Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
**Phone** : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
**E-mail** : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

| | | | |
|---|---|---|---|
| Patient Name | : Ms.SHOBHA GUPTA | Visit No | : CHA250035223 |
| Age/Gender | : 65 Y/F | Registration ON | : 27/Feb/2025 09:54AM |
| **Lab No** | **: 10132519** | Sample Collected ON | : 27/Feb/2025 09:55AM |
| Referred By | : Dr.PANKAJ KUMAR SRIVASTVA | Sample Received ON | : 27/Feb/2025 10:06AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 27/Feb/2025 11:27AM |
| Doctor Advice | : T3T4TSH,RANDOM,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **CBC (COMPLETE BLOOD COUNT)** | | | | |
| Hb | **10.7** | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 4.20 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | **35.1** | % | 36 - 45 | Pulse hieght detection |
| MCV | 82.8 | fL | 80 - 96 | calculated |
| MCH | **25.2** | pg | 27 - 33 | Calculated |
| MCHC | 30.5 | g/dL | 30 - 36 | Calculated |
| RDW | **15.6** | % | 11 - 15 | RBC histogram derivation |
| RETIC | 1.2 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | **13870** | /cmm | 4000 - 10000 | Flocytrometry |
| **DIFFERENTIAL LEUCOCYTE COUNT** | | | | |
| NEUTROPHIL | 74 | % | 40 - 75 | Flowcytrometry |
| LYMPHOCYTES | **22** | % | 25 - 45 | Flowcytrometry |
| EOSINOPHIL | **0** | % | 1 - 6 | Flowcytrometry |
| MONOCYTE | 4 | % | 2 - 10 | Flowcytrometry |
| BASOPHIL | **0** | % | 00 - 01 | Flowcytrometry |
| PLATELET COUNT | **505,000** | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | **505000** | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | **10,264** | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 3,051 | /cmm | 1000-3000 | Calculated |
| Absolute Monocytes Count | 555 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 20 | | | |
| Peripheral Blood Picture | : | | | |

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

MC-2491

[Checked By]

Print.Date/Time: 27-02-2025 12:05:39

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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| Referred By | : Dr.PANKAJ KUMAR SRIVASTVA | Sample Received ON | : 27/Feb/2025 10:07AM |
| Refer Lab/Hosp | : CHARAK NA | Report Generated ON | : 27/Feb/2025 11:23AM |
| Doctor Advice | : T3T4TSH,RANDOM,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD) | | |

PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **BLOOD SUGAR RANDOM** | | | | |
| BLOOD SUGAR RANDOM | 114 | mg/dl | 70 - 170 | Hexokinase |
| **NA+K+** | | | | |
| SODIUM Serum | 136.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 4.6 | MEq/L | 3.5 - 5.5 | ISE Direct |
| **BLOOD UREA** | | | | |
| BLOOD UREA | **47.80** | mg/dl | 15 - 45 | Urease, UV, Serum |
| **SERUM CREATININE** | | | | |
| CREATININE | 0.80 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| **LIVER FUNCTION TEST** | | | | |
| TOTAL BILIRUBIN | 0.41 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED ( D. Bilirubin) | 0.06 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED ( I.D. Bilirubin) | 0.35 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 101.50 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 30.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 20.0 | U/L | 5 - 40 | UV without P5P |



MC-2491

[Checked By]

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PR.

| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---|---|---|---|---|
| **T3T4TSH** | | | | |
| T3 | 2.25 | nmol/L | 1.49-2.96 | ECLIA |
| T4 | 130.62 | n mol/l | 63 - 177 | ECLIA |
| TSH | 1.32 | ulU/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 TECHINIQUE BY ELECSYSYS -E411 )

***** End Of Report *****



MC-2491

[Checked By]

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