

Patient Name : Ms.SHIKHA JAISAL	Visit No : CHA250034464
Age/Gender : 34 Y/F	Registration ON : 26/Feb/2025 08: 45AM
Lab No : 10131760	Sample Collected ON : 26/Feb/2025 08: 46AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 26/Feb/2025 09: 14AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 11: 09AM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),PP,FASTING,T3T4TSH,CHEST PA	



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

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



[Checked By]

Print.Date/Time: 26-02-2025 13:31:45

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Lab No : 10131760	Sample Collected ON : 26/Feb/2025 08: 46AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 26/Feb/2025 09: 29AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 11: 43AM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),PP,FASTING,T3T4TSH,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.4	%	36 - 45	Pulse hieght detection
MCV	95.0	fL	80 - 96	calculated
MCH	30.6	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7270	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	300,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	300000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,580	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,326	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	73	/cmm	20-500	Calculated
Absolute Monocytes Count	291	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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Lab No : 10131760	Sample Collected ON : 26/Feb/2025 08: 46AM
Referred By : Dr. ATUL CHAND RASTOGI	Sample Received ON : 26/Feb/2025 10: 53AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 12: 55PM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),PP,FASTING,T3T4TSH,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	101.5	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	121.0	mg/dl	up to - 170	Hexokinase



[Checked By]



Sham

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Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 26/Feb/2025 09: 14AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 10: 07AM
Doctor Advice : WIDAL,CBC (WHOLE BLOOD),PP,FASTING,T3T4TSH,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	164.94	n mol/l	63 - 177	ECLIA
TSH	1.80	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 ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

