

Patient Name : Dr. IQBAL ZAIDI	Visit No : CHA250035618
Age/Gender : 66 Y/M	Registration ON : 27/Feb/2025 03: 47PM
<b>Lab No : 10132914</b>	Sample Collected ON : 27/Feb/2025 03: 50PM
Referred By : Dr. ARSHAD AHMAD	Sample Received ON : 27/Feb/2025 03: 50PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 06: 19PM
Doctor Advice : URINE COM. EXMAMINATION,RANDOM,TSH,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

**CHARAK**

[Checked By]

Print.Date/Time: 27-02-2025 18:55:33

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Shadab Khan*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Referred By : Dr. ARSHAD AHMAD	Sample Received ON : 27/Feb/2025 03: 55PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 05: 25PM
Doctor Advice : URINE COM. EXMAMINATION,RANDOM,TSH,NA+K+,CREATININE,UREA,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.2	%	36 - 45	Pulse hieght detection
MCV	89.5	fL	80 - 96	calculated
MCH	29.9	pg	27 - 33	Calculated
MCHC	33.4	g/dL	30 - 36	Calculated
RDW	15.5	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7760	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	24	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	234,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	234000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,510	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,862	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	78	/cmm	20-500	Calculated
Absolute Monocytes Count	310	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

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



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**Lab No : 10132914** Sample Collected ON : 27/Feb/2025 03: 50PM  
Referred By : Dr. ARSHAD AHMAD Sample Received ON : 27/Feb/2025 03: 53PM  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 04: 44PM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	140.2	mg/dl	70 - 170	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	36.00	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	55.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	21.0	U/L	5 - 40	UV without P5P

CHARAK



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DR. NISHANT SHARMA  
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DR. SHADAB  
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*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.74	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 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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DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL  
PATHOLOGIST PATHOLOGIST PATHOLOGIST

*Signature*