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

Patient Name : Ms.ASKARA

Age/Gender : 40 Y/F

Lab No : 10132455

Referred By : Dr.DINESH LALWANI

Refer Lab/Hosp : CHARAK NA

Doctor Advice : TSH,GBP,HB,DIGITAL 1

Visit No : CHA250035159

Registration ON : 27/Feb/2025 08:53AM

Sample Collected ON : 27/Feb/2025 08:54AM

Sample Received ON : 27/Feb/2025 09: 28AM

Report Generated ON : 27/Feb/2025 11:01AM

Test Name	Result	Unit	Bio. Ref. Range	Method	
HAEMOGLOBIN					
Hb	12.4	g/dl	12 - 15	Non Cyanide	

Comment:

PR.

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture

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

TSH					
TSH	5.10	ulU/ml	0.47 - 4.5	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 ***



DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST

AB Dr. SYED SAIF AHMAD GIST MD (MICROBIOLOGY)

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[Checked By]

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: 10132455 Referred By : Dr.DINESH LALWANI

Sample Received ON

Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 12:58PM

SKIAGRAM CHEST PA VIEW

- ullet Small calcified foci are seen in right lower zone .
- Rest of both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

To be correlated with previous records.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

*** End Of Report ***

