

# DIAGNOSTIC REPORT



CLIENT CODE : C000099937

CLIENT'S NAME AND ADDRESS :  
N. SHAH DIAGNOSTIC CENTRE  
SHOP NO. 01, GROUND FLOOR, VIRANI PLAZA, NAXT TO VIRANI PETROL  
PUMP  
KAUSA, MUMBRA, THANE  
MUMBAI 400612  
MAHARASHTRA INDIA  
7738510056

SRL LIMITED  
MULUND GOREGOAN LINK ROAD  
MUMBAI, 400078  
MAHARASHTRA, INDIA  
Fax :  
CIN - U74899PB1995PLC045956

PATIENT NAME : TARANNUM HODEKAR

PATIENT ID : TARAF02059490

ACCESSION NO : 0090UE000878 AGE : 27 Years SEX : Female DATE OF BIRTH :

DRAWN : RECEIVED : 02/05/2021 17:13 REPORTED : 03/05/2021 09:07

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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## HAEMATOLOGY

### CBC-5. EDTA WHOLE BLOOD

#### BLOOD COUNTS

HEMOGLOBIN	12.0	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	5.47	High 3.8 - 4.8	mil/ $\mu$ L
WHITE BLOOD CELL COUNT	11.2	High 4.0 - 10.0	thou/ $\mu$ L
PLATELET COUNT	276	150 - 410	thou/ $\mu$ L

#### RBC AND PLATELET INDICES

HEMATOCRIT	41.4	36.0 - 46.0	%
MEAN CORPUSCULAR VOLUME	75.7	Low 83.0 - 101.0	fL
MEAN CORPUSCULAR HEMOGLOBIN	21.9		pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	29.0	Low 31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	16.8	High 11.6 - 14.0	%
MEAN PLATELET VOLUME	9.9	6.8 - 10.9	fL

#### WBC DIFFERENTIAL COUNT - NLR

NEUTROPHILS	75	40.0 - 80.0	%
ABSOLUTE NEUTROPHIL COUNT	8.40	High 2.0 - 7.0	thou/ $\mu$ L

METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

LYMPHOCYTES	20	20.0 - 40.0	%
ABSOLUTE LYMPHOCYTE COUNT	2.24	1.0 - 3.0	thou/ $\mu$ L

METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

NEUTROPHIL LYMPHOCYTE RATIO (NLR)	3.9		
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METHOD : CALCULATED

EOSINOPHILS	2	1 - 6	%
ABSOLUTE EOSINOPHIL COUNT	0.22	0.02 - 0.50	thou/ $\mu$ L

METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

MONOCYTES	3	2.0 - 10.0	%
ABSOLUTE MONOCYTE COUNT	0.34	0.2 - 1.0	thou/ $\mu$ L

METHOD : FLOW CYTOMETRY WITH LIGHT SCATTERING

DIFFERENTIAL COUNT PERFORMED ON: EDTA SMEAR

#### MORPHOLOGY

RBC NORMOCYTIC AND NORMOCHROMIC

METHOD : MICROSCOPIC EXAMINATION

WBC NEUTROPHILIC LEUCOCYTOSIS WITH SHIFT TO THE LEFT SEEN



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PLATELETS

ADEQUATE

Interpretation(s)

WBC DIFFERENTIAL COUNT - NLR-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.  
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients A.-P. Yang, et al. International Immunopharmacology 84 (2020) 106504  
This ratio element is a calculated parameter and out of NABL scope.

## ENDOCRINOLOGY

### THYROID PANEL BY CHEMILUMINESCENCE, SERUM

T3	75.86	58 - 159	ng/dL
METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY			
T4	8.22	4.87 - 11.71	µg/dl
METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY			
TSH 3RD GENERATION	2.325	0.35 - 4.94	µIU/mL
METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY			

### VITAMIN D - 25H

25 - HYDROXYVITAMIN D	12.10	Low Deficiency: < 20.0 Insufficiency: 20.0 - < 30.0 Sufficiency: 30.0 - 100.0 Toxicity > 100.0	ng/mL
METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY			

Interpretation(s)

THYROID PANEL BY CHEMILUMINESCENCE, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
Pregnancy			
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T3 (ng/dL)	T4 (µg/dL)
New Born: 75 - 260	1-3 day: 8.2 - 19.9
	1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well



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documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

## Reference:

1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

VITAMIN D - 25H-NOTE: Our Vitamin D assays is standardized to be in alignment with the ID-LC/MS/MS 25(OH)vitamin D Reference Method Procedure (RMP), the reference procedure for the Vitamin D Standardization Program (VDSP). The VDSP, a collaboration of the National Institutes of Health Office of Dietary Supplements, National Institute of Technology and Standards, Centers for Disease Control and Ghent University, is an initiative to standardize 25(OH)vitamin D measurement across methods

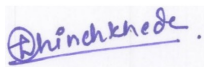
## SPECIALISED CHEMISTRY - VITAMIN

## VITAMIN B12 LEVEL, SERUM

VITAMIN B12	148.0	Low	DEFICIENCY: < 100 FOLLOW UP: 100-300 NORMAL: 187-883	pg/mL
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METHOD : CHEMILUMINESCENT MICROPARTICLE IMMUNO ASSAY

\*\*End Of Report\*\*

Please visit [www.srlworld.com](http://www.srlworld.com) for related Test Information for this accession

Dr. Priyal Chinchkhede, MD  
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Consultant Pathologist



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