



MEGHNAD LABORATORY

Nagdeo Towers, Second Floor,
Nashik Road, Bhosari, Pune - 411 039.

Dr. Bhagyashree Padsalgikar

MBBS., DPB

CONSULTING PATHOLOGIST

NAME : MRS SAYALI KULKARNI

AGE & SEX : 34Years / Female

REFERRED BY D DR PRADNYA TIKHE

Reg. ID :

REGISTERED ON :06/03/2022 07:31PM

REPORTED ON :06/03/2022 10:01PM

HAEMATOLOGY

TEST

RESULT

UNIT

Hemogram (CBC)

Sample Type EDTA

Erythrocytes

Haemoglobin	: 2	gm/dl	12-16
Erythrocyte (RBC) Count	: 2	mill/cu.mm	4.7-6.0
PCV (Packed Cell Volume)	: 2	%	42-52

Leucocytes

Platelets Indices

PERIPHERAL SMEAR EXAMINATION

RBC Morphology	: Normocytic Normochromic
WBC Morphology	: Within Normal Limits.
Platelet Morphology	: Adequate On Smear

Tests Done On Automated Three Part Cell Counter

--- End Of Report ---

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BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>BIOLOGICAL REF RANGE</u>
<u>BLOOD SUGAR - RANDOM</u>			
Sample Type	FLOURIDE (R)		
Blood Sugar (R)	: 2	mg/dL	70-140

--- End Of Report ---

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ENDOCRINOLOGY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE
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THYROID FUNCTION TEST (FT3,FT4,TSH)

Sample Type PLAIN

Free Thyroxine (Free T4) : 3 pg/ml 0.89-17.2

Method : Fully Automated Chemiluminescence System

Instrument : Advia Centaur Siemens.

NOTE

Triiodothyronine is one of the thyroid hormones present in serum which regulate metabolism. Determination of this hormone concentration is important for the diagnostic differentiation of euthyroid, hyperthyroid and hypothyroid states. The major fraction of total triiodothyronine is bound to the transport proteins (TBG, prealbumin, albumin). Free triiodo-thyronine (fT3) is the physiologically active form of the thyroid hormone triiodothyronine (T3). The determination of free T3 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins; additional determination of a binding parameter (T-uptake, TBG) is therefore unnecessary. The sequential testing procedure and the use of a labeled antibody reduces the possibility of interference due to altered binding properties of the serum, as can occur with assays employing labeled antigen (analog method). A variety of methods are available for estimating the free thyroid hormone levels. The direct measurement of fT4 and fT3 via equilibrium dialysis or ultrafiltration is mainly used as a reference method for standardizing the immunological procedures generally used for routine diagnostic purposes.

The thyroid hormone thyroxine (T4) is physiologically part of the regulating system of the thyroid gland and has an effect on general meta-bolism. The major fraction of the total thyroxine is bound to transport proteins (TBG, prealbumin and albumin). The free thyroxine (fT4) is the physiologically active thyroxine component. The determination of free thyroxine is an important element in clinical routine diagnostics. Free T4 is measured together with TSH when thyroid function disorders are suspected. The determination of fT4 is also suitable for monitoring thyrosuppressive therapy. The determination of free T4 has the advantage of being independent of changes in the concentrations and binding properties of the binding proteins; additional determination of a binding parameter (T-uptake, TBG) is therefore unnecessary. A variety of methods are available for estimating the free thyroid hormone levels. The direct measurement of fT4 and fT3 via equilibrium dialysis or ultrafiltration is mainly used as a reference method for standardizing the indirect procedures generally used for routine diagnostic purposes. In the Elecsys FT4 test the determination of free thyroxine is made with the aid of a specific anti-T4 antibody labeled with a ruthenium complex**. The quantity of antibody used is so small (equivalent to approx. 1-2% of the total T4 content of a normal serum sample) that the equilibrium between bound and unbound T4 remains virtually unaffected.

--- End Of Report ---

Padsalgikar

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