SATYA SCANS & DIAGNOSTICS
SATYA stands for STANDARDS
(A Division of Sri Bala Tripura Sundari Healthcare Pvt Ltd)

2-4-12, Murali Street, Sri Nagar,
Bhanugudi Junction, Kakinada-533 003, A.P.
Contact Numbers : 0884-2384858, 94910 69686

NAME: V. NAGAVENI
AGE / SEX: 35 / F
REF. DOCTOR: C.S.S. SARMA, M.D. (GEN)

COLLECTION DATE, TIME: 15/11/2024, 14:58
REPORTING DATE, TIME: 15/11/2024, 16:41
PATIENT ID: A195

INVESTIGATIONS	RESULTS		
BLOOD GROUP	: 'B'		
RH-TYPE	: POSITIVE		
BLOOD GLUCOSE (R) *Method: Enzymatic, hexokinase.*	**148**	mg/dl	70 – 140

********** END OF REPORT **********

T. SURESH MSC(BIOCHEM)MLT
SENIOR BIO-CHEMIST.

B.INDIRAPRIYA DARSHINI,
MSc (MICRO)PG,DMLT (NIMS)

SUGGESTED CLINICAL CORRELATION, IF THERE IS NEED, KINDLY DISCUSS.

Note: * The reported above results are for the reference of referring doctor only.

* Test results of investigations are influenced by various factors such as sensitivity and specificity of test procedures, drug interactions and quality of sample. Hence reports have limitations.

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LIVER FUNCTION TESTS

INVESTIGATIONS	RESULTS	UNITS	BIOLOGICALREFERENCE INTERVAL
SERUM BILIRUBIN TOTAL	**14.30**	mg/dl	0.2 – 1.2
SERUM BILIRUBIN DIRECT	**8.10**	mg/dl	0.0 – 0.3
SERUM BILIRUBIN INDIRECT	6.20	mg/dl	
S G O T	**206**	U/L	05 – 45
S G P T	**87**	U/L	UPTO 49
SERUM ALKALINE PHOSPHATASE	**483**	U/L	36 – 141
GAMMA-GT	**712**	U/L	09 – 64
TOTAL PROTEINS	**4.4**	gm/dl	6.0 – 8.0
ALBUMIN	**2.0**	gm/dl	3.5 – 5.0
GLOBULIN	2.4	gm/dl	2.3 – 3.7
ALBUMIN / GLOBULIN RATIO	0.8		

Method: Spectrophotometry.

********** END OF REPORT **********

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THYROID FUNCTION TESTS

INVESTIGATIONS	RESULTS	NORMAL VALUES
TRIIODOTHYRONINE (**T3**)	40.61 ng/dl	Healthy Adults 60.0 – 181.0 ng/dl Pregnant Women 1st Trimester 60.0 – 190 ng/dl 2 &3 Trimester 90.0 – 260 ng/dl
THYROXINE (**T4**)	8.72 ug/dl	Healthy Adults 3.5 – 12.6 ug/dl Pregnant Women 1st Trimester 8.8 – 18.2 ug/dl 2 &3 Trimester 10.1 – 18.3 ug/dl
THYROID STIMULATING HORMONE (**TSH**)	47.80 µIU/ml	Healthy Adults 0.35 – 5.5 µIU/ml Pregnant Women 1st Trimester 0.1 – 2.5 µIU/ml 2nd Trimester 0.2 – 3.0 µIU/ml 3rd Trimester 0.3 – 3.0 µIU/ml

********** END OF REPORT **********

Method: CHEMILUMINESCENCE.

T. SURESH MSC(BIOCHEM)MLT
SENIOR BIO-CHEMIST.

B.INDIRAPRIYA DARSHINI,
MSc (MICRO)PG.DMLT (NIMS)

SUGGESTED CLINICAL CORRELATION. IF THERE IS NEED, KINDLY DISCUSS.

ABOVE TESTS DONE BY FULLY AUTOMATED CLIA ON BECKMAN COULTER DxI 600

THYROID PANEL TT3, TT4 & TSH)

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition, as TSH directly affects thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroid- pituitary-hypothalamus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of nonthyroidal illness (NTI) without evidence of preexisting thyroid or hypothalamic - pituitary disease.

Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy excess estrogens, androgens, anabolic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TYPED BY: KESAVA

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NAME: V. NAGAVENI **FEMALE / 35 Yrs**

Ref by Dr: C.S.S. SARMA, M.D. (GEN) **DATE: 15-11-2024**

PERIPHERAL SMEAR

RBC : Show moderate anisocytosis.
Most of the cells are of normocytic normochromic type.
Nucleated RBC constituting 08/100 WBC are seen.

WBC : Total count is increased.
Differential count shows neutrophilia with mild shift to the left.

PLATELETS : Decreased.

No hemoparasites and no abnormal cells are seen.

IMPRESSION : Normocytic normochromic anemia with neutrophilic leukocytosis and thrombocytopenia.

Suggested hemolytic profile.

SUGGESTED CLINICAL CORRELATION.
IF THERE IS NEED KINDLY DISCUSS.

Typed by thrimurtulu

Vaani Lalitya

Dr. A. VAANI LALITYA, M.D.
PATHOLOGIST

Dr. P. KUSARAJU, M.D.
PATHOLOGIST

Dr. R. RAJYALAKSHMI, M.D.
PATHOLOGIST

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NAME: V. NAGAVENI **FEMALE / 35 Yrs**

Ref by Dr: C.S.S. SARMA, M.D. (GEN) **DATE: 15-11-2024**

HEMOGRAM

INVESTIGATIONS	RESULTS	NORMAL VALUES
HEMOGLOBIN	5.6 gms%	12 - 15 gms%
RBC COUNT	1.96 million cells/cu.mm	3.8 – 4.8 million cells/cu.mm
HCT	17.5 %	36 - 46 %
MCV	89.4 fl	83 – 101 fl
MCH	28.5 pg	27 – 32 pg
MCHC	31.9 gm/dl	31 – 34 gm/dl
TWBC COUNT	22,300 cells/cu.mm	4,000 – 12,000 cells/cu.mm
DIFFERENTIAL COUNT:		
MYELOCYTES	04 %	
NEUTROPHILS	78 %	40 – 70%
LYMPHOCYTES	11 %	20 – 40%
MONOCYTES	06 %	2 – 10%
EOSINOPHILS	01 %	2 – 6%
PLATELETCOUNT	0.48 lakhs / cu.mm	1.5 – 4.0 lakhs / cu.mm
ESR	11 mm in 1st hour	0 – 10 mm in 1st hour
RETICULOCYTE COUNT	9.5 %	0.5 – 2.5%

CONTD.