

## Client

Jeevan Jyoti HLM

Pathkind Diagnostics Pvt. Ltd.

162, Lowther Road, Bai Ka Bagh, Prayagraj

## Processed By

Pathkind Diagnostics Pvt. Ltd.

162, Lowther Road, Bai Ka Bagh, Prayagraj

Uttar Pradesh-211003

Name	: Mrs. ANU AGRAWAL REG-315074 OPD	Billing Date	: 16/01/2023 09:53:51
Age	: 31 Yrs	Sample Collected on	: 16/01/2023 09:56:30
Sex	: Female	Sample Received on	: 16/01/2023 10:32:01
P. ID No.	: P1212100008601	Report Released on	: 16/01/2023 11:21:11
Accession No	: 121222028671	Barcode No.	: 994858088
Referring Doctor	: SELF	Ref no.	:
Referred By	:		

## Report Status - Final

Test Name	Result	Biological Ref. Interval	Unit
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**HAEMATOLOGY****Complete Blood Count (CBC)**

<b>Haemoglobin (Hb)</b> <i>Sample: Whole Blood EDTA Method: Photometric measurement</i>	12.2	12.0 - 15.0	gm/dL
<b>Total WBC Count / TLC</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	7.6	4.0 - 10.0	thou/ $\mu$ L
<b>RBC Count</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	4.3	3.8 - 4.8	million/ $\mu$ L
<b>PCV / Hematocrit</b> <i>Sample: Whole Blood EDTA Method: Impedance</i>	39.2	36.0 - 46.0	%
<b>MCV</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	91.2	83.0 - 101.0	fL
<b>MCH</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	28.4	27.0 - 32.0	pg
<b>MCHC</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	31.2 L	31.5 - 34.5	g/dL
<b>RDW (Red Cell Distribution Width)</b> <i>Sample: Whole Blood EDTA Method: Calculated</i>	13.3	11.9 - 15.5	%
<b>DLC (Differential Leucocyte Count)</b> <i>Method: Flowcytometry/Microscopy</i>			
<b>Neutrophils</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	59	40 - 80	%
<b>Lymphocytes</b> <i>Sample: Whole Blood EDTA Method: VCS Technology &amp; Microscopy</i>	34	20 - 40	%

121222028671 Mrs. ANU AGRAWAL REG-315074

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<b>Eosinophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	03	01 - 06	%
<b>Monocytes</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	04	02 - 10	%
<b>Basophils</b> <i>Sample: Whole Blood EDTA</i> <i>Method: VCS Technology &amp; Microscopy</i>	00	00 - 02	%
<b>Absolute Neutrophil Count</b> <i>Sample: Whole Blood EDTA</i>	4484	2000 - 7000	/ $\mu$ L
<b>Absolute Lymphocyte Count</b> <i>Sample: Whole Blood EDTA</i>	2584	1000 - 3000	/ $\mu$ L
<b>Absolute Eosinophil Count</b> <i>Sample: Whole Blood EDTA</i>	228	20 - 500	/ $\mu$ L
<b>Absolute Monocyte Count</b> <i>Sample: Whole Blood EDTA</i>	304	200 - 1000	/ $\mu$ L
<b>Absolute Basophil Count</b> <i>Sample: Whole Blood EDTA</i>	00 L	20 - 100	/ $\mu$ L
<b>DLC Performed By</b> <i>Sample: Whole Blood EDTA</i>	EDTA Smear		
<b>Platelet Count</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Impedance</i>	237	150 - 410	thou/ $\mu$ L
<b>MPV (Mean Platelet Volume)</b> <i>Sample: Whole Blood EDTA</i> <i>Method: Calculated</i> <i>Sample: Whole Blood EDTA</i>	9.7	6.8 - 10.9	fL

**BIOCHEMISTRY****Thyroid Profile Total**

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<b>Referred By</b> :	<b>Ref no.</b> :

**Report Status - Final**

Test Name	Result	Biological Ref. Interval	Unit
<b>Total T3 (Triiodothyronine)</b> <i>Sample: Serum</i> <i>Method: ECLIA</i>	1.40	0.80 - 2.00	ng/mL
<b>Total T4 (Thyroxine)</b> <i>Sample: Serum</i> <i>Method: ECLIA</i>	7.61	5.10 - 14.10	µg/dL
<b>TSH 3rd Generation</b> <i>Sample: Serum</i> <i>Method: ECLIA</i>	3.050	0.270 - 4.200	µIU/mL

**Complete Blood Count (CBC)**Clinical Significance :

CBC comprises of estimation of the cellular components of blood including RBCs, WBCs and Platelets. Mean corpuscular volume (MCV) is a measure of the size of the average RBC, MCH is a measure of the hemoglobin content of the average RBC and MCHC is the hemoglobin concentration per RBC. The red cell distribution width (RDW) is a measure of the degree of variation in RBC size (anisocytosis) and is helpful in distinguishing between some anemias. CBC examination is used as a screening tool to confirm a hematologic disorder, to establish or rule out a diagnosis, to detect an unsuspected hematologic disorder, or to monitor effects of radiation or chemotherapy. Abnormal results may be due to a primary disorder of the cell-producing organs or an underlying disease. Results should be interpreted in conjunction with the patient's clinical picture and appropriate additional testing performed.

**Total T3 (Triiodothyronine)**Clinical Significance :

Thyroid hormones, T3 and T4, which are secreted by the thyroid gland, regulate a number of developmental, metabolic, and neural activities throughout the body. The thyroid gland synthesizes 2 hormones - T3 and T4. T3 production in the thyroid gland constitutes approximately 20% of the total circulating T3, 80% being produced by peripheral conversion from T4. T3 is more potent biologically. Total T3 comprises of Free T3 and bound T3. Bound T3 remains bound to carrier proteins like thyroid-binding globulin, prealbumin, and albumin). Only the free forms are metabolically active. In hyperthyroidism, both T4 and T3 levels are usually elevated, but in some rare cases, only T3 elevation is also seen. In hypothyroidism T4 and T3 levels are both low. T3 levels are frequently low in sick or hospitalized euthyroid patients.

**Total T4 (Thyroxine)**Clinical Significance :

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<b>Referred By</b> :			

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Total T4 is synthesized in the thyroid gland. About 0.05% of circulating T4 is in the free or biologically active form. The remainder is bound to thyroxine-binding globulin (TBG), prealbumin, and albumin. High levels of T4 (and FT4) causes hyperthyroidism and low levels lead to hypothyroidism.

**TSH 3rd Generation****Clinical Significance :**

TSH levels are elevated in primary hypothyroidism and low in primary hyperthyroidism. Evaluation of TSH is useful in the differential diagnosis of primary from secondary and tertiary hypothyroidism. In primary hypothyroidism, TSH levels are elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. High TSH level in the presence of normal FT4 is called subclinical hypothyroidism and low TSH with normal FT4 is called subclinical hyperthyroidism. Sick, hospitalized patients may have falsely low or transiently elevated TSH. Significant diurnal variation is also seen in TSH levels.

Guidelines for TSH levels in pregnancy, as per American Thyroid Association, are as follows:

PREGNANCY TRIMESTER	BIOLOGICAL REFERENCE INTERVAL	UNIT
FIRST TRIMESTER	0.100 - 2.500	μIU/mL
SECOND TRIMESTER	0.200 - 3.000	μIU/mL
THIRD TRIMESTER	0.300 - 3.000	μIU/mL

\*\* End of Report\*\*

**Dr. Ankit Singh**MBBS, MD (Pathologist)  
Lab Head

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HEART	Lipid Profile	Lipid Profile with Direct LDL	Lipid Profile with Direct LDL
DIABETES	FBS, HbA1c	FBS, HbA1c, Microalbumin	FBS, HbA1c, Microalbumin
KIDNEY	BUN, Creatinine, Bun/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E	BUN, Creatinine, BUN/Creatinine Ratio, Electrolytes, Uric Acid, Urine R/E
BONES	Vitamin D, Calcium	Vitamin D, Calcium, Phosphorus	Vitamin D, Calcium, Phosphorus, Rheumatoid Factor
THYROID	T3, T4, TSH	T3, T4, TSH	FT3, FT4, TSH
NERVES	Vitamin B12	Vitamin B12	Vitamin B12
LIVER	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg	Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALP, GGT, LDH, Protein, Albumin, Globulin, A:G Ratio, HBsAg
ANAEMIA	Iron, TIBC, UIBC, % Saturation	Iron, TIBC, UIBC, % Saturation, Ferritin	Iron, TIBC, UIBC, % Saturation, Ferritin, Folic Acid
INFECTION	CBC, ESR	CBC, ESR	CBC, ESR

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