



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **WB EDTA**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 12:37 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGLOBIN (Method: Cell Counter)	11.7	gm/dL	12.0 - 15.0
RBC Count (Method: Cell Counter)	4.5	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	7,100	Cells/cumm	4,000 - 11,000
RDW (Method: Cell Counter)	15.8	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	61	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	32	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	03	%	01 - 06
MONOCYTES (Method: Cell Counter)	04	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	0 - 0
PCV (Haematocrit) (Method: Cell Counter)	35	%	35 - 45
MCV (Method: Cell Counter)	81	FL	83 - 101
MCH (Method: Cell Counter)	27	pg	27 - 32
MCHC (Method: Cell Counter)	33	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	2.44	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	NORMOCYTIC NORMOCHROMIC		
WBCs	WITHIN NORMAL LIMITS		
PLATELETS	ADEQUATE		



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **WB EDTA**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 12:37 PM

Sugessted Clinical Correlation If necesarry Kindly Discuss.

-----End of the Report-----



Authorized Signatory



LAB INCHARGE



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 05:28 PM

CLINICAL BIOCHEMISTRY

RENAL FUNCTION TEST (RFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Blood Urea (Method: Urease-GLDH)	32	mg/dl	13 - 45
Serum Creatinine (Method: Alkaline Picrate)	0.9	mg/dl	Male: 0.9 - 1.4 Female: 0.9 - 1.3
Serum Calcium (Method: Arsenazo)	10.0	mg/dl	8.6 - 10.3
Serum Uric Acid (Method: Uricase)	3.6	mg/dl	Male: 3.6 - 7.7 Female: 2.5 - 6.8
Serum Electrolytes			
Sodium (Na) (Method: Alkaline Picrate)	139	mmol/L	135 - 145
Potassium (K) (Method: I S E-Direct)	4.1	mmol/L	3.5-5.3
Chloride (CL) (Method: I S E)	103	mmol/L	98 - 107

Sugessted Clinical Correlation If necesarry Kindly Discuss.

-----End of the Report-----

Authorized Signatory



LAB INCHARGE



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 01:01 PM

LIVER FUNCTION TEST (LFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL BILIRUBIN (Method: Jendrassik and Grof)	0.7	mg/dl	0.4 - 1.2
DIRECT BILIRUBIN (Method: Modified Jendrassik)	0.2	mg/dl	Up to 0.25
INDIRECT BILIRUBIN (Method: Calculated)	0.5	mg/dl	up to 1
SGPT(ALT) (Method: Kinetic: IFCC)	15	U/L	Male :Upto 40 Female :Upto 31
SGOT(AST) (Method: Kinetic IFCC)	29	U/L	Male: Upto 37 Female: Upto 31
ALKALINE PHOSPHATASE(ALP) (Method: PNPP AMP Buffer)	156	U/L	Adults : 30-120 Children: 47 - 406
TOTAL PROTEINS (Method: Biuret)	6.8	gm/dl	6.4 - 8.3
ALBUMIN (Method: BCG)	3.9	gm/dl	3.8 - 4.4 gm/dL
GLOBULIN (Method: Calculated)	3.0	gm/dl	2.6 - 3.9
A/G Ratio (Method: Calculated)	1.3		1.2-2.2

Total Bilirubin reference range in case of Premature neonates is :0 - 1day: 1.0 - 8.0, 1 - 2day: 6.0 - 12.0, 3 - 5day: 10.0 - 14.0

-----End of the Report-----

Authorized Signatory



LAB INCHARGE



Name : **MRS. TANVEER FATHIMA**
 Age/Gender : **32YEARS/FEMALE**
 Sample Type : **SERUM**
 Ref By : **DR.SELF**
 TypedBy : Noor Amin Ansari

Bill Number : **M3462**
 Bill Date : 17-Jul-2024 12:19 PM
 Sample Collection : 17-Jul-2024 12:20 PM
 Sample Received : 17-Jul-2024 12:20 PM
 Reporting Date : 17-Jul-2024 06:39 PM

THYROID PROFILE (TFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3) (Method: CLIA)	1.52	ng/ml	0.87 - 1.78
TOTAL THYROXINE (T4) (Method: CLIA)	10.9	ug/dL	4.82 - 11.72
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	3.46	uIU/mL	0.34 - 5.60

Pregnancy Reference Ranges for TSH:

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.0

3rd Trimester : 0.20 - 3.0

(Ref: Guidelines of American Association for the diagnosis and management of Thyroid Disease during pregnancy and Postpartum, Thyroid, 2011,21:1-46).

Primary malfunction of the thyroid gland may result in excessive (Hyper) or below normal (Hypo) release of T3 or T4. In Addition, as thyroid function is directly affected by TSH. Diagnostically, T3 concentration in serum changes faster and more markedly than T4, the T3 level is also an excellent indicator of the ability of the thyroid to respond to both stimulatory and suppressive tests. Under conditions of strong thyroid stimulation, the T3 level offers a good. It is especially useful in the differential diagnosis of primary (Thyroid) from secondary (Pituitary) and tertiary (Hypothalamus)hypothyroidism. In primary Hypothyroidism, TSH levels are significantly elevated, While in secondary and tertiary hypothyroidism, TSH levels are low. A TSH level between 6-12 mIU/L with normal T4 may represent subclinical or compensated Hypothyroidism. Suppressed TSH may be seen in elderly patients who do not have thyrotoxicosis (Since the T3 is low or normal). TSH may also be suppressed in depression.

*A synchronous diurnal rhythm is found in serum TSH with low levels in the day time and higher levels at night. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH Concentrations.

-----End of the Report-----



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **SERUM**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 06:39 PM



LAB INCHARGE

Authorized Signatory



Name : **MRS. TANVEER FATHIMA**
Age/Gender : **32YEARS/FEMALE**
Sample Type : **WB EDTA**
Reff By : **DR.SELF**
TypedBy : Noor Amin Ansari

Bill Number : **M3462**
Bill Date : 17-Jul-2024 12:19 PM
Sample Collection : 17-Jul-2024 12:20 PM
Sample Received : 17-Jul-2024 12:20 PM
Reporting Date : 17-Jul-2024 05:53 PM

Glycosylated Haemoglobin (HbA1c)

INVESTIGATION

RESULT

UNITS

NORMAL RANGE

GLYCATED HAEMOGLOBIN (HBA1C)
(Method: HPLC)

5.3

%

Below 6.0% - Normal value
6.0 - 7.0 % Good control
7.0 - 8.0 % Fair Control
8.0 - 10.0 % Unsatisfactory Control
> 10.0 % Poor Control

AVERAGE BLOOD GLUCOSE
(Method: Calculated)

105.4

mg/dl

90 - 120 mg/dl - Excellent control
121 - 150 mg/dl - Good Control
151 - 180 mg/dl - Average Control
181 - 210 mg/dl - Action Suggeste
> 211 mg/dl - Panic Value.

INTERPRETATION:

- Monitor diabetic patients compliance with therapetic regime and long term blood glucose level control.
- It is useful in evaluating the initial 1 - 2 months of diabetic control in a newly pregnant diabetic female.
- In differentiating stress induced transient glucose intolerance from true diabetic.
- It also confirms discrepancies between blood glucose self monitoring results produced by the patients and actual degree of overall control.
- Increased in chronic renal failure, iron deficiency anemia, splenectomy, and alcohol.
- Decreased in shortended RBC life span in presence of HbS, HbC after transfusion, pregnancy etc.
- Average Blood Glucose value is calculated from HBA1C value and it indicates Average Blood Sugar level over past three months.

Sugessted Clinical Correlation If necesarry Kindly Discuss.

-----End of the Report-----

Authorized Signatory



LAB INCHARGE