

Patient Name : Ms.SIMRAN	Visit No : CHA250036014
Age/Gender : 23 Y/F	Registration ON : 28/Feb/2025 10:24AM
Lab No : 10133310	Sample Collected ON : 28/Feb/2025 10:26AM
Referred By : Dr.AZMI SIDDIQUI	Sample Received ON : 28/Feb/2025 10:32AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11:30AM
Doctor Advice : T3T4TSH,TORCH PROFILE,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	12.7	g/dl	12 - 15	Non Cyanide

Comment:

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



CHARAK



MC-2491

Print.Date/Time: 28-02-2025 13:10:25

*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]



Sham

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms.SIMRAN	Visit No : CHA250036014
Age/Gender : 23 Y/F	Registration ON : 28/Feb/2025 10: 24AM
Lab No : 10133310	Sample Collected ON : 28/Feb/2025 10: 26AM
Referred By : Dr.AZMI SIDDIQUI	Sample Received ON : 28/Feb/2025 10: 52AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12: 36PM
Doctor Advice : T3T4TSH,TORCH PROFILE,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.01	nmol/L	1.49-2.96	ECLIA
T4	115.00	n mol/l	63 - 177	ECLIA
TSH	1.81	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]



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