

Patient Name : Mr. IRFAN	Visit No : CHA250034881
Age/Gender : 22 Y/M	Registration ON : 26/Feb/2025 02: 37PM
Lab No : 10132177	Sample Collected ON : 26/Feb/2025 02: 38PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 26/Feb/2025 02: 56PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 04: 34PM
Doctor Advice : CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.2	%	36 - 45	Pulse height detection
MCV	82.1	fL	80 - 96	calculated
MCH	25.1	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9780	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	229,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	229000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,944	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,445	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	196	/cmm	20-500	Calculated
Absolute Monocytes Count	196	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

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



[Checked By]



Shadab Khan

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Lab No : 10132177	Sample Collected ON : 26/Feb/2025 02: 38PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 26/Feb/2025 02: 57PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 04: 23PM
Doctor Advice : CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.73	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,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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



Shadab Khan