



39121

# **Laboratory Investigation Report**

Name : Ms. SHAHZADI GHULAM Ref No.

 DOB
 : 01/01/1994
 Sample No.
 : 2408468323

 Age / Gender
 : 30 Y 7 M / Female
 Collected
 : 27/08/2024 13:33

 Referred by
 : DR HUMAIRA
 Registered
 : 27/08/2024 22:13

 Centre
 : CITICARE MEDICAL CENTER
 Reported
 : 28/08/2024 00:31

Test	Result	Flag	Unit	Reference Range	Methodology
GLYCATED HEMOGLOBIN (HbA1C) ^					
HBA1C	5.4		%	Non- diabetic: 4.0 - 5.6 Prediabetes (Increased risk): 5.7 - 6.4 Diabetes: = or > 6.5	Capillary electrophoresis
eAG (estimated Average Glucose)	108		mg/dL	-	Calculation



Gome V. Shah

Dr. Adley Mark Fernandes Dr. Vyoma V Shah
M.D (Pathology) M.D (Pathology)
Pathologist Clinical Pathologist

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Thahsina Anees Laboratory Technologist Printed on: 28/08/2024 09:03

Usab sina

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DOB 01/01/1994

Age / Gender 30 Y 7 M / Female Referred by DR HUMAIRA

CITICARE MEDICAL CENTER Centre

Ref No. 39121

Sample No. 2408468323

27/08/2024 13:33 Collected Registered 27/08/2024 22:13

27/08/2024 23:49 Reported

Methodology

**Electrical Impedance** 

**Photometric** 

Calculation Calculation Calculation

Calculation

Calculation

Calculation

Calculation

Calculation

Calculation

Calculation

Calculation

**Electrical Impedance** 

VCS 360 Technology

VCS 360 Technology

**Electrical Impedance** 

VCS 360 Technology

Calculation

Calculation

Calculation

Calculation

Calculation

Test	Result	Flag	Unit	
COMPLETE BLOOD COUNT (CBC)				

10.7

0.1

0.01

0.5

0.0

6.1

3.1

2.6

0.2

0.1

0.0

HEMOGLOBIN	10.6
RBC COUNT	4.5
HEMATOCRIT	33.3
MCV	74
МСН	23.5

мснс 31.8 **RDW** 16.2 RDW-SD 43.3

PLATELET COUNT 184 PCT 0.2 **PDW** 17.3

**NUCLEATED RBC (NRBC)^** ABSOLUTE NRBC COUNTA **EARLY GRANULOCYTE COUNT (EGC)^** 

**WBC COUNT DIFFERENTIAL COUNT (DC) NEUTROPHILS** 

**ABSOLUTE EGC^** 

MPV

LYMPHOCYTES **FOSINOPHILS** 

**BASOPHILS ABSOLUTE COUNT** 

MONOCYTES

ABSOLUTE NEUTROPHIL COUNT ABSOLUTE LYMPHOCYTE COUNT ABSOLUTE MONOCYTE COUNT

ABSOLUTE EOSINOPHIL COUNT

ABSOLUTE BASOPHIL COUNT Comments: Please correlate clinically.

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**HEMATOLOGY** 

L	g/dL	12 - 15.5
	10^6/μL	3.9 - 5
L	%	35 - 45
L	fL	82 - 98
100	na	27 22

**Reference Range** 

27 - 32 pg g/dL 32 - 37 % 11.9 - 15.5

fL fL 7.6 - 10.810^3/uL 150 - 450

> 0.01 - 9.99Not Applicable 0.1 - 99.9

/100 WBC

10^3/uL %

10^3/uL 10^3/μL 4 - 11

51 % 40 - 75 42 30 - 60 2 % 0 - 6

5 1 - 6 0 0 - 1

10^3/uL 1.6 - 8.25 1.2 - 6.6 10^3/uL

10^3/uL

10^3/uL 0.04 - 0.6610^3/uL 0 - 0.66

0 - 0.11

Usab sina

**Thahsina Anees** Laboratory Technologist Printed on: 28/08/2024 09:03

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## **Laboratory Investigation Report**

Name : Ms. SHAHZADI GHULAM

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Age / Gender : 30 Y 7 M / Female
Referred by : DR HUMAIRA

Centre : CITICARE MEDICAL CENTER

**Ref No.** : 39121

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**Collected** : 27/08/2024 13:33

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### **HEMATOLOGY**

Test Result Flag Unit Reference Range Methodology

**COMPLETE BLOOD COUNT (CBC)** 

INTERPRETATION NOTES: Please note update on CBC report format, reference ranges and method(Beckman Coulter).

Sample Type: EDTA Whole Blood

End of Report



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Thatsina Anges

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**Reported** : 28/08/2024 08:17

#### **ENDOCRINOLOGY**

Test Result Flag Unit Reference Range Methodology

FOLLICLE STIMULATING HORMONE (FSH) 8.0 mIU/mL Follicular phase: 2.5 - 10.2 ECLIA

Midcycle Peak: 3.4 - 33.4 Luteal Phase: 1.5 - 9.1 Postmenopausal: 23 - 116.3

Pregnant: < 0.3

**INTERPRETATION NOTES:** 

Increased level of FSH and LH are found in hypogonadism, anorchia, gonadal failure, complete testicular feminization syndrome, menopause, Klinefelter syndrome, alcoholism, and castration.

Decreased level is seen in pituitary or hypothalamic failure

LUTEINISING HORMONE (LH) 7.8 IU/L Follicular Phase: 1.9 - 12.5 ECLIA

Mid Cycle Peak: 8.7 - 76.3 Luteal phase: 0.5 - 16.9 Post Menopausal: 15.9 - 54.0 Pregnant: < 0.1 - 1.5

Pregnant: < 0.1 - 1.5 Contraceptives: 0.7 - 5.6

**TESTOSTERONE (TOTAL)** 0.55 nmol/L 0.29 - 1.67 ECLIA

Please note change in method and reference range.

Source: Roche IFU.

#### **INTERPRETATION NOTES:**

Tanner Stage Interpretation Table (Source:Roche IFU):

Tanner Stage	Reference Ranges (Male)	Reference Ranges (Female)
Tanner Stage I (> 14 days):	Undetectable - 0.087	Undetectable - 0.21
Tanner Stage II (11.5 years):	Undetectable - 14.99	Undetectable - 0.36
Tanner Stage III (13.6 years):	2.25 - 27.00	Undetectable - 0.82
Tanner Stage IV (15.1 years):	6.24 - 26.45	Undetectable - 0.92
Tanner Stage V (18.0 years):	6.51 - 30.50	0.16 - 1.32

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**BHAVYA THENDANKANDY**Biochemistry Technologist

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Name

**DOB** 

Age / Gender



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#### **ENDOCRINOLOGY**

Test Result Flag Unit Reference Range Methodology

High amounts of testosterone in the body can lead to a lower sperm count.

Ms. SHAHZADI GHULAM

Low testosterone concentrations can be caused by testicular failure (primary hypogonadism) or inadequate stimulation by pituitary gonadotropins (secondary hypogonadism).

**THYROID STIMULATING HORMONE (TSH)** 1.62 uIU/mL 0.27 - 4.2 ECLIA

Reference Range for

Pregnant:

First Trimester: 0.24 – 2.99 Second Trimester:

0.46 – 2.95

Third Trimester: 0.43 - 2.78

Sample Type : Serum

End of Report

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