



Patient Name : MRS. NAZNEEN SIDDIQUI

Age / Gender : 33 Years / Female

Referral Doctor: SELF

Collection Date : 16/04/2026 09:13 AM

Pt.Type / ID : Direct/ 
17725

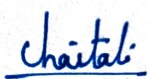
Reporting Date : 16/04/2026 07:30 PM

COMPLETE BLOOD COUNT WITH SMEAR

Test Description	Value(s)	Unit	Reference Range
Hemoglobin	12.0	gms/dl	12 - 15
Total WBC Count	6900	/uL	4000 - 10000
DIFFERENTIAL COUNT			
Neutrophil	71	%	40 - 70
Lymphocytes	21	%	20 - 40
Eosinophil	03	%	1 - 6
Monocytes	05	%	2 - 8
Basophils	00	%	0 - 1
RBC INDICES			
Haematocrit (HCT)	36.2	%	37 - 47
RBC Count	4.40	mil./cmm	3.8 - 5.8
MCV	82.27	fL	80 - 100
MCH	27.27	pg	27 - 34
MCHC	33.15	gm/dl	32 - 36
RDW-CV	16.0	%	11 - 16
PLATELET INDICES			
Platelet Count	299000	/cmm.	150000 - 450000
MPV	9.4	fL	6.5 - 12
PDW	17.0	fL	9 - 17
PCT	0.281	%	0.10 - 0.50
RBC Morphology	Normocytic Normochromic		

Done on Transasia fully Automatic H-360 Automated 5 Part Differential Haematology Analyzer

**** END OF THE REPORT ****



Mrs. Chaitali Shingade
[Biochemist]



Authenticity Check



Consultant Pathologist
Dr. Prachi Jadhav
MBBS MD (Path)
Reg No. 2014/06/2975



Patient Name : MRS. NAZNEEN SIDDIQUI

Age / Gender : 33 Years / Female

Referral Doctor: SELF

Collection Date : 16/04/2026 09:13 AM

Pt.Type / ID : Direct/ 
17725

Reporting Date : 16/04/2026 07:30 PM

VITAMIN B12

Test Description	Value(s)	Unit	Reference Range
VITAMIN B-12	490	pg/ml	75 - 807

Interpretation:

Low B12 level in a person with signs and symptoms indicates that the person has a deficiency but does not necessarily reflect the severity of the anemia or associated neuropathy. Vitamin B12 levels are decreased in megaloblastic anaemia, partial/total gastrectomy, pernicious anaemia, peripheral neuropathy, chronic alcoholism, senile dementia, and treated epilepsy. Associated increased in homocysteine levels and Vitamin B12 has better predictivity for cardiovascular disease and deep vein thrombosis. Holo-Transcobalamin II levels and methylmalonic acid levels are more accurate markers of active Vitamin B12 component. Additional tests are usually done to investigate the underlying cause of the deficiency. In method comparison study done at our centre, we found acceptable correlation and these results showed that there was no statistically significant between our methods and other Lab procedures (like, CLIA, CMIA, ELISA, IFA etc). The harmonization between total vitamin B12 assays is variable and individual results can differ significantly between assays. Though cut-off value of 200 pg/mL was used commonly, however, since there is not a reference method for measuring vitamin B12, this cutoff value may not be suitable to use in the evaluation of cobalamin deficiency diagnosis. Until the harmonization study between measurement methods is concluded, it is always suggested by NABL that laboratories should use their own reference values or reference values for Lab assay methods instead of cut-off value of 200 pg/mL.

**** END OF THE REPORT ****



Mrs. Chaitali Shingade
[Biochemist]



Authenticity Check



Consultant Pathologist
Dr. Prachi Jadhav
MBBS MD (Path)
Reg No. 2014/06/2975



Patient Name : MRS. NAZNEEN SIDDIQUI

Age / Gender : 33 Years / Female

Referral Doctor: SELF

Collection Date : 16/04/2026 09:13 AM

Pt.Type / ID : Direct/ 
17725

Reporting Date : 16/04/2026 07:30 PM

THYROID FUNCTION TEST (TFT)

Test Description	Value(s)	Unit	Reference Range
TOTAL TRIIODOTHYRONINE (T3) Competitive Chemi Luminescent Immuno Assay	110.4	ng/dl	60 - 200
TOTAL THYROXINE (T4) Competitive Chemi Luminescent Immuno Assay	12.2	µg/dL	4.5 - 14.5
THYROID STIMULATING HORMONE (UTSH) SANDWICH CHEMI LUMINESCENT IMMUNO ASSAY	1.653	IU/mL	0.35 - 5.50

Interpretation :

T3 and T4 (ie triiodothyronine-TT3 and triiodothyronine-TT4)

They are the products of thyroid hormone synthesis, and T4 has one more iodine group than T3. Abnormal results of these two suggest abnormalities in thyroid function, but often are not directly related to clinical manifestations. Therefore, abnormal results of T3 and T4 need not be unduly concerned.

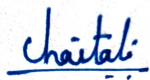
TSH (Thyroid-stimulating hormone)

The biggest feature of TSH is the opposite of FT3 and FT4, which the higher the FT3 / FT4, the lower the TSH. TSH is a sign of thyroid function-TSH is low, suggesting the upcoming hyperthyroidism; TSH is high, suggesting the upcoming hypothyroidism.

Thyroid Hormone Status During Pregnancy:

Pregnancy stage	TSH (µIU/ml)	T3 (ng/dl)	T4 (µg/dL)
First trimester	0.05-3.70	71-175	6.5-10.1
Second trimester	0.31-4.35	91-195	7.5-10.3
Third trimester	0.41-5.18	104-182	6.3-9.7

**** END OF THE REPORT ****



Mrs. Chaitali Shingade
[Biochemist]



Authenticity Check



Consultant Pathologist
Dr. Prachi Jadhav
MBBS MD (Path)
Reg No. 2014/06/2975

Patient Name : MRS. NAZNEEN SIDDIQUI

Age / Gender : 33 Years / Female

Referral Doctor: SELF

Collection Date : 16/04/2026 09:13 AM

Pt.Type / ID : Direct/ 
17725

Reporting Date : 16/04/2026 07:30 PM

PROLACTIN (PRL)

Test Description	Value(s)	Unit	Reference Range
Prolactin Method :Fully Automated Bidirectionally Interfaced Chemi Luminescent Immuno Assay	74.37	ng/ml	Females : Normally Menstruating : 2.8 - 29.2 Pregnant : 9.7 - 208.5 Postmenopausal : 1.8 - 20.3 Male : 2.1 - 17.7

**** END OF THE REPORT ****



Mrs. Chaitali Shingade
[Biochemist]



Authenticity Check



Consultant Pathologist
Dr. Prachi Jadhav
MBBS MD (Path)
Reg No. 2014/06/2975

Patient Name : MRS. NAZNEEN SIDDIQUI

Age / Gender : 33 Years / Female

Referral Doctor: SELF

Collection Date : 16/04/2026 09:13 AM

Pt.Type / ID : Direct/ 
17725

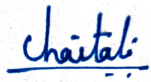
Reporting Date : 16/04/2026 07:30 PM

BLOOD GLUCOSE LEVEL (FASTING)

Test Description	Value(s)	Unit	Reference Range
Glucose Fasting	113.9	mg/dl	70 - 110

Interpretation : Fasting Blood Sugar more than 126 mg/dl on more than one occasion can indicate Diabetes Mellitus.

**** END OF THE REPORT ****



Mrs. Chaitali Shingade
[Biochemist]



Authenticity Check



Consultant Pathologist
Dr. Prachi Jadhav
MBBS MD (Path)
Reg No. 2014/06/2975