

Patient Name : Ms.SHAHNAAZ	Visit No : CHA250033889
Age/Gender : 24 Y/F	Registration ON : 25/Feb/2025 11:37AM
Lab No : 10131185	Sample Collected ON : 25/Feb/2025 11:40AM
Referred By : Dr.PH MAURYA	Sample Received ON : 25/Feb/2025 11:56AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02:21PM
Doctor Advice : MAMMOGRAPHY B/L,WIDAL,CBC (WHOLE BLOOD),T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O 1/40
SALMONELLA TYPHI H 1/40
NOTE: Negative



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 15:20:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Aditi D Agarwal

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Doctor Advice : MAMMOGRAPHY B/L,WIDAL,CBC (WHOLE BLOOD),T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	9.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	31.5	%	36 - 45	Pulse hieght detection
MCV	68.0	fL	80 - 96	calculated
MCH	19.7	pg	27 - 33	Calculated
MCHC	28.9	g/dL	30 - 36	Calculated
RDW	17.3	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7040	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	76	%	40 - 75	Flowcytometry
LYMPHOCYTES	20	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	308,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	308000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,350	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,408	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	70	/cmm	20-500	Calculated
Absolute Monocytes Count	211	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

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Aditi D Agarwal
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Doctor Advice : MAMMOGRAPHY B/L,WIDAL,CBC (WHOLE BLOOD),T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.93	nmol/L	1.49-2.96	ECLIA
T4	115.78	n mol/l	63 - 177	ECLIA
TSH	2.00	uIU/ml	0.47 - 4.52	ECLIA

Note

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema or autoimmune disorders.
 - (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
 - (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary hypothyroidism.
 - (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
 - (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
 - (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
 - (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
 - (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation along with
- (1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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X-RAY MAMMOGRAPHY REPORT BOTH BREASTS

ACR grading B homogeneously dense breast parenchyma

- There is no evidence of any abnormal rounded radio-opaque shadow in the both breasts parenchyma.
- **Both breasts show homogeneously dense fibro-fatty parenchyma.**
- There are no micro calcification is seen.
- No thickening of the skin is seen.
- There is no evidence of axillary lymphnodes are seen.

ADV : Further evaluation.

Clinical correlation is necessary.

**DR. NISMA WAHEED
MD, RADIODIAGNOSIS**

(Transcribed by Rachna)

*** End Of Report ***

