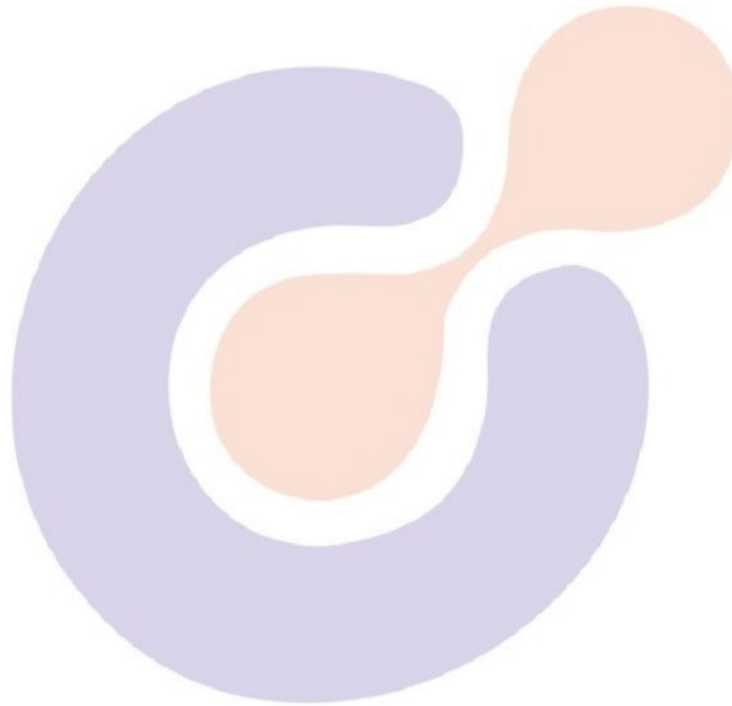


Patient Name : Ms. KUMUD  
Age/Gender : 57 Y/F  
**Lab No : 10136044**  
Referred By : Dr. ANUPAM SINHA \*\*  
Refer Lab/Hosp : CGHS (BILLING)  
Doctor Advice : CBC+ESR,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT

Visit No : CHA250038749  
Registration ON : 04/Mar/2025 10:16AM  
Sample Collected ON : 04/Mar/2025 10:18AM  
Sample Received ON : 04/Mar/2025 10:41AM  
Report Generated ON : 04/Mar/2025 11:53AM



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>36.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 04-03-2025 13:10:09

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

Patient Name : Ms. KUMUD	Visit No : CHA250038749
Age/Gender : 57 Y/F	Registration ON : 04/Mar/2025 10:16AM
<b>Lab No : 10136044</b>	Sample Collected ON : 04/Mar/2025 10:18AM
Referred By : Dr. ANUPAM SINHA **	Sample Received ON : 04/Mar/2025 10:41AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 04/Mar/2025 11:53AM
Doctor Advice : CBC+ESR,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.9	%	36 - 45	Pulse hieght detection
MCV	93.1	fL	80 - 96	calculated
MCH	30.5	pg	27 - 33	Calculated
MCHC	32.7	g/dL	30 - 36	Calculated
RDW	15.7	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5150	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	55	%	40 - 75	Flowcytometry
LYMPHOCYTE	41	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	126,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	130000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	26			

Peripheral Blood Picture :  
Red blood cells show cytopenia+ with normocytic normochromic with anisocytosis+. Platelets are reduced. 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. KUMUD Visit No : CHA250038749  
Age/Gender : 57 Y/F Registration ON : 04/Mar/2025 10:16AM  
**Lab No : 10136044** Sample Collected ON : 04/Mar/2025 10:18AM  
Referred By : Dr. ANUPAM SINHA \*\* Sample Received ON : 04/Mar/2025 11:05AM  
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 04/Mar/2025 12:30PM  
Doctor Advice : CBC+ESR,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	1.08	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	<b>0.33</b>	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.75	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>194.10</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>155.0</b>	U/L	5 - 40	UV without P5P
SGOT	<b>239.0</b>	U/L	5 - 40	UV without P5P

**KIDNEY FUNCTION TEST - I**

Sample Type : SERUM

BLOOD UREA	24.10	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

CHARAK



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

Patient Name : Ms. KUMUD	Visit No : CHA250038749
Age/Gender : 57 Y/F	Registration ON : 04/Mar/2025 10:16AM
<b>Lab No : 10136044</b>	Sample Collected ON : 04/Mar/2025 10:18AM
Referred By : Dr. ANUPAM SINHA **	Sample Received ON : 04/Mar/2025 11:05AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 04/Mar/2025 12:38PM
Doctor Advice : CBC+ESR,T3T4TSH,KIDNEY FUNCTION TEST - I,LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	<b>3.60</b>	nmol/L	1.49-2.96	ECLIA
T4	<b>187.00</b>	n mol/l	63 - 177	ECLIA
TSH	2.70	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 to normal 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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

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

CHARAK



[Checked By]



*Sharma*

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