

Patient Name : Ms.SHAHIN	Visit No : CHA250035615
Age/Gender : 42 Y/F	Registration ON : 27/Feb/2025 03:42PM
<b>Lab No : 10132911</b>	Sample Collected ON : 27/Feb/2025 03:44PM
Referred By : Dr.SH KHAN	Sample Received ON : 27/Feb/2025 03:58PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 05:25PM
Doctor Advice : TSH,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.4	%	36 - 45	Pulse hieght detection
MCV	87.3	fL	80 - 96	calculated
MCH	27.5	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	14.1	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6610	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	28	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>115,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>132000</b>	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,098	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,851	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	330	/cmm	20-500	Calculated
Absolute Monocytes Count	330	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are mild reduced with giant+. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	35.70	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.68	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.17	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.51	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	106.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>60.0</b>	U/L	5 - 40	UV without P5P
SGOT	<b>58.0</b>	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Signature*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	5.66	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, etc. 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 ELECSYS -E411 )

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

CHARAK



[Checked By]



MC-2491 Print.Date/Time: 27-02-2025 18:55:28  
\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA  
PATHOLOGIST

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*Dr. Aditi D Agarwal*  
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