

Patient Name : Ms.RAM SHRI DEVI	Visit No : CHA250037649
Age/Gender : 30 Y/F	Registration ON : 02/Mar/2025 12:03PM
Lab No : 10134944	Sample Collected ON : 02/Mar/2025 12:11PM
Referred By : Dr.HIFZUR RAHMAN	Sample Received ON : 02/Mar/2025 12:11PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 02:03PM
Doctor Advice : RANDOM,T3T4TSH,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Alkaline (8.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Present (40 mg/dl)		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	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)

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Referred By : Dr.HIFZUR RAHMAN	Sample Received ON : 02/Mar/2025 12:20PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 01:18PM
Doctor Advice : RANDOM,T3T4TSH,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse hieght detection
MCV	79.3	fL	80 - 96	calculated
MCH	24.1	pg	27 - 33	Calculated
MCHC	30.4	g/dL	30 - 36	Calculated
RDW	15	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12400	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	86	%	40 - 75	Flowcytometry
LYMPHOCYTES	12	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	1	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	350,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	350000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	10,664	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,488	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	124	/cmm	20-500	Calculated
Absolute Monocytes Count	124	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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Lab No : 10134944	Sample Collected ON : 02/Mar/2025 12:11PM
Referred By : Dr.HIFZUR RAHMAN	Sample Received ON : 02/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 01:10PM
Doctor Advice : RANDOM,T3T4TSH,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	135.6	mg/dl	70 - 170	Hexokinase



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Sharma

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Referred By : Dr.HIFZUR RAHMAN	Sample Received ON : 02/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 02:30PM
Doctor Advice : RANDOM,T3T4TSH,URINE COM. EXMAMINATION,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.99	nmol/L	1.49-2.96	ECLIA
T4	158.01	n mol/l	63 - 177	ECLIA
TSH	2.93	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)

*** End Of Report ***

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Signature
DR. ADITI D AGARWAL
PATHOLOGIST