

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. NEHA KHAN

Age/Gender : 36 Y/F

Lab No : 10132161

Referred By : Dr. BRAJRAJ HOSPITAL

Refer Lab/Hosp : CHARAK NA

Doctor Advice : CBC (WHOLE BLOOD),T3T4TSH

Visit No : CHA250034865

Registration ON : 26/Feb/2025 02:24PM

Sample Collected ON : 26/Feb/2025 02:26PM

Sample Received ON : 26/Feb/2025 02:39PM

Report Generated ON : 26/Feb/2025 04:43PM

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Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC (COMPLETE BLOOD COUNT)							
Hb	8.9	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	30.3	%	36 - 45	Pulse hieght			
				detection			
MCV	66.0	fL	80 - 96	calculated			
MCH	19.4	pg	27 - 33	Calculated			
MCHC	29.4	g/dL	30 - 36	Calculated			
RDW	16	%	11 - 15	RBC histogram			
				derivation			
RETIC	0.9 %	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	12000	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT							
NEUTROPHIL	80	%	40 - 75	Flowcytrometry			
LYMPHOCYTES	14	%	25 - 45	Flowcytrometry			
EOSINOPHIL	2	%	1 - 6	Flowcytrometry			
MONOCYTE	4	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	176,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	176000	/cmm	150000 - 450000	Microscopy.			
Absolute Neutrophils Count	9,600	/cmm	2000 - 7000	Calculated			
Absolute Lymphocytes Count	1,680	/cmm	1000-3000	Calculated			
Absolute Eosinophils Count	240	/cmm	20-500	Calculated			
Absolute Monocytes Count	480	/cmm	200-1000	Calculated			
Mentzer Index	14						
Peripheral Blood Picture	:						

Red blood cells are microcytic hypochromic with anisocytosis+.WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.





DR. SHADABKHAI



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Sample Collected ON : 26/Feb/2025 02:26PM

Sample Received ON : 26/Feb/2025 02:41PM

Report Generated ON : 26/Feb/2025 04:08PM



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.15	nmol/L	1.49-2.96	ECLIA
T4	166.46	n mol/l	63 - 177	ECLIA
TSH	5.22	ulU/ml	0.47 - 4.52	ECLIA

Note

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- (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 ***

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DR SHADABKHAI