

Patient Name : Mr.AMIT GOSWAMI	Visit No : CHA250038384
Age/Gender : 32 Y/M	Registration ON : 03/Mar/2025 04:02PM
Lab No : 10135679	Sample Collected ON : 03/Mar/2025 04:05PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 03/Mar/2025 04:24PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 06:17PM
Doctor Advice : T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.0	%	36 - 45	Pulse height detection
MCV	89.4	fL	80 - 96	calculated
MCH	28.5	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	11.9	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6700	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	227,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	227000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,154	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,943	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	402	/cmm	20-500	Calculated
Absolute Monocytes Count	201	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



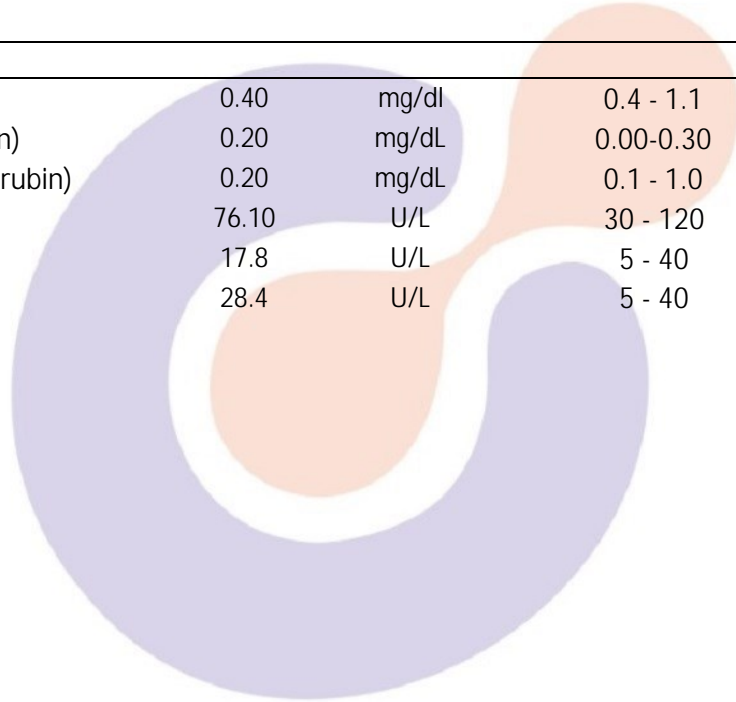
Shadab Khan

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Lab No : 10135679	Sample Collected ON : 03/Mar/2025 04:05PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 03/Mar/2025 04:29PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 05:24PM
Doctor Advice : T3T4TSH,CREATININE,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	76.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.8	U/L	5 - 40	UV without P5P
SGOT	28.4	U/L	5 - 40	UV without P5P



CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.88	nmol/L	1.49-2.96	ECLIA
T4	110.01	n mol/l	63 - 177	ECLIA
TSH	0.60	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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***



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