

Patient Name : Mr. MOHAMMAD SALMAN Visit No : CHA250034790
Age/Gender : 23 Y/M Registration ON : 26/Feb/2025 01:22PM
Lab No : 10132086 Sample Collected ON : 26/Feb/2025 01:24PM
Referred By : Dr. MOHD RIZWANUL HAQUE Sample Received ON : 26/Feb/2025 01:36PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 26/Feb/2025 02:48PM
Doctor Advice : ECG, TSH, FT4, SERUM IGE, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), CHEST PA, C SPINE AP /LAT



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	8.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	12.48	mg/dL	7-21	calculated

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 16:48:01

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

Patient Name : Mr. MOHAMMAD SALMAN	Visit No : CHA250034790
Age/Gender : 23 Y/M	Registration ON : 26/Feb/2025 01:22PM
Lab No : 10132086	Sample Collected ON : 26/Feb/2025 01:24PM
Referred By : Dr. MOHD RIZWANUL HAQUE	Sample Received ON : 26/Feb/2025 01:36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 04:02PM
Doctor Advice : ECG, TSH, FT4, SERUM IGE, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), CHEST PA, C SPINE AP /LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	8.64	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -2010)

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 16:48:03

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

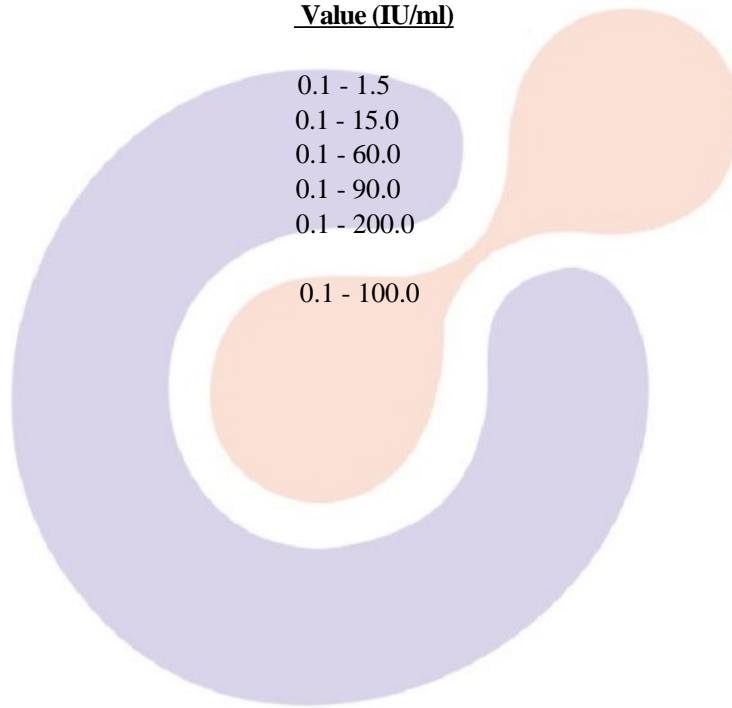
Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Mr. MOHAMMAD SALMAN	Visit No : CHA250034790
Age/Gender : 23 Y/M	Registration ON : 26/Feb/2025 01:22PM
Lab No : 10132086	Sample Collected ON : 26/Feb/2025 01:24PM
Referred By : Dr. MOHD RIZWANUL HAQUE	Sample Received ON : 26/Feb/2025 01:36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 02:21PM
Doctor Advice : ECG, TSH, FT4, SERUM IGE, BUN, CREATININE, ESR, CBC (WHOLE BLOOD), CHEST PA, C SPINE AP /LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IGE				
SERUM IGE	>2500		0.10 - 100	CLIA

<u>Age group</u>	<u>Value (IU/ml)</u>
Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0



CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 16:48:05

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Mr. MOHAMMAD SALMAN	Visit No : CHA250034790
Age/Gender : 23 Y/M	Registration ON : 26/Feb/2025 01:22PM
Lab No : 10132086	Sample Collected ON : 26/Feb/2025 01:24PM
Referred By : Dr. MOHD RIZWANUL HAQUE	Sample Received ON : 26/Feb/2025 01:31PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 02:12PM
Doctor Advice : ECG,TSH,FT4,SERUM IGE,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA,C SPINE AP /LAT	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	16.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	49.0	%	36 - 45	Pulse height detection
MCV	92.6	fL	80 - 96	calculated
MCH	30.8	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8620	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	51	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	11	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	1	%	00 - 01	Flowcytometry
PLATELET COUNT	288,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	288000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,396	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,931	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	948	/cmm	20-500	Calculated
Absolute Monocytes Count	259	/cmm	200-1000	Calculated
Absolute Basophils Count	86.2	/cmm	20-100	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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

Patient Name : Mr.MOHAMMAD SALMAN Visit No : CHA250034790
Age/Gender : 23 Y/M Registration ON : 26/Feb/2025 01:22PM
Lab No : 10132086 Sample Collected ON : 26/Feb/2025 01:24PM
Referred By : Dr.MOHD RIZWANUL HAQUE Sample Received ON : 26/Feb/2025 01:36PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 26/Feb/2025 02:21PM
Doctor Advice : ECG,TSH,FT4,SERUM IGE,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA,C SPINE AP /LAT



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

TSH	Result	Unit	Bio. Ref. Range	Method
TSH	2.10	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]



Sharma

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

Patient Name	: Mr.MOHAMMAD SALMAN	Visit No	: CHA250034790
Age/Gender	: 23 Y/M	Registration ON	: 26/Feb/2025 01:22PM
Lab No	: 10132086	Sample Collected ON	: 26/Feb/2025 01:22PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 04:02PM

ECG -REPORT

RATE : 110 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: SINUS TACHYCARDIA

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



Patient Name	: Mr.MOHAMMAD SALMAN	Visit No	: CHA250034790
Age/Gender	: 23 Y/M	Registration ON	: 26/Feb/2025 01:22PM
Lab No	: 10132086	Sample Collected ON	: 26/Feb/2025 01:22PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 04:09PM

SKIAGRAM CERVICAL SPINE AP AND LATERAL VIEW

- Shape and size of bodies of cervical vertebrae are normal.
- Intervertebral disc spaces are maintained.
- Posterior elements are seen normally.
- No cervical rib is seen.
- No CVJ anomaly is seen.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]



Patient Name	: Mr.MOHAMMAD SALMAN	Visit No	: CHA250034790
Age/Gender	: 23 Y/M	Registration ON	: 26/Feb/2025 01:22PM
Lab No	: 10132086	Sample Collected ON	: 26/Feb/2025 01:22PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 04:09PM

SKIAGRAM CHEST PA VIEW

- Persistent azygous lobe with thickened azygous fissure se seen
- 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.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Purvi

*** End Of Report ***

