

Patient Name : MasterMUJAHID AHMAD	Visit No : CHA250035552
Age/Gender : 10 Y/M	Registration ON : 27/Feb/2025 02: 38PM
Lab No : 10132848	Sample Collected ON : 27/Feb/2025 02: 40PM
Referred By : Dr. IMPERIA NEURO SCIENCES AN	Sample Received ON : 27/Feb/2025 02: 49PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 04: 21PM
Doctor Advice : TSH,NA+K+,CREATININE,UREA,LFT,RANDOM,CBC (WHOLE BLOOD),CT HEAD	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.1	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	4 - 5.1	Electrical Impedence
PCV	35.8	%	31 - 43	Pulse hieght detection
MCV	77.2	fL	76 - 87	calculated
MCH	26.1	pg	26 - 28	Calculated
MCHC	33.8	g/dL	33 - 35	Calculated
RDW	13.5	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	7790	/cmm	4500 - 13500	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	49	%	40 - 70	Flowcytometry
LYMPHOCYTES	44	%	25 - 55	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	419,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	419000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,817	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,428	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	312	/cmm	20-500	Calculated
Absolute Monocytes Count	234	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	95.8	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	142.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	29.60	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.45	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	186.30	U/L	129 - 417	PNPP, AMP Buffer
SGPT	44.0	U/L	5 - 40	UV without P5P
SGOT	45.0	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	3.39	uIU/ml	0.7 - 6.4	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 ***

CHARAK



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Signature

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CT STUDY OF HEAD PLAIN & CONTRAST
Contrast study performed by using non ionic contrast media

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- Both the cerebral hemispheres show normal gray and white matter differentiation.
- Basal cisterns are seen normally.
- Third and both lateral ventricles are seen normally.
- No midline shift is seen.
- No abnormal enhancing lesion is seen.

IMPRESSION:

- NO EVIDENCE SUGGESTIVE OF ANY FOCAL / DIFFUSE PARENCHYMAL DISEASE OR ANY SPACE OCCUPYING LESION IS IDENTIFIED.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Report typed by GAUSIYA

*** End Of Report ***

