



TEST REPORT

Name : **Mr. ROHITH**
Age/Gender : **20 Years / Male**
Registration ID : **251100001234**
Ref. By : **Dr. SURESH KUMAR P**
Sample Type : **Whole Blood - EDTA**

Registered on : 13-Jan-2025 07:10
Collected on : 13-Jan-2025 07:12
Released on : 13-Jan-2025 11:30
Printed on : 13-Jan-2025 12:10
Regn Centre : **BN Reddy Nagar- 110**

COMPLETE BLOOD PICTURE (CBP)

<u>TEST NAME</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Haemoglobin <i>Method: Photometric Measurement</i>	: 16.4	gm/dL	13.0 - 17.0
Total RBC Count <i>Method: Coulter Principle</i>	: 5.5	millions/cumm	4.5 - 5.5
Packed Cell Volume / Hematocrit <i>Method: Calculated</i>	: 47.7	%	40.0 - 50.0
MCV <i>Method: Derived From RBC Histogram</i>	: 87.0	fL	83.0 - 101.0
MCH <i>Method: Calculated</i>	: 29.9	pg	27.0 - 32.0
MCHC <i>Method: Calculated</i>	: 34.3	gm/dL	31.5 - 34.5
RDW <i>Method: Derived From RBC Histogram</i>	: 12.8	%	11.6 - 14.0
Total Leucocytes (WBC) Count <i>Method: Coulter Principle</i>	: 8600	Cells/cumm	4000 - 10000
<u>Differential count</u>			
Neutrophils <i>Method: VCSn Technology and Microscopy</i>	: 50	%	40 - 80
Lymphocytes <i>Method: VCSn Technology and Microscopy</i>	: 39	%	20 - 40
Eosinophils <i>Method: VCSn Technology and Microscopy</i>	: 3	%	1 - 6
Monocytes <i>Method: VCSn Technology and Microscopy</i>	: 7	%	2 - 10
Basophils <i>Method: Optical / Resistive DC & Microscopy</i>	: 1	%	0-2
<u>Absolute Leucocyte Count</u>			
Absolute Neutrophil Count <i>Method: Calculated</i>	: 4300	Cells/cumm	2000 - 7000
Absolute Lymphocyte Count <i>Method: Calculated</i>	: 3354	Cells/cumm	1000 - 3000
Absolute Eosinophil Count <i>Method: Calculated</i>	: 258	Cells/cumm	20 - 500
Absolute Monocyte Count <i>Method: Calculated</i>	: 602	Cells/cumm	200 - 1000



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Platelet Count <i>Method: Coulter Principle and Microscopy</i>	: 279000	Cells/cumm	150000 - 410000
Peripheral Smear RBC <i>Method: Microscopy of Leishman stained smear</i>	: Normocytic Normochromic		
WBC <i>Method: Microscopy of Leishman stained smear</i>	: Normal in morphology, maturity and distribution		
Platelets <i>Method: Microscopy of Leishman stained smear</i>	: Adequate		



DR. RAVIKUMAR T
MD PATHOLOGY
Registration No: KMC/FMR/84462



TEST REPORT

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Registration ID : **251100001234**
Ref. By : **Dr. SURESH KUMAR P**
Sample Type : **Serum**

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IRON

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Iron	: 109.0	µg/dL	70 - 180

Method: TPTZ

Interpretation / Comments :

- Serum iron levels are useful in the diagnosis of various conditions like blood loss, differential diagnosis of anemias, diagnosis of hemochromatosis, hemosiderosis, acute iron toxicity and monitoring response to anemia treatment.
- Diagnosis of iron deficiency is best done in conjunction with TIBC.
- Ingestion of iron may cause transient elevated iron levels.
- Diurnal variation is seen.



DR. T KINNERA
MD BIOCHEMISTRY
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TSH-ULTRASENSITIVE

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TSH - Ultrasensitive	: 2.046	μIU/mL	0.7 - 6.4

Method: Chemiluminiscence Immunoassay

Interpretation:-

- This test is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) Hypothyroidism.
- TSH assays with increased sensitivity and specificity provide a primary diagnostic tool to differentiate hyperthyroid from euthyroid patients.
- Helpful in monitoring T4 replacement or T4 suppressive therapy.
- Helpful to Quantify TSH levels in the subnormal range.
- TSH levels are subjected to circadian variation, hence the time of the day has influence on the measure serum TSH concentrations.
- TSH levels are increased in Primary hypothyroidism, subclinical hypothyroidism.
- TSH levels are decreased in Graves disease, Primary hyperthyroidism, TSH deficiency.



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FERRITIN

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Ferritin	: 44.6	ng/mL	22 - 322

Method: Chemiluminescence Immuno Assay (CLIA)

Interpretation / Comments :

- Useful to predict and monitor iron deficiency and differentiate from chronic disease as a cause of anaemia.
- Also useful in identifying iron overload states to plan chelation therapy.
- Ferritin is an acute phase reactant, which means it can be elevated in iron deficiency states due to inflammation and infection.



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CALCIUM

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Calcium	: 10.3	mg/dL	8.8 - 10.6

Method: Arsenazo III

Interpretation / Comments :

- Useful in diagnosis and prognosis of a wide range of disorders including disorders of proteins and Vitamin D, diseases of bone, kidney, parathyroid gland and GI tract.



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VITAMIN D - Total

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin D-Total <i>Method: Chemiluminiscence Immunoassay</i>	: 35.26	ng/mL	Deficient : < 20 Insufficient : 20 - 29 Sufficient : 30 - 100 Toxicity : > 100

Interpretation / Comments :

- Vitamin D is a steroid hormone involved in the intestinal absorption of calcium and regulation of calcium homeostasis.
- Vitamin D deficiency can result from inadequate exposure to sunlight, inadequate dietary intake, decreased absorption, abnormal metabolism or Vitamin D resistance.
- 25-OH Vitamin D levels reflect the storage level in the body and correlate with the clinical symptoms of Vitamin D deficiency.

The assay of Vitamin D (Total and Fractions D2 + D3) on LCMS/MS is available at Vijaya Diagnostic Centre, Himayatnagar, Hyderabad.



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VITAMIN - B12

TEST NAME	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Vitamin - B12	: 252	pg/mL	Deficient : <211 Normal : 211 - 911

Method: Chemiluminiscence Immunoassay

Interpretation / Comments :

- Vitamin B12 is essential in DNA synthesis, haematopoiesis and CNS integrity.
- Serum levels of B12 are used to investigate cases of macrocytic anaemia, megaloblastic anaemia, diagnosis of CNS disorders, evaluation of alcoholism and malabsorption syndromes.



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