

Risk Level	2016/11/07	Visit 1	Visit 2	Visit 3	Visit 4	Visit 5	Visit 6	Visit 7	Visit 8
1 HIGH									
2 CAUTIOUS HIGH									
3 NORMAL		452.40							
4 CAUTIOUS LOW									
5 LOW									

Normal

Vitamin B12 (cobalamin) is necessary for hematopoiesis and normal neuronal function. In humans, it is obtained only from animal proteins and requires intrinsic factor (IF) for absorption. The body uses its vitamin B12 stores very economically, reabsorbing vitamin B12 from the ileum and returning it to the liver; very little is excreted.

NOTE : Please ask your service provider for MED ID
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M. Ramesh Babu

Bio-Chemist

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 E-mail: sigmaadiagnostics@gmail.com

Dr. Ramana MD

Pathologist

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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
M-0441 Testosterone - Total (Method: Electro Chemiluminescence)	< 2.50	ng/dL	6 - 52 :14-15 years 9 - 58 :16-59 years 5 - 32 : > 60 years

Clinical Interpretation (Points to be known)

- Early-morning testosterone levels in young male individuals are, on average, 50% higher than p.m. levels.
- Testosterone levels can fluctuate substantially between different days, and sometimes even more rapidly. Assessment of androgen status should be based on more than a single measurement.

Useful for:

- Assessment of androgen status in cases with suspected or known sex hormone-binding globulin-binding abnormalities
- Assessment of functional circulating testosterone in early pubertal boys and older men
- Assessment of functional circulating testosterone in women with symptoms or signs of hyperandrogenism, but normal total testosterone levels
- Monitoring of testosterone therapy or antiandrogen therapy in older men and in females.

M-0441 Prolactin (PRL) (Method: Electro Chemiluminescence)	41.35	ng/mL	2.8-29.2:Non-Pregnant 9.7-208.5:Pregnancy 1.8-20.3:Post Menopause
M-0441 Ferritin* (Method: Chemiluminescence)	22.62	ng/mL	10 - 291

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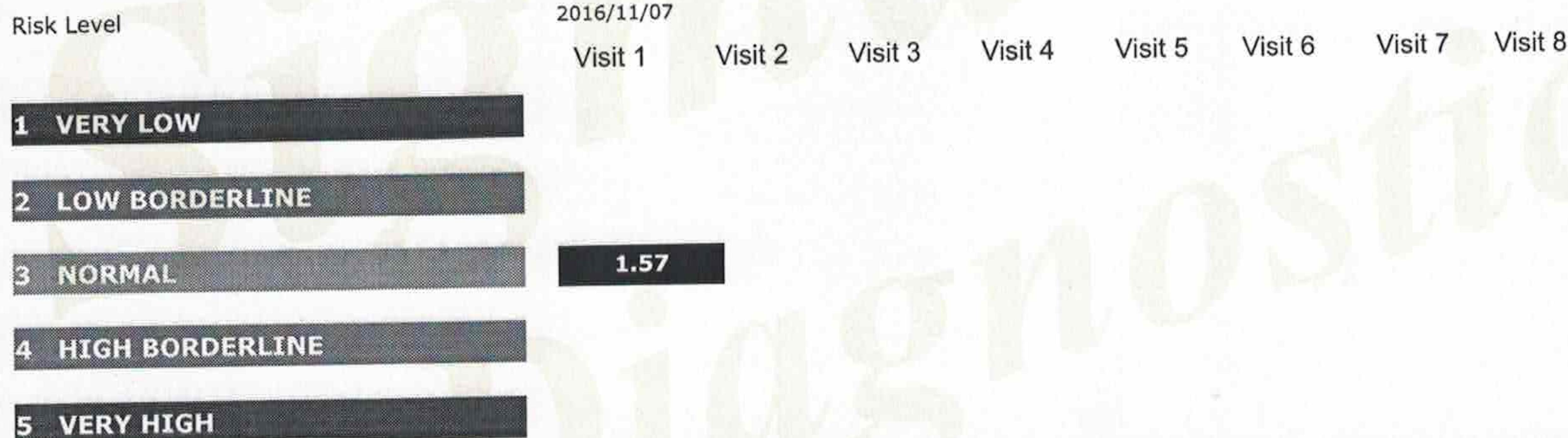
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CLINICAL BIOCHEMISTRY

TEST DESCRIPTION	RESULT	UNITS	BIOLOGICAL REFERENCE RANGES
M-0441 Thyroid Stimulating Hormone (TSH) (Method: Electro Chemiluminescence)	1.57	uIU/mL	0.46 – 8.10 : 1 Yrs – 5 Yrs 0.36 – 5.80 : 6 Yrs – 18 Yrs 0.35 – 5.50 : 18 Yrs – 55 Yrs 0.50 – 8.90 : >55 yrs Pregnancy Ranges::::: Ist Tri :0.6 - 3.4 IIInd Tri :0.37 - 3.6 IIIInd Tri:0.38 - 4.04

Note : Registered MED ID will keep a track to your clinical stats.



TSH levels alone may not be diagnostic of a thyroid disorder. Additional laboratory testing and clinical findings may be necessary.

NOTE: The above Given Risk Level Interpretation is for age group between 18-70 and is an information resource only and is not to be used or relied on for any diagnostic or treatment purposes and should not be used as a substitute for professional diagnosis and treatment. Kindly Correlate clinically.

Health care providers often face patients complaining of symptoms related to thyroidism.

- In some patients with these symptoms, TSH and T4 levels can be within normal limits, which could lead health care providers to rule out low thyroid function. However, thyroid metabolism is complex, and each step can be influenced by nutrition, prescription medications and lifestyle factors. Considering these influences can help practitioners in their understanding of how patients can suffer from symptoms of hypothyroidism even when their blood levels appear normal.
- Evaluating TSH, free T4, free T3, reverse T3, thyroid antibodies, cortisol, vitamin D, ferritin, medication use and nutritional habits all can help health care providers determine the cause of a patient's thyroid symptoms, and an appropriate care plan can be developed. Nutritional deficiencies can be corrected, lifestyle habits can be addressed and medication dosages can be adjusted based on a detailed patient history and evaluation of the lab values mentioned previously. If thyroid replacement is necessary, health care providers can utilize a commercially available thyroid medication.

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