



Lab Ref No : 269000204	Centre No.:11	Indent Date &Time : 02-04-2026 12:16PM
Name : Baby SAISHA		Sample Coll. Date&Time : 02-04-2026 12:21PM
Age /Sex : 2M / Female	UID: 2600167838	Sample Rec. Date&Time : 02-04-2026 12:31PM
Referred By : DR. ANUJ THAKUR		Report Validate Date&Time : 02-04-2026 12:51PM
Centre Name : SIKKA LAB(THAKUR HOSPITAL)		Report Print. Date&Time : 02-04-2026 3:48PM
		UHID : 13/27



Investigation	Results	Units	Biological Ref-Interval
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HAEMATOLOGY

CBC (COMPLETE BLOOD COUNT)

HAEMOGLOBIN(Non-cyanide)	9.1	L	gm/dl	12.0-16.0
TOTAL LEUCOCYTE COUNT	8100.0		/μL	4000-11000

4000-11000

DIFFERENTIAL LEUCOCYTE COUNT

Neutrophils	36	H	%	13-33
Lymphocytes	57	H	%	16-43
Eosinophils	03		%	0-3
Monocytes	04		%	0-5

ABSOLUTE COUNT *

Neutrophils	2916.0		/uL	2000-7000
Lymphocytes	4617.0		/uL	800-5000
Eosinophils	243.0		/uL	40-440
Monocytes	324.0		/uL	80-880

RBC INDICES

TOTAL RBC(D.C. Detection)	3.29		10 ³ /uL	3.1-4.5
PCV/Haematocrit (RBC Pulse Height Detect	28.5		%	28-42
MCV(Calculated / Electrical Impedence)	86.6	L	fL	87-103
MCH	27.5		pg	24-30
MCHC	31.8		g/dL	31-35
RDW-CV(Automated Cell Counter)	13.3		%	11-16

PLATELET INDICES

PLATELET COUNT(D.C. Detection)	2.60		lac/cumm	2.10-6.50
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Checked By:

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Sikka Clinical Laboratory

SAVE LIFE BLOOD BANK

Kamlesh Sikka
DMLT
I/c Sikka Lab

J.K. Sikka
Ex. Bio-Chemist to Govt. of Haryana



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Referred By : DR. ANUJ THAKUR		Report Validate Date&Time : 02-04-2026 3:24PM
Centre Name : SIKKA LAB(THAKUR HOSPITAL)		Report Print. Date&Time : 02-04-2026 3:48PM
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Investigation	Results	Units	Biological Ref-Interval
HORMONE			
Triiodothyronine (FT3) * CLIA	3.22	pg/ml	1.4 - 4.2
Thyroxine (FT4) * CLIA	1.36	ng/dl	0.8 - 2.0
Thyroid Stimulating Hormone (TSH) * CLIA	3.35	uiu/ml	0.2 - 4.59
Ultrasensitive			
Interpretation			

Circulating TSH measurement. has been used for screening for euthyroidism, screening and diagnosis for perthyroidism & hypothyroidism. Suppressed TSH (< 0.01 uIU/ML) suggest a diagnosis of hyperthyroidism And elevated concentration (>7 Uiu/ml) suggest hypothyroidism. TSH levels may be affected dy acute illness & several medications including dopamine and glucocorticoids. Decreased (iow or undetectable) in graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropine tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) exceptfor pituitary & hypothalamic disease .

Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).

Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism. Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH levels. If free T4 is normal free T3 should be checked as it is the first hormone to increase in Early hyperthyroidism.

Though TSH levels can also be used to effectively monitor patient` s being treated with thyroid hormones but it may be misleading . Therefore total or free T4 generally serve as front line assay during this period. The free T3 & T4 (FT3& T4) measure concentrstions of free hormones , which are not affected by changing in concertation of binding proteins , therefore more reliable indicator of true thyroid status->

Remark:

-----{END OF REPORT }-----

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