




Name : MRS. TIRUMALI SRAVANI
Id : K-13151
Age/Gender : 32 years 5 months/F
DOB : 29/05/1992
Referred By : BANK OF BARODA (MW)

Vid : OPI2425-5130
Collected On : 16/11/2024 09:02
Reported On : 17/11/2024 10:07
SID : 24010700005118
Barcode : 

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DEPARTMENT OF HAEMATOLOGY

BLOOD GROUP AND RH TYPING

(Method: Hemagglutination)

Blood group	" A "
Rh Type	NEGATIVE

Ramadevi

Dr. S RAMADEVI M.B.B.S
MD PATHOLOGIST


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APPROVED BY





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DEPARTMENT OF BIOCHEMISTRY

SERUM CREATININE
(Method: Enzymatic)

0.6 mg/dl

0.6 - 1.1

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Chief Biochemist


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DEPARTMENT OF BIOCHEMISTRY

BLOOD UREA NITROGEN - BUN
(Method: UREASE / GLDH)

8.8 mg/dl

7 - 21


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DEPARTMENT OF BIOCHEMISTRY

URIC ACID (Method: URICASE/PEROXIDASE)	2.6 mg/dl	2.6 - 6.0
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DEPARTMENT OF ENDOCRINOLOGY

THYROID FUNCTION TEST

TOTAL TRIIODOTHYRONINE - T3 (Method: CLIA)	1.18 ng/ml	Adult: 0.60 - 1.78 2weeks-4 months: 1.2 - 2.4 1-14 years: 1.05 - 2.45 New borns: 0.73 - 2.88 Pregnancy-1st trimester: 1.21 - 3.08 2nd & 3rd Trimester: 1.52 - 3.62
TOTAL THYROXINE - T4 (Method: CLIA)	8.77 ug/dl	Adult: 5.10 - 13.20 2 weeks-4 months: 7 - 15 1-14 years: 6.4 - 13.3 Pregnancy- 1st trimester: 7.8 - 16.2 2nd&3rd trimester: 9.1 - 18.3
THYROID STIMULATING HORMONE - TSH (Method: CLIA)	2.09 uIU/ml	Adult: 0.35 - 5.50 New borns: 0.70 - 15.2 2weeks-4 months: 1.7 - 9.1 <12 months: 1.36 - 8.8 1-6 years: 0.85 - 6.5 7-12 years: 0.28 - 4.3 Pregnancy- 1st trimester: 0.1 - 2.5 2nd &3rd Trimester: 0.2 - 3.0

INTERPRETATION

In primary hypothyroidism, thyroid-stimulating hormone (TSH) levels will be elevated and in primary hyperthyroidism, TSH levels will be low. In Hypothyroidism there is decreased production of thyroid hormones by the thyroid hence the person may experience symptoms such as weight gain, dry skin, constipation, cold intolerance, and fatigue. Iodine deficiency and Hashimoto thyroiditis is the most common cause of hypothyroidism. If the thyroid releases inappropriately large amounts of T4 and T3, the affected person may experience symptoms associated with Hyperthyroidism, such as rapid heart rate, weight loss, nervousness, hand tremors, irritated eyes, and difficulty in sleeping. Graves disease is the most common cause of hyperthyroidism. Several medications including dopamine and glucocorticoids or excessive use of dietary supplements containing Biotin may affect TSH results. For diagnostic purpose a test result should always be assessed in conjunction with the individual's medical history, clinical examination and other findings.




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DEPARTMENT OF BIOCHEMISTRY

LIVER FUNCTION TEST WITH GAMMA GT (SAMPLE TYPE - SERUM)

BILIRUBIN TOTAL <i>(Method: Diazo - Endpoint)</i>	0.44 mg/dl	0.3 - 1.2
BILIRUBIN DIRECT <i>(Method: Diazo - Endpoint)</i>	0.20 mg/dl	0.0 - 0.30
BILIRUBIN INDIRECT <i>(Method: Calculated)</i>	0.24 mg/dl	0.25 - 1
SGOT - AST <i>(Method: IFCC without P5P KINETIC)</i>	11 U/L	Upto - 55
SGPT - ALT <i>(Method: IFCC without P5P KINETIC)</i>	09 U/L	Upto - 55
ALKALINE PHOSPHATASE <i>(Method: AMP Optimised IFCC Kinetic)</i>	54 U/L	42 - 98
TOTAL PROTEIN <i>(Method: BIURET)</i>	6.0 gm/dl	6.0 - 8.3
ALBUMIN <i>(Method: Bromo Cresol Green)</i>	3.6 gm/dl	3.5 - 5.2
GLOBULIN <i>(Method: Calculated)</i>	2.4 gm/dl	2.3 - 3.5
A/G RATIO <i>(Method: Calculated)</i>	1.5	1 - 2
GAMMA GT <i>(Method: KINETIC)</i>	22 U/L	5 - 32




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DEPARTMENT OF BIOCHEMISTRY

LIPID PROFILE (SAMPLE TYPE - SERUM)

TOTAL CHOLESTEROL (Method: CHOD-POD)	127 mg/dl	Normal: < 200 Borderline High: 200 - 239 High: > 240
TRIGLYCERIDES (Method: GPO-POD End Point)	71 mg/dl	Normal: < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL CHOLESTEROL (Method: DIRECT ENZYMATIC)	50 mg/dl	Low: < 40 High: > 60
LDL CHOLESTEROL (Method: CALCULATED)	62.8 mg/dL	Optimal: < 100 Near Optimal: 100 - 129 Borderline High: 130 - 159 High: 160 - 189 Very High: =/> 190
VLDL (Method: CALCULATED)	14.2 mg/dL	10 - 30
LDL / HDL RATIO (Method: Calculated)	1.26	⇓ 1.5 - 3.5
CHOL / HDL RATIO	2.54	⇓ 3.9 - 5
TGL / HDL RATIO	1.42	< 2




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DEPARTMENT OF BIOCHEMISTRY

FASTING AND POST LUNCH BLOOD SUGAR WITH CORRESPONDING URINE

Glucose Fasting (Method: GOD-POD)	84 mg/dl	70 - 110
Glucose - PP (Method: GOD-POD)	99 mg/dl	70 - 160

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DEPARTMENT OF HAEMATOLOGY

HAEMOGRAM

HAEMOGLOBIN-HB <i>(Method: Colorimetric Method)</i>	11.5 gm%	⇓	12.0 - 15.0
RBC <i>(Method: Electrical Impedance)</i>	4.0 Million/cmm		3.8 - 4.8
PCV <i>(Method: Cumulative Pulse Height)</i>	34 %	⇓	36 - 46
MCV <i>(Method: Automated Calculation)</i>	79 fl	⇓	83 - 101
MCH <i>(Method: Calculated)</i>	26 pg	⇓	27 - 32
MCHC <i>(Method: Calculated)</i>	33 %		31.5 - 34.5
TOTAL WBC COUNT - TC <i>(Method: Electrical Impedance)</i>	2800 Cells/cumm	⇓	4000 - 11000
DIFFERENTIAL COUNT <i>(Method: Flow cytometry/ Microscopy)</i>			
NEUTROPHIL	57 %		40 - 80
LYMPHOCYTES	38 %		20 - 40
EOSINOPHILS	02 %		1 - 6
MONOCYTES	03 %		2 - 10
BASOPHILS	00 %		< 2
PLATELET COUNT <i>(Method: Electrical Impedance)</i>	204000 cells/cmm		150000 - 410000
ERYTHROCYTE SEDIMENTATION RATE - ESR <i>(Method: Manual Modified Westergren method)</i>	23 mm/hr	↑↑	1 - 20
RETICULOCYTE COUNT <i>(Method: Microscopic)</i>	0.8 %		0.0 - 2.5
PERIPHERAL SMEAR STUDY <i>(Method: Microscopic)</i>			
RBC'S	Normocytic/Hypochromic		
WBC'S	Leucopenia		
PLATELETS	Adequate		

Rama Devi

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