

Patient Name : Ms.URUSA	Visit No : CHA250036089
Age/Gender : 40 Y/F	Registration ON : 28/Feb/2025 11:25AM
Lab No : 10133385	Sample Collected ON : 28/Feb/2025 11:26AM
Referred By : Dr.ABDUL MOID	Sample Received ON : 28/Feb/2025 11:38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 01:08PM
Doctor Advice : LFT,T3T4TSH,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	12.3	g/dl	12 - 15	Non Cyanide

Comment:

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

TLC				
TOTAL LEUCOCYTES COUNT	4320	/cmm	4000 - 10000	Floctometry

DLC				
NEUTROPHIL	58	%	40 - 75	Flowcytometry
LYMPHOCYTE	35	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	1	%	00 - 01	Flowcytometry

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.61	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	98.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	50.0	U/L	5 - 40	UV without P5P
SGOT	37.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



Sharma

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

Patient Name : Ms.URUSA	Visit No : CHA250036089
Age/Gender : 40 Y/F	Registration ON : 28/Feb/2025 11:25AM
Lab No : 10133385	Sample Collected ON : 28/Feb/2025 11:26AM
Referred By : Dr.ABDUL MOID	Sample Received ON : 28/Feb/2025 11:38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12:47PM
Doctor Advice : LFT,T3T4TSH,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.97	nmol/L	1.49-2.96	ECLIA
T4	155.75	n mol/l	63 - 177	ECLIA
TSH	5.20	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]



Sham

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