

Patient Name : Ms. AYESHA	Visit No : CHA250036849
Age/Gender : 35 Y/F	Registration ON : 01/Mar/2025 11:11AM
<b>Lab No : 10134145</b>	Sample Collected ON : 01/Mar/2025 11:12AM
Referred By : Dr. MD AHMAD	Sample Received ON : 01/Mar/2025 11:12AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 02:30PM
Doctor Advice : URIC ACID,RANDOM,URINE COM. EXMAMINATION,PPD,TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>URIC ACID</b>				
Sample Type : SERUM				
SERUM URIC ACID	<b>6.4</b>	mg/dL	2.40 - 5.70	Uricase,Colorimetric

<b>URINE EXAMINATION REPORT</b>				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent		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	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



*Sharma*

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

Patient Name : Ms. AYESHA	Visit No : CHA250036849
Age/Gender : 35 Y/F	Registration ON : 01/Mar/2025 11:11AM
<b>Lab No : 10134145</b>	Sample Collected ON : 01/Mar/2025 11:12AM
Referred By : Dr. MD AHMAD	Sample Received ON : 01/Mar/2025 11:30AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 01:01PM
Doctor Advice : URIC ACID,RANDOM,URINE COM. EXMAMINATION,PPD,TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.9	%	36 - 45	Pulse height detection
MCV	90.3	fL	80 - 96	calculated
MCH	27.2	pg	27 - 33	Calculated
MCHC	30.1	g/dL	30 - 36	Calculated
RDW	15	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>12000</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	<b>79</b>	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>18</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	362,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	362000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>9,480</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,160	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	120	/cmm	20-500	Calculated
Absolute Monocytes Count	240	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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

Patient Name : Ms. AYESHA	Visit No : CHA250036849
Age/Gender : 35 Y/F	Registration ON : 01/Mar/2025 11:11AM
<b>Lab No : 10134145</b>	Sample Collected ON : 01/Mar/2025 11:12AM
Referred By : Dr. MD AHMAD	Sample Received ON : 01/Mar/2025 11:30AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 12:47PM
Doctor Advice : URIC ACID,RANDOM,URINE COM. EXMAMINATION,PPD,TSH,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD SUGAR RANDOM</b>				
BLOOD SUGAR RANDOM	79.9	mg/dl	70 - 170	Hexokinase

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.64	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.48	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>361.00</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	<b>56.0</b>	U/L	5 - 40	UV without P5P

<b>TSH</b>				
TSH	<b>6.59</b>	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 tonormal 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 ELECSYSYS -E411 )

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



[Checked By]



*Sham*

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