

Patient Name : Ms. SHIVANI	Visit No : CHA250039489
Age/Gender : 45 Y/F	Registration ON : 05/Mar/2025 09: 45AM
<b>Lab No : 10136784</b>	Sample Collected ON : 05/Mar/2025 09: 46AM
Referred By : Dr. LALIT SHARMA	Sample Received ON : 05/Mar/2025 09: 46AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 01: 58PM
Doctor Advice : URINE COM. EXMAMINATION, TSH, CREATININE, ESR, DLC, TLC, HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>50.00</b>		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.

**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	<b>1.015</b>		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	Absent	mg/dl	ABSENT Dipstick
Glucose	Absent		
Ketones	Absent		Absent
Bilirubin-U	Absent		Absent
Blood-U	Absent		Absent
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0
Leukocytes-U	Absent		Absent
NITRITE	Absent		Absent
<b>MICROSCOPIC EXAMINATION</b>			
Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	Nil	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

[Checked By]



*Sharma*

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

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Age/Gender : 45 Y/F	Registration ON : 05/Mar/2025 09:45AM
<b>Lab No : 10136784</b>	Sample Collected ON : 05/Mar/2025 09:46AM
Referred By : Dr. LALIT SHARMA	Sample Received ON : 05/Mar/2025 09:59AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 10:55AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HAEMOGLOBIN</b>				
Hb	11.5	g/dl	12 - 15	Non Cyanide

**Comment:**

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

<b>TLC</b>				
TOTAL LEUCOCYTES COUNT	7300	/cmm	4000 - 10000	Floctometry

<b>DLC</b>				
NEUTROPHIL	52	%	40 - 75	Flowcytometry
LYMPHOCYTE	44	%	20-40	Flowcytometry
EOSINOPHIL	04	%	1 - 6	Flowcytometry
MONOCYTE	00	%	2 - 10	Flowcytometry
BASOPHIL	00	%	00 - 01	Flowcytometry

<b>SERUM CREATININE</b>				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

CHARAK



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	4.60	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 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



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