

Patient Name : Ms.SHAHEEN	Visit No : CHA250036088
Age/Gender : 52 Y/F	Registration ON : 28/Feb/2025 11:24AM
Lab No : 10133384	Sample Collected ON : 28/Feb/2025 11:26AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 28/Feb/2025 11:26AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 04:24PM
Doctor Advice : URINE COM. EXMAMINATION,T3T4TSH,CBC (WHOLE BLOOD),PP,FASTING,NA+K+,CREATININE,UREA	



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	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	20 mg/dl	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	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	4-5	/hpf	< 5/hpf	
Epithelial Cells	4-5	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK



[Checked By]

Print.Date/Time: 28-02-2025 17:02:05

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 28/Feb/2025 11:37AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12:53PM
Doctor Advice : URINE COM. EXMAMINATION,T3T4TSH,CBC (WHOLE BLOOD),PP,FASTING,NA+K+,CREATININE,UREA	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.6	%	36 - 45	Pulse hieght detection
MCV	89.0	fL	80 - 96	calculated
MCH	28.5	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	12.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	19890	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	88	%	40 - 75	Flowcytometry
LYMPHOCYTES	8	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	289,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	289000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	17,503	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,591	/cmm	1000-3000	Calculated
Absolute Monocytes Count	796	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Age/Gender : 52 Y/F Registration ON : 28/Feb/2025 11:24AM
Lab No : 10133384 Sample Collected ON : 28/Feb/2025 11:26AM
Referred By : Dr.ATUL CHAND RASTOGI Sample Received ON : 28/Feb/2025 11:40AM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 12:13PM
Doctor Advice : URINE COM. EXMAMINATION,T3T4TSH,CBC (WHOLE BLOOD),PP,FASTING,NA+K+,CREATININE,UREA



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	118.0	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	186.1	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	21.40	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

CHARAK



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MC-2491

Print.Date/Time: 28-02-2025 17:02:13

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PATHOLOGIST

DR. SHADAB
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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12:46PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	146.86	n mol/l	63 - 177	ECLIA
TSH	3.76	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



[Checked By]



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