



Visit ID : YOD188043 UHID/MR No : YOD.0000181406
Patient Name : Mrs. SRILATHA Client Code : 665
Age/Gender : 74 Y 0 M 0 D /F Barcode No : 10251086
DOB : Registration : 30/Oct/2022 02:24PM
Ref Doctor : SELF Collected : 30/Oct/2022 02:34PM
Client Name : SHARADAS URBAN CLINIC Received : 30/Oct/2022 02:58PM
Client Add : 8-3-224/7/A/1, E-68, Madhura N Reported : 30/Oct/2022 05:14PM
Hospital Name :

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Biological. Ref. Range	Method
CBP(COMPLETE BLOOD PICTURE)				
Sample Type : WHOLE BLOOD EDTA				
HAEMOGLOBIN (HB)	12.2	g/dl	12.0 - 15.0	Cyanide-free SLS method
RBC COUNT(RED BLOOD CELL COUNT)	5.05	million/cmm	3.80 - 4.80	Impedance
PCV/HAEMATOCRIT	37.9	%	36.0 - 46.0	RBC pulse height detection
MCV	75	fL	83 - 101	Automated/Calculated
MCH	24.2	pg	27 - 32	Automated/Calculated
MCHC	32.2	g/dl	32 - 35	Automated/Calculated
RDW-CV	14.8	%	11.5 - 14.0	Automated/Calculated
RDW-SD	41	fL	39-46	Calculated
PLATELET COUNT	4.40	Lakhs/cumm	1.50 - 4.10	Impedance
MPV	8.9	fL	6.5 - 10.0	Calculated
PDW	9.5	fL	8.30-25.00	Calculated
PCT	0.39	%	0.15-0.62	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	9970	cell/cumm	4000 - 10000	Flow Cytometry
DLC (by Flow cytometry/Microscopy)				
NEUTROPHIL	48.1	%	40 - 80	Impedance
LYMPHOCYTE	43.3	%	20 - 40	Impedance
EOSINOPHIL	3.1	%	01 - 06	Impedance
MONOCYTE	5	%	02 - 10	Impedance
BASOPHIL	0.5	%	0 - 1	Impedance
PERIPHERAL SMEAR				
RBC : Normocytic hypochromic microcytes, mild anisocytosis .				
WBC : Lymphocytic predominance .				
Platelets : Mild thrombocytosis .				

Verified By :
J. Krishna Kishore



Approved By :

Dr. VIKAS REDDY
Consultant Pathologist



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Ref Doctor	: SELF	Collected	: 30/Oct/2022 02:34PM
Client Name	: SHARADAS URBAN CLINIC	Received	: 30/Oct/2022 02:59PM
Client Add	: 8-3-224/7/A/1, E-68, Madhura N	Reported	: 30/Oct/2022 04:14PM
Hospital Name	:		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Biological. Ref. Range	Method
THYROID PROFILE (T3,T4,TSH)				
Sample Type : SERUM				
T3	0.91	ng/ml	0.60 - 1.78	CLIA
T4	9.95	ug/dl	4.82-15.65	CLIA
TSH	1.19	uIU/mL	0.30 - 5.60	CLIA

INTERPRETATION:

1. Serum T3, T4 and TSH are the measurements form three components of thyroid screening panel and are useful in diagnosing various disorders of thyroid gland function.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 values along with depressed TSH levels.
3. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH levels.
4. Normal T4 levels accompanied by high T3 levels are seen in patients with T3 thyrotoxicosis. Slightly elevated T3 levels may be found in pregnancy and in estrogen therapy while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors (secondary hyperthyroidism).
6. Low levels of Thyroid hormones (T3, T4 & FT3, FT4) are seen in cases of primary, secondary and tertiary hypothyroidism and sometimes in non-thyroidal illness also.
7. Increased levels are found in Grave's disease, hyperthyroidism and thyroid hormone resistance.
8. TSH levels are raised in primary hypothyroidism and are low in hyperthyroidism and secondary hypothyroidism.

9. REFERENCE RANGE :

PREGNANCY	TSH in uIU/mL
1st Trimester	0.60 - 3.40
2nd Trimester	0.37 - 3.60
3rd Trimester	0.38 - 4.04

(References range recommended by the American Thyroid Association)

Comments:

1. During pregnancy, Free thyroid profile (FT3, FT4 & TSH) is recommended.
2. TSH levels are subject to circadian variation, reaches peak levels between 2-4 AM and at a minimum between 6-10 PM. The variation of the day has influence on the measured serum TSH concentrations.

*** End Of Report ***

Verified By :
J. Krishna Kishore



Approved By :

Suryadeep Pratap
SURYADEEP PRATAP
Senior Biochemist