

Patient Name : Ms. FAIZEEN	Visit No : CHA250033956
Age/Gender : 28 Y/F	Registration ON : 25/Feb/2025 12: 22PM
Lab No : 10131252	Sample Collected ON : 25/Feb/2025 12: 24PM
Referred By : Dr. FAISAL MASOOD	Sample Received ON : 25/Feb/2025 12: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02: 09PM
Doctor Advice : TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.2	%	36 - 45	Pulse hieght detection
MCV	80.6	fL	80 - 96	calculated
MCH	24.7	pg	27 - 33	Calculated
MCHC	30.7	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6080	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	151,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	151000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,709	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,067	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	122	/cmm	20-500	Calculated
Absolute Monocytes Count	182	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



Signature

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Lab No : 10131252	Sample Collected ON : 25/Feb/2025 12:24PM
Referred By : Dr. FAISAL MASOOD	Sample Received ON : 25/Feb/2025 12:33PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 02:44PM
Doctor Advice : TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.11	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.23	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.88	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	90.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.0	U/L	5 - 40	UV without P5P
SGOT	26.0	U/L	5 - 40	UV without P5P

TSH				
TSH	4.64	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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