

Patient Name : Ms.ALISHBA KHAN	Visit No : CHA250039596
Age/Gender : 22 Y/F	Registration ON : 05/Mar/2025 11:10AM
Lab No : 10136891	Sample Collected ON : 05/Mar/2025 11:12AM
Referred By : SELF	Sample Received ON : 05/Mar/2025 11:17AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 12:35PM
Doctor Advice : T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.9	%	36 - 45	Pulse height detection
MCV	73.8	fL	80 - 96	calculated
MCH	22.8	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	17	%	11 - 15	RBC histogram derivation
RETIC	1.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6660	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	49	%	40 - 75	Flowcytometry
LYMPHOCYTES	49	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	170,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	170,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,263	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,263	/cmm	1000-3000	Calculated
Absolute Monocytes Count	133	/cmm	200-1000	Calculated
Mentzer Index	14			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic, anisocytosis +. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



MC-2491 Print.Date/Time: 05-03-2025 14:00:33
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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Lab No : 10136891	Sample Collected ON : 05/Mar/2025 11:12AM
Referred By : SELF	Sample Received ON : 05/Mar/2025 11:16AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 01:24PM
Doctor Advice : T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.98	nmol/L	1.49-2.96	ECLIA
T4	251.00	n mol/l	63 - 177	ECLIA
TSH	0.10	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 Dxi-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)