

Patient Name : Ms.ASHA NAAG	Visit No : CHA250039014
Age/Gender : 63 Y/F	Registration ON : 04/Mar/2025 02:05PM
Lab No : 10136309	Sample Collected ON : 04/Mar/2025 02:06PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 04/Mar/2025 02:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 03:32PM
Doctor Advice : SGPT,BILIRUBIN,TSH,NA+K+,CREATININE,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	8.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	29.9	%	36 - 45	Pulse hieght detection
MCV	83.8	fL	80 - 96	calculated
MCH	24.9	pg	27 - 33	Calculated
MCHC	29.8	g/dL	30 - 36	Calculated
RDW	18.3	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5280	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	161,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	161000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,326	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,742	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	53	/cmm	20-500	Calculated
Absolute Monocytes Count	158	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

Red blood cells show cytopenia with normocytic normochromic, hypochromia with anisocytosis. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Signature
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	83.1	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
BILIRUBIN				
TOTAL BILIRUBIN	0.45	mg/dl	0.4 - 1.1	Diazonium Ion
SGPT				
SGPT	14.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]

MC-2491 Print.Date/Time: 04-03-2025 16:06:08
*Patient Identity Has Not Been Verified. Not For Medicolegal



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Dr. Aditi D Agarwal
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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	4.76	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]



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DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature