

Patient Name : Ms.ARBEENA	Visit No : CHA250036638
Age/Gender : 34 Y/F	Registration ON : 01/Mar/2025 07:11AM
Lab No : 10133934	Sample Collected ON : 01/Mar/2025 07:15AM
Referred By : Dr.AHSAN RAZA	Sample Received ON : 01/Mar/2025 07:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 09:45AM
Doctor Advice : PP,FASTING,T3T4TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.4	%	36 - 45	Pulse hieght detection
MCV	77.7	fL	80 - 96	calculated
MCH	23.0	pg	27 - 33	Calculated
MCHC	29.7	g/dL	30 - 36	Calculated
RDW	16	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7100	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	24	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	352,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	352000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,757	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,704	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	426	/cmm	20-500	Calculated
Absolute Monocytes Count	213	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

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Lab No : 10133934	Sample Collected ON : 01/Mar/2025 07:15AM
Referred By : Dr.AHSAN RAZA	Sample Received ON : 01/Mar/2025 08:03AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 10:05AM
Doctor Advice : PP,FASTING,T3T4TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	96.4	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	115.0	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.24	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	78.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	18.6	U/L	5 - 40	UV without P5P
SGOT	20.5	U/L	5 - 40	UV without P5P

CHARAK



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Referred By : Dr.AHSAN RAZA	Sample Received ON : 01/Mar/2025 07:24AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 09:56AM
Doctor Advice : PP,FASTING,T3T4TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	98.60	n mol/l	63 - 177	ECLIA
TSH	3.30	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]



Sharma

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