Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.ANJALI	Visit No	: CHA250034098
Age/Gender	: 21 Y/F	Registration ON	: 25/Feb/2025 02:37PM
Lab No	**: 10131394**	Sample Collected ON	: 25/Feb/2025 02:39PM
Referred By	: Dr.SANDHYA BANSAL	Sample Received ON	: 25/Feb/2025 03:04PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 04:32PM
Doctor Advice	: T3T4TSH,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.0	%	36 - 45	Pulse hieght detection
MCV	**76.4**	fL	80 - 96	calculated
MCH	**25.4**	pg	27 - 33	Calculated
MCHC	33.2	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5790	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTES	30	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	215,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	215000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,821	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,737	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	58	/cmm	20-500	Calculated
Absolute Monocytes Count	174	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

Print.Date/Time: 25-02-2025 17:37:45

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By	: Dr.SANDHYA BANSAL	Sample Received ON	: 25/Feb/2025 02:55PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 04:54PM
Doctor Advice	: T3T4TSH,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.78	nmol/L	1.49-2.96	ECLIA
T4	156.80	n mol/l	63 - 177	ECLIA
TSH	**>100.0**	ulU/ml	0.47 - 4.52	ECLIA

Finding check twice.Please correlate clinically.

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 *****

MC-2491

[Checked By]

Print.Date/Time: 25-02-2025 17:37:47

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