Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.ASHA DIXIT	Visit No	: CHA250036690
Age/Gender	: 53 Y/F	Registration ON	: 01/Mar/2025 09:06AM
Lab No	**: 10133986**	Sample Collected ON	: 01/Mar/2025 09:08AM
Referred By	: Dr.MANISH MAURYA	Sample Received ON	: 01/Mar/2025 09:24AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 01/Mar/2025 10:33AM
Doctor Advice	: LFT,KIDNEY FUNCTION TEST - I,BOTH KNEE AP LAT,T3T4TSH,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**38.00**		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 01-03-2025 13:35:17
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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	**10.9**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**34.8**	%	36 - 45	Pulse hieght detection
MCV	85.7	fL	80 - 96	calculated
MCH	**26.8**	pg	27 - 33	Calculated
MCHC	31.3	g/dL	30 - 36	Calculated
RDW	**15.9**	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5270	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytrometry
LYMPHOCYTE	29	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**84,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**120,000**	/cmm	150000 - 450000	Microscopy .
Mentzer Index	21			
Peripheral Blood Picture	:			

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

MC-2491

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Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 01/Mar/2025 11:40AM
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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.19**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.21	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.98	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	**132.20**	U/L	30 - 120	PNPP, AMP Buffer
SGPT	32.0	U/L	5 - 40	UV without P5P
SGOT	31.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	28.40	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.29	nmol/L	1.49-2.96	ECLIA
T4	167.21	n mol/l	63 - 177	ECLIA
TSH	**8.27**	ulU/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 *****

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PR.

SKIAGRAM BOTH KNEE AP AND LATERAL

- Bone density is mildly reduced.
- Articular surfaces show osteophytosis.
- Joint spaces are maintained.
- Tibial spines are normal.
- Multiple calcified loose bodies are seen in posterior to left knee joint.

OPINION:

- **OSTEOARTHRITIC CHANGES BOTH KNEE JOINTS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

***** End Of Report *****