Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.SABANA	Visit No	: CHA250039009
Age/Gender	: 50 Y/F	Registration ON	: 04/Mar/2025 02:00PM
Lab No	**: 10136304**	Sample Collected ON	: 04/Mar/2025 02:03PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 04/Mar/2025 02:21PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 04:04PM
Doctor Advice	: TSH,FT4,SERUM IGE,ECG,IONIC CALCIUM,CALCIUM,NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**36.00**		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

IONIC CALCIUM				
IONIC CALCIUM	1.15	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	11.12	mg/dL	7-21	calculated

SERUM CALCIUM				
CALCIUM	9.4	mg/dl	8.8 - 10.2	dapta / arsenazo III

[Checked By]

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DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 05:23PM
Doctor Advice	: TSH,FT4,SERUM IGE,ECG,IONIC CALCIUM,CALCIUM,NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	9.01	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 03:32PM
Doctor Advice	: TSH,FT4,SERUM IGE,ECG,IONIC CALCIUM,CALCIUM,NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),DIGITAL 1		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IGE				
SERUM IGE	45.1		0.10 - 100	CLIA

Age group	Value (IU/ml)
Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0

[Checked By]

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.6**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**4.90**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.6	%	36 - 45	Pulse hieght detection
MCV	**78.3**	fL	80 - 96	calculated
MCH	**23.5**	pg	27 - 33	Calculated
MCHC	30.1	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**10330**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytrometry
LYMPHOCYTES	28	%	25 - 45	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	297,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	297000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,611	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,892	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	413	/cmm	20-500	Calculated
Absolute Monocytes Count	413	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.7	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
TSH				
TSH	1.20	uIU/ml	0.47 - 4.52	ECLIA

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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PR.

ECG -REPORT

RATE : 88 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: **ECG WITH IN NORMAL LIMITS**

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

Patient Name	: Ms.SABANA	Visit No	: CHA250039009
Age/Gender	: 50 Y/F	Registration ON	: 04/Mar/2025 02:00PM
Lab No	**: 10136304**	Sample Collected ON	: 04/Mar/2025 02:00PM
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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields show increased vascular markings.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **BRONCHITIS.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

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