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ISO 9001:2015

Name	:	**MRS. RUPA SRI**	Bill Number	:	**M2404**
Age/Gender	:	**29YEARS/FEMALE**	Bill Date	:	20-Jun-2024 03:31 PM
Sample Type	:	**WB EDTA**	Sample Collection	:	20-Jun-2024 04:22 PM
Reff By	:	**DR M A RAUF**	Sample Received	:	20-Jun-2024 04:23 PM
TypedBy	:	Bharat Saini	Reporting Date	:	20-Jun-2024 06:37 PM

COMPLETE BLOOD PICTURE (CBP)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
HAEMOGLOBIN (Method: Cell Counter)	**9.8**	gm/dL	12.0 - 15.0
RBC Count (Method: Cell Counter)	4.1	Millions/Cumm	3.8 - 4.8
WBC Count (Method: Cell Counter)	5,500	Cells/cumm	4,000 - 11,000
RDW (Method: Cell Counter)	13.2	%	11.0 - 16.0
DIFFERENTIAL COUNT			
NEUTROPHILS (Method: Cell Counter)	49	%	40 - 75
LYMPHOCYTES (Method: Cell Counter)	**45**	%	20 - 40
EOSINOPHILS (Method: Cell Counter)	02	%	01 - 06
MONOCYTES (Method: Cell Counter)	04	%	02 - 10
BASOPHILS (Method: Cell Counter)	00	%	0 - 0
PCV (Haematocrit) (Method: Cell Counter)	**29**	%	35 - 45
MCV (Method: Cell Counter)	**70**	FL	83 - 101
MCH (Method: Cell Counter)	**24**	pg	27 - 32
MCHC (Method: Cell Counter)	**37**	%	32 - 35
PLATELET COUNT (Method: Cell Counter)	2.0	Lakhs/Cumm	1.5 - 4.5
PERIPHERAL SMEAR			
RBCs	MICROCYTIC / HYPOCHROMIC		
WBCs	LYMPHOCYTOSIS		
PLATELETS	ADEQUATE		

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Sugessted Clinical Correlation If necesarry Kindly Discuss.

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

Authorized Signatory

LAB INCHARGE

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Vitamin - B12

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
Vitamin B - 12 (Method: CLIA)	**130**	pg/mL	Normal Range:180-914 pg/mL Indeterminate Range : 145-180 pg/mL Deficient Range:<145 pg/mL

INTERPRETATION:

* Vitamin B12 is a member of the vitamin B complex. I contains cobalt.and is also known as cobalamin.

* B12is necessary for the synthesis of RBCs.the maintenanace of the nervous system and growth and development in childern.

* Increased in Myeloproliferative disorders. leukemias. leucocytosis. liver disorders like hepatitis.cirrhosis. hepatic come

* Decreased in individuals with perinicious anemia. individuals with gastrointestinal disorders. vegetarians and older adults

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THYROID PROFILE (TFT)

INVESTIGATION	RESULT	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3) (Method: CLIA)	1.42	ng/ml	0.87 - 1.78
TOTAL THYROXINE (T4) (Method: CLIA)	7.54	ug/dL	4.82 - 11.72
THYROID STIMULATING HORMONE (TSH) (Method: CLIA)	3.8	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 exellent 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 expecially 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 sbclinical or compensated Hypothyroidis. Supressed TSH may be seen in elderly patients who do not have thyrotoxcosis (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.

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