

: S.MANJU

(Specimen: EDTA WHOLE BLOOD)

: 41 Y / Female

: APOLLO HOSPITAL

: CHROMEPET - HUB

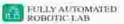
Patient

Age / Sex

Referrer

Branch







SID No. : **14020697**

Reg Date & Time : 18/08/2024 07:05:09
Coll Date & Time : 18/08/2024 07:18:42
Report Date & Time : 18/08/2024 10:45:50

Final Test Report

INVESTIGATION / METHOD	RESULT	UNITS E	BIOLOGICAL REFERENCE INTERVAL
HAEMATOLOGY			
COMPLETE BLOOD COUNT(CBC)			
RBC (Red Blood Cell Count) (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	3.90	Million/cmm	3.8-4.8
Haemoglobin (HB) (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	11.5	g/dl	12.0-15.0
PCV -(Haematocrit-Packed Cell Volume) (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	34.2	%	36-46
MCV (Mean Corpuscular Volume) (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	87.7	fl	83-101
MCH (Mean Corpuscular Hemoglobin) (Specimen: EDTA WHOLE BLOOD)	29.4	pg	27-32
MCHC (Mean Corpuscular Hemoglobin Concentration) (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	33.6	%	31.5-34.5
Total WBC Count (Method : WB/Automated) (Specimen: EDTA WHOLE BLOOD)	5970	cells/cumm	4000-10000
DIFFERENTIAL COUNT(DC):EDTA WHOLE BLOG (Optical(light scatter)Microscopy)	OD		
Neutrophils (Specimen: EDTA WHOLE BLOOD)	53.60	%	40-80
Lymphocytes (Specimen: EDTA WHOLE BLOOD)	36.10	%	20-40
Monocytes (Specimen: EDTA WHOLE BLOOD)	6.30	%	2-10
Eosinophils (Specimen: EDTA WHOLE BLOOD)	3.20	%	1-6
Basophils (Specimen: EDTA WHOLE BLOOD)	0.80	%	0-1
IMMATURE GRANULOCYTE PERCENTAGE(IG%) (Specimen: EDTA WHOLE BLOOD)	0.0	%	
Platelet Count (Method : WB/Automated) (Considerate FDTA WUOLE BLOOD)	2.78	Lakhs/cumn	n 1.50 - 4.50

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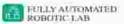
INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
Erythrocyte Sedimentation Rate(ESR) (Westergran Method)			
1 Hour (Specimen: EDTA WHOLE BLOOD)	14	mm/hr	5-20

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becomes unaffordable" and that's a vision we believe is worth fighting for!









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INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
IMMUNOLOGY			
THYROID PROFILE TEST - FREE			
Free T3 (Triiodothyronine -Free T3) (Method : CLIA) (Specimen: SERUM)	3.30	pg/ml	Cord :0.15-3.91 Adults :2.1-4.40 Pregnancy:2.0-3.80
Free T4 (Thyroxine Free) (Method : CLIA) (Specimen: SERUM)	1.27	ng/dl	0.8-2.7 Pregnancy: 1stTrimester:0.7-2.0 2ndTrimester:0.5-1.6

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INVESTIGATION / METHOD	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
TSH (Thyroid-stimulating hormone)-Ultra	1.260	uIU/ml	0.55-4.78

NOTE:

(Specimen: SERUM)

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*Time of the day, stress, intense physical activity, certain medications, sleep deprivation, fasting and illness cause fluctuations in TSH levels.

*Hence it is advised to take the TSH test around the same time of the day and in the same manner (fasting/non-fasting).

TSH:

(As per American Thyroid Association) 1 Trimester $0.10 - 2.5 \mu IU/mL$ 2 Trimester $0.2 - 3.00 \mu IU/mL$ 3 Trimester $0.3 - 3.00 \mu IU/mL$

- Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal
- Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of thyroid hormone are altered throughout the stages of pregnancy.
- *Normal T3 and T4 along with low TSH indicates mild or subclinical hyperthyroidism
- •Low T4 and T3 along with high TSH level indicates hypothyroidism. The most common cause of hypothyroidism is Hashimoto thyroiditis
- •High T4 and T3 along with low TSH indicate hyperthyroidism. The most common cause of hyperthyroidism is Grave's disease
- •Normal thyroxine (T4) and T3 along with high TSH usually indicates mild or subclinical hypothyroidism

Note: TSH levels show circadian variation (fluctuates during the 24-hour cycle), reaching peak levels between 2 - 4 am and are at a low between 6-10 pm.

- End of the Report

Dr.Mrs.A.VENU ANAND MD.,
Pathologist

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