

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.ANSHIKA

Age/Gender : 15 Y/F

Lab No : 10136711
Referred By : Dr.VINIT ASTHANA

Refer Lab/Hosp : CHARAK NA

Doctor Advice : PPD,T3T4TSH,ESR,CBC (WHOLE BLOOD)

Visit No : CHA250039416

Registration ON : 05/Mar/2025 08:03AM

Sample Collected ON : 05/Mar/2025 08:05AM

Sample Received ON : 05/Mar/2025 09:15AM

Report Generated ON : 05/Mar/2025 10:53AM



				<u> </u>
Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	11.00		0 - 15	Westergreen

## Note:

P.R.

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.





Whan

[Checked By]

DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST



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 NABLReg. No.MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.ANSHIKA

Age/Gender : 15 Y/F

Lab No : 10136711 Referred By : Dr.VINIT ASTHANA

Refer Lab/Hosp : CHARAK NA

P.R.

. PPD,T3T4TSH,ESR,CBC (WHOLE BLOOD) Doctor Advice

Visit No : CHA250039416

Registration ON : 05/Mar/2025 08:03AM

Sample Collected ON : 05/Mar/2025 08:05AM

: 05/Mar/2025 09:15AM Sample Received ON

Report Generated ON : 05/Mar/2025 10:53AM

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.2	%	36 - 45	Pulse hieght
				detection
MCV	94.5	fL	80 - 96	calculated
MCH	30.4	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram
				derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7360	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 70	Flowcytrometry
LYMPHOCYTES	30	%	30 - 50	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	182,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	182000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	4,637	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,208	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	221	/cmm	20-500	Calculated
Absolute Monocytes Count	294	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	;			

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







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.ANSHIKA

Age/Gender : 15 Y/F

Lab No : 10136711
Referred By : Dr. VINIT ASTHANA

Refer Lab/Hosp : CHARAK NA

Doctor Advice PPD,T3T4TSH,ESR,CBC (WHOLE BLOOD)

Visit No : CHA250039416

Registration ON : 05/Mar/2025 08:03AM

Sample Collected ON : 05/Mar/2025 08:05AM

Sample Received ON : 05/Mar/2025 08:34AM

Report Generated ON : 05/Mar/2025 09:51AM

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.90	nmol/L	1.49-2.96	ECLIA
T4	108.00	n mol/l	63 - 177	ECLIA
TSH	6.20	ulU/ml	0.7 - 6.4	ECLIA

## Note

P.R.

- (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 \*\*\*





DR. NISHANT SHARMA DR. SHADAB