

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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CMO Reg. No. RMEE 2445133 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.MADEEHA QADEER

Age/Gender : 24 Y/F

Lab No : 10134906

Referred By : Dr.LUCKNOW NEURO AND TRAUMA

Refer Lab/Hosp : CHARAK NA

P.R.

. PROLACTIN,TSH,FASTING,CBC (WHOLE BLOOD) Doctor Advice

Visit No : CHA250037611

Registration ON : 02/Mar/2025 11:36AM

Sample Collected ON : 02/Mar/2025 11:41AM

: 02/Mar/2025 11:53AM Sample Received ON

Report Generated ON : 02/Mar/2025 01:07PM



Test Name	Result	Unit	Bio. Ref. Range	Bio. Ref. Range Method		
CBC (COMPLETE BLOOD COUNT)						
Hb	11.1	g/dl	12 - 15	Non Cyanide		
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical		
				Impedence		
PCV	37.0	%	36 - 45	Pulse hieght		
				detection		
MCV	76.4	fL	80 - 96	calculated		
MCH	22.9	pg	27 - 33	Calculated		
MCHC	30	g/dL	30 - 36	Calculated		
RDW	15.1	%	11 - 15	RBC histogram		
				derivation		
RETIC	0.6 %	%	0.5 - 2.5	Microscopy		
TOTAL LEUCOCYTES COUNT	6430	/cmm	4000 - 10000	Flocytrometry		
DIFFERENTIAL LEUCOCYTE COUNT	\ \					
NEUTROPHIL	62	%	40 - 75	Flowcytrometry		
LYMPHOCYTES	33	%	25 - 45	Flowcytrometry		
EOSINOPHIL	2	%	1 - 6	Flowcytrometry		
MONOCYTE	3	%	2 - 10	Flowcytrometry		
BASOPHIL	0	%	00 - 01	Flowcytrometry		
PLATELET COUNT	195,000	/cmm	150000 - 450000	Elect Imped		
PLATELET COUNT (MANUAL)	195000	/cmm	150000 - 450000	Microscopy .		
Absolute Neutrophils Count	3,987	/cmm	2000 - 7000	Calculated		
Absolute Lymphocytes Count	2,122	/cmm	1000-3000	Calculated		
Absolute Eosinophils Count	129	/cmm	20-500	Calculated		
Absolute Monocytes Count	193	/cmm	200-1000	Calculated		
Mentzer Index	16					
Peripheral Blood Picture	:					

Red blood cells are macrocytic hypochromic, normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.







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Visit No : CHA250037611

Registration ON : 02/Mar/2025 11:36AM

Sample Collected ON : 02/Mar/2025 11:41AM

Sample Received ON : 02/Mar/2025 11:50AM

Report Generated ON : 02/Mar/2025 01:08PM

. Ref. Range	Method				

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	119.0	mg/dl	70 - 110	Hexokinase
TSH				
TSH	2.95	ulU/ml	0.47 - 4.52	ECLIA

## Note

PR.

- (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)

PROLACTIN	G H	AKA	M		
PROLACTIN Serum	29.8	ng/ml	2.64 - 13.130	CLIA	

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





DR. NISHANT SHARMA DR. SHADAB