

Patient Name : Ms.HIFZA	Visit No : CHA250034703
Age/Gender : 23 Y/F	Registration ON : 26/Feb/2025 12:00PM
Lab No : 10131999	Sample Collected ON : 26/Feb/2025 12:01PM
Referred By : Dr.ZA HOSPITAL	Sample Received ON : 26/Feb/2025 12:01PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 02:33PM
Doctor Advice : URINE COM. EXMAMINATION,RANDOM,LFT,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.015		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	6-8	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 15:05:41

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Lab No : 10131999	Sample Collected ON : 26/Feb/2025 12:01PM
Referred By : Dr.ZA HOSPITAL	Sample Received ON : 26/Feb/2025 12:18PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 01:11PM
Doctor Advice : URINE COM. EXMAMINATION,RANDOM,LFT,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.7	%	36 - 45	Pulse hieght detection
MCV	83.4	fL	80 - 96	calculated
MCH	25.7	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	15.7	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12240	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	80	%	40 - 75	Flowcytometry
LYMPHOCYTES	16	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	283,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	283000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	9,792	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,958	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	245	/cmm	20-500	Calculated
Absolute Monocytes Count	245	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with microcytic hypochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.



[Checked By]



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Lab No : 10131999	Sample Collected ON : 26/Feb/2025 12:01PM
Referred By : Dr.ZA HOSPITAL	Sample Received ON : 26/Feb/2025 12:10PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 01:36PM
Doctor Advice : URINE COM. EXMAMINATION,RANDOM,LFT,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	130.3	mg/dl	70 - 170	Hexokinase

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.52	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.06	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.46	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	137.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	43.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P

TSH				
TSH	0.78	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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