| Charak dhar | | | | 292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 00 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com | | |
|---|--|---------------|------------------|--|----------------------------------|--|
| JIAGI | GNOSTICS Pvt. Ltd. CMO Reg. No. RMEE 24 NABL Reg. No. MC-2491 Certificate No. MIS-2023 | | . MC-2491 | 1 | | |
| Patient Name Age/Gender Lab No Referred By Refer Lab/Hosp Doctor Advice | : Ms.APOORVA SHARMA : 25 Y/F : 10131799 : Dr.SHALINI : CGHS (BILLING) : KIDNEY FUNCTION TEST - I,LFT | r,TSH,CBC+ESR | Sample Sample | o ration ON e Collected ON e Received ON Generated ON | : 26/Feb : 26/Feb : 26/Feb | 50034503 5/2025 09:24AM 5/2025 09:27AM 5/2025 09:42AM 5/2025 11:44AM |
| | Test Name | Desult | -14 | Pio Dof D | | Method |
| | COMPLETE BLOOD COUNT) | Result U | nit | Bio. Ref. R | ange | |
| | te Sedimentation Rate ESR | 10.00 | | 0 - 1 | 15 | Westergreen |
| | | | | | | |
| | | | | | | |



l'h

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 4

[Checked By]

Print.Date/Time: 26-02-2025 12:23:14 *Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

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.APOORVA SHARMA | Visit No | : CHA250034503 |
|---------------------------------|--|---------------------|-----------------------|
| Age/Gender | : 25 Y/F | Registration ON | : 26/Feb/2025 09:24AM |
| Lab No | : 10131799 | Sample Collected ON | : 26/Feb/2025 09:27AM |
| Referred By | : Dr.SHALINI | Sample Received ON | : 26/Feb/2025 09:42AM |
| Refer Lab/Hosp Doctor Advice | : CGHS (BILLING) KIDNEY FUNCTION TEST - I,LFT,TSH,CBC+ESR | Report Generated ON | : 26/Feb/2025 11:44AM |

ЪР.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|------------------------------|---------------------|---------|-----------------|---------------------------|
| Hb | 14.9 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 5.20 | mil/cmm | 3.8 - 4.8 | Electrical |
| | | 0/ | 2/ 15 | Impedence |
| PCV | 46.2 | % | 36 - 45 | Pulse hieght detection |
| MCV | 89.2 | fL | 80 - 96 | calculated |
| MCH | 28.8 | pg | 27 - 33 | Calculated |
| MCHC | 32.3 | g/dL | 30 - 36 | Calculated |
| RDW | 13.2 | % | 11 - 15 | RBC histogram |
| | | | | derivation |
| RETIC | 0. <mark>7 %</mark> | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | <mark>8480</mark> | /cmm | 4000 - 10000 | Flocytrometry |
| DIFFERENTIAL LEUCOCYTE COUNT | (0) | 0/ | 40.75 | - |
| NEUTROPHIL | 68 | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTE | 26 | % | 20-40 | Flowcytrometry |
| EOSINOPHIL | 3 | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 3 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | 257,000 | /cmm | 150000 - 450000 | Elect Imped |
| PLATELET COUNT (MANUAL) | 257000 | /cmm | 150000 - 450000 | Microscopy. |
| Mentzer Index | 17 | | | |
| Peripheral Blood Picture | CL | | | |

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 4

MC-2491 Print.Date/Time: 26-02-2025 12:23:18 *Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

| Charak dia | | 292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 0 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.APOORVA SHARMA | | Visi | t No : CH | IA250034503 | |
| Age/Gender : 25 Y/F | | Reg | istration ON : 26 | : 26/Feb/2025 09:24AM | |
| Lab No : 10131799 | | Sample Collected ON : 26/Feb/2025 09:27AM | | | |
| Referred By : Dr.SHALINI | | | | : 26/Feb/2025 09:42AM | |
| Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : KIDNEY FUNCTION TEST - I, | LFT,TSH,CBC+ESR | Report Generated ON : 26/Feb/2025 10:48AM | | | |
| | | | | | |
| Test Name | Result | Unit | Bio. Ref. Range | Method | |
| LIVER FUNCTION TEST | | | | | |
| TOTAL BILIRUBIN | 0.66 | mg/dl | 0.4 - 1.1 | Diazonium Ion | |
| CONJUGATED (D. Bilirubin) | 0.19 | mg/dL | 0.00-0.30 | Diazotization | |
| UNCONJUGATED (I.D. Bilirubin) | 0.47 | mg/dL | 0.1 - 1.0 | Calculated | |
| ALK PHOS | 102.80 | U/L | 30 - 120 | PNPP, AMP Buffer | |
| SGPT | 15.0 | U/L | 5 - 40 | UV without P5P | |
| SGOT | 24.0 | U/L | 5 - 40 | UV without P5P | |
| KIDNEY FUNCTION TEST - I | | | | | |
| Sample Type : SERUM | | | | | |
| BLOOD UREA | 20.30 | mg/dl | 15 - 45 | Urease, UV, Serum | |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate- kinetic | |
| SODIUM Serum | <mark>141.0</mark> | MEq/L | 135 - 155 | ISE Direct | |

SODIUM Serum POTASSIUM Serum

PR.

CHARAK

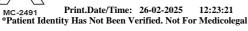
MEq/L

3.5 - 5.5

5.0







DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

ISE Direct

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 4



| Test Name | Result | Unit | Bio. Ref. Range | Method | |
|-----------|--------|--------|-----------------|--------|--|
| TSH | | | | | |
| TSH | 7.11 | ulU/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 ***

CHARAK







DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD T MD (MICROBIOLOGY) Page 4 of 4

MC-2491 Print.Date/Time: 26-02-2025 12:23:22 *Patient Identity Has Not Been Verified. Not For Medicolegal