DDRC SRL DIAGNOSTICS PRIVATE LIMITED
DDRC SRL,Building No. IX/48, Near Govt Taluk Hospital (Casualty),Neyyattinkara Hospital Junction,Trivandrum-695121 Tel :8547631026, Mail: neyyattinkara@ddrcsrl.com
CIN:U85190MH2006PTC161480

Age/Sex :33/ MaleSRD No. : TF1820321

Sample Collected At :01-03-2019 07:48 AMRef. No. :

Report On : 01-03-2019 12:00 PMIP/OP No :

	Value Observed	Reference Range
DEPARTMENT OF HAEMATOLOGY		
ESR	32 mm/hr	Female 1-16 yrs - 10-20 17-50 yr - < or equal to 12 51-60 yrs - < or equal to 19 61-70 yrs - < or equal to 20 >70 yrs - < or equal to 35 Male 1-16 yrs - 10-20 17-50 yr - < or equal to 10 51-60 yrs - < or equal to 12 61-70 yrs - < or equal to 14 >70 yrs - < or equal to 30
DIFFERENTIAL LEUCOCYTE COU...		
Neutrophils	67 %	P-40-70 % L-20-40 % E-1-6 % M-2-10 %
Lymphocytes	27 %	
Eosinophils	04 %	
Monocytes	02 %	
TC	13, 400 cells / cumm	4,000 - 10,000 Cells/cumm

Notes:

Sample type - Citrated Blood

METHOD : Westergen method

Sample Type - EDTA Whole Blood

Method - Automated cell counter

Differential count - VCS technology.

Sample type - EDTA Blood

Sample Type - EDTA Whole Blood

Method - Automated cell counter

WBC - DC Detection method.

DEEPTHY OS
Lab Technician
Dept Of Haematology
NEYYATTINKARA , Tel:-8547631026

Status : FINAL REPORT

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CIN:U85190MH2006PTC161480

Age/Sex :33/ MaleSRD No. : TF1820321

Sample Collected At :01-03-2019 07:48 AMRef. No. : TF1820321

Report On : 01-03-2019 04:55 PMIP/OP No :

	Value Observed	Reference Range
DEPARTMENT OF HORMONES		
T4	1.22 µg/dl	4.5 - 12.6 µg/dl
TSH	> 100 mIU/L (rechecked)	Euthyroid: 0.35-5.5 mIU/L Hyperthyroid: <0.35 mIU/L Hypothyroid : >5.5 mIU/L

Notes:

Notes : Serum T3 levels are used as a thyroid function test which is particularly useful in the diagnosis of T3

thyrotoxicosis, in which T3 is increased and T4 is within normal limits. T3 toxicosis is occasionally found in Graves' disease. T3 is needed in patients with clinical evidence of hyperthyroidism, in whom the usual thyroid profile is normal or borderline. T3 levels are affected by certain drugs,binding proteins,non thyroidal chronic diseases,assay interferences and iodine defeciency . It is not helpful for evaluation of hypothyroidism.

Serum T4 levels are used in the diagnosis of hyper and hypothyroidism.T4 may be increased with the surreptitious use of thyroxine. T4 levels may be abnormal in the presence of systemic nonthyroidal disease. Alterations in binding capacity or quantity of TBG may increase or decrease total thyroxine without causing symptoms. Assay interferences can affect T4 levels.

TEST: TSH, Method :CLIA/ECLIA Sample type : SERUM

TSH estimations are used as a thyroid function test, in the differential diagnosis of primary hypothyroidism and hyperthyroidism from pituitary/hypothalamic hypothyroidism and hyperthyroidism and also for monitoring therapy. A normal result on a sensitive TSH assay is acceptable evidence for adequate thyroid replacement. 3rd generation TSH assays can be considered as a test for thyroid disease. A result within the accepted reference interval provides strong evidence for euthyroidism.This assay has a sensitivity of 0.001 mIU/L and meets all criteria as a 3rd Generation TSH assay.Secretion of T3 and T4 is regulated by TSH through a negative feedback mechanisms involving the Thyroid, Pitutary and Hypothalamus.

Certain conditions can affect TSH levels which include

Time of collection , Pregnancy , Poor adherence to treatment , Certain drugs and dietary products

Assay interferences including high dose of biotin therapy, Non thyroidal illness, genetic conditions.

TSH exhibit a diurnal pattern.So it is advisable to check it during morning hours.

The samples of TFT will be preserved in the lab only for 2 days after performing the test.Hence any complaints or clarifications of reports if any, may kindly be informed within 2 days on issue of reports.

TEST : T4 , METHOD : CLIA, SAMPLE : SERUM

Serum T4 levels are used in the diagnosis of hyper and hypothyroidism.T4 may be increased with the surreptitious use of thyroxine. T4 levels may be abnormal in the presence of systemic nonthyroidal disease. Alterations in binding capacity or quantity of TBG may increase or decrease total thyroxine without causing symptoms.

Status : FINAL REPORT

Certificate No. : M-0208

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