



SID No. : 076765

Name : MS. KOWSHALYAA KUMARAGURU

Age / Sex : 26 Years / Female

Ref. By : SELF

Patient ID :0076756

Registered On : 15 Mar 25/10:24 Collected On : 15 Mar 25/10:24 Reported On : 15 Mar 25/19:44

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| Specimen | Test Name | Result | Units | Reference Value/ Method | | | |
|---------------------|------------------|--------|--------------|--------------------------|--|--|--|
| HAEMA | TOLOGY | | | | | | |
| COMPLE | TE BLOOD COUNT | | | | | | |
| EDTA | TOTAL WBC COUNT | 8700 | cells/cumm | 4000 - 10000 (Automated) | | | |
| DIFFERENTIAL COUNT. | | | | | | | |
| EDTA | NEUTROPHILS | 69 | % | 40 - 70 | | | |
| EDTA | LYMPHOCYTES | 26 | % | 20 - 40 | | | |
| EDTA | EOSINOPHILS | 03 | % | 1 - 7 | | | |
| EDTA | MONOCYTES | 02 | % | Upto 10 | | | |
| EDTA | BASOPHILS | 00 | % | 1 - 2 | | | |
| EDTA | TOTAL RBC COUNT | 4.46 | Millions/cmm | 4.20 - 5.00 (Automated) | | | |
| EDTA | HAEMOGLOBI N | 11.9 | gm% | 12.0 - 15.0 (Automated) | | | |
| EDTA | PCV | 35.7 | % | 36 - 46 (Automated) | | | |
| EDTA | MCV | 80 | ft | 83 - 101 (Automated) | | | |
| EDTA | мсн | 27 | pg | 27 - 32 (Automated) | | | |
| EDTA | MCHC | 33 | % | 32 - 35 (Automated) | | | |
| EDTA | PLATELET COUNT | 3.98 | Lakhs/cumm | 1.5 - 4.0 (Automated) | | | |
| BLOCHE | EMISTRY | | | | | | |
| Fluoride Plasma | BLOOD SUGAR (F) | 88 | mg/dl | 70 - 110 (GOD-POD) | | | |
| Fluoride Plasma | BLOOD SUGAR (PP) | 119 | mg/dl | 80 - 140 (GOD-POD) | | | |
| | | | | | | | |



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| <u>HbA1c</u> | | | | |
| EDTA | HbA1c | 6.1 | % | 4.2 - 6.0 |
| | | | | < 6 - Non-Diabetic level < 7 - Goal > 8 - Action suggested |
| EDTA | Mean Plasma Glucose | 128 | mg/dl | Excellent Control: 90 - 120 Good Control: 121 - 150 Average Control: 151 - 180 Panic Value: > 211 (Calculation) |
| LIPIDP | ROFILE | | | |
| Serum | CHOLESTEROL | 181 | mg/dl | Upto 250 (CHOD-PAP) |
| Serum | TRIGLYCERIDES | 105 | mg/dl | Upto 170 (GPO/PAP) |
| Serum | HDL CHOLESTEROL | 57 | mg/dl | 30 - 60 (Direct -Immunoinhibition) |
| Serum | LDL CHOLESTEROL | 92 | mg/dl | Desirable Level : < 130 mg/dl Borderline Elevation : 130 - 159 mg/dl Elevated : => 160 mg/dl (SELECTIVE DETERGENT METHOD) |
| Serum | VLDL | 21 | mg/dl | < 40 (Calculation) |
| Serum | CHO/HDL RATIO | 3.2 | | Normal: <3.3 (calculation) |
| | LDL/HDL Ratio | 1.6 | | 2 - 4 |
| | NON-HDL CHO | 124 | | Upto 160 |
| FNDOC | RINOLOGY | | | |
| | HYROID FUNCTION TEST | T | | |
| Serum | TOTAL TRIIODOTHYRONINE (T3) | 124.00 | ng/dl | 55 - 174 (CLIA) |





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| Serum | TOTAL THYROXINE (T4) | 11.50 | ug/dl | 4.73 - 13.26 (CLIA) |
| Serum | THYROID STIMULATING HORMONE (TSH) | 1.70 | uIU/ml | Infants 1 - 3 Days 1.40 - 28.00 4 - 30 Days 0.80 - 13.00 1 - 3 Months 0.70 - 11.00 4 - 12 Months 0.70 - 8.50 Child 1 - 6 Years 0.80 - 6.10 7 - 17 Years 0.50 - 5.00 ADULT 0.3 - 4.3 First Trimester 0.056 - 4.58 Second Trimester 0.28 - 4.20 Third Trimester 0.34 - 4.50 (CLIA) |

Note: Assay result should be interpreted in context to the clinical condition and associated result of other investigations. previous treatment with corticosteroid therapy may result in lower tsh level while thyroid hormone levels are normal result are invalidated if the client has undergone a radionuclide scan within 7 - 14 days before the test. Abnormal thyroid test findings often found in critically ill clients should repeated after the critical nature of the condition is resolved. the production circulation and disposal of thyroid hormone are altered throughout the stages of pregnancy. Hyperthyroidism: It occurs when your thyroid gland Produces too much of the hormone thyroxine. It can accelerate your bodys metabolism causing unintentional weight and a rapid or irregular heart beat. Hypothyroidism: It is a condition in which your thyroid gland doesnt produce enough of certain crucial hormones. It may not cause noticeable symptoms in the early stages, over time untreated hypothyroidism can cause a number of health problems, such as obesity, join pains infertility and heart disease.

END OF THE REPORT -

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