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.KHUSHNUMA	Visit No	: CHA250036763
Age/Gender	: 29 Y/F	Registration ON	: 01/Mar/2025 10:06AM
Lab No	**: 10134059**	Sample Collected ON	: 01/Mar/2025 10:09AM
Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 01/Mar/2025 10:09AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 02:29PM
Doctor Advice	: NT.NB SCAN,URINE COM. EXMAMINATION,VDRL,PROLACTIN,TSH,RANDOM,CBC (WHOLE BLOOD)		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
VDRL				
VDRL	NON REACTIVE			Slide Agglutination
URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.015**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	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	Nil	/hpf	< 5/hpf	
Epithelial Cells	2-3	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 01-03-2025 15:05:36
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By	: Dr.LUCKNOW HOSPITAL		Sample Received ON	: 01/Mar/2025 10:14AM
Refer Lab/Hosp	: CHARAK NA		Report Generated ON	: 01/Mar/2025 11:43AM
Doctor Advice	: NT.NB SCAN,URINE COM. EXMAMINATION,VDRL,PROLACTIN,TSH,RANDOM,CBC (WHOLE BLOOD)			

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**4.90**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.4	%	36 - 45	Pulse hieght detection
MCV	84.1	fL	80 - 96	calculated
MCH	27.6	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**14910**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	74	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**21**	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**144,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**11,033**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,131	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	447	/cmm	20-500	Calculated
Absolute Monocytes Count	298	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

Print.Date/Time: 01-03-2025 15:05:42

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Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 01/Mar/2025 10:25AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 11:10AM
Doctor Advice	: NT.NB SCAN,URINE COM. EXMAMINATION,VDRL,PROLACTIN,TSH,RANDOM,CBC (WHOLE BLOOD)		

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	159.5	mg/dl	70 - 170	Hexokinase
TSH				
TSH	1.60	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)

Test Name	Result	Unit	Bio. Ref. Range	Method
PROLACTIN				
PROLACTIN Serum	**18.9**	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***

[Checked By]

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PR.

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 01/Mar/2025 01:49PM

ULTRASOUND STUDY OF OBSTETRICS WITH NT/NB SCAN

- LMP : 01/12/2024, GA by LMP : 12 weeks 6 days.
- Single gestation sac with single live foetus is seen in uterine cavity.
- **CRL** measures 59.6mm corresponding to POG of 12 weeks + 3 days.
- Foetal heart rate is 158/minute.
- **Nuchal translucency** measures approx. 1.3mm.
- Nasal bone is seen.
- Ductus venosus shows normal waveform (PI = 1.17).
- Butterfly sign seen.
- Cervical length and width is normal.
- No adnexal mass lesson is seen.
- EDD is approximately on 10/09/2025.

IMPRESSION:

- **SINGLE LIVE INTRAUTERINE PREGNANCY OF 12 WEEKS + 3 WEEKS (±7 DAYS) WITH NORMAL NT-NB SCAN.**

ADV: DOUBLE MARKER.

Note:-- I Dr. Nisma Waheed, declare that while conducting ultrasound study of Mrs. Khushnuma, I have neither detected nor disclosed the sex of her foetus to any body in any manner. All congenital anomalies can't be excluded on ultrasound.

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

(Transcribed by Rachna)

*** End Of Report ***