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|------------------------------------------------------------|-------------------------------------------|
| Patient Name : Ms.MANISHA GHOSH | Visit No : CHA250040347 |
| Age/Gender : 23 Y/F | Registration ON : 06/Mar/2025 11:04AM |
| Lab No : 10137642 | Sample Collected ON : 06/Mar/2025 11:07AM |
| Referred By : Dr.MUKESH BHAGAT | Sample Received ON : 06/Mar/2025 11:33AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 06/Mar/2025 01:21PM |
| Doctor Advice : T3T4TSH,TYPHOID IGG& IGM,CBC (WHOLE BLOOD) | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------------------|----------|------|-----------------|--------|
| TYPHOID IGG& IGM | | | | |
| TYPHOID IgG | Negative | | NEGATIVE | |
| TYPHOID IGM | Negative | | NEGATIVE | |



CHARAK

[Checked By]

Print.Date/Time: 06-03-2025 13:56:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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| Referred By : Dr.MUKESH BHAGAT | Sample Received ON : 06/Mar/2025 11:35AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 06/Mar/2025 12:26PM |
| Doctor Advice : T3T4TSH,TYPHOID IGG& IGM,CBC (WHOLE BLOOD) | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------------------------|--------------|---------|-----------------|--------------------------|
| CBC (COMPLETE BLOOD COUNT) | | | | |
| Hb | 12.4 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 4.40 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 39.2 | % | 36 - 45 | Pulse hieght detection |
| MCV | 89.1 | fL | 80 - 96 | calculated |
| MCH | 28.2 | pg | 27 - 33 | Calculated |
| MCHC | 31.6 | g/dL | 30 - 36 | Calculated |
| RDW | 14.9 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.9 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 4080 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 41 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTES | 56 | % | 25 - 45 | Flowcytometry |
| EOSINOPHIL | 0 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 3 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 167,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 167000 | /cmm | 150000 - 450000 | Microscopy . |
| Absolute Neutrophils Count | 1,673 | /cmm | 2000 - 7000 | Calculated |
| Absolute Lymphocytes Count | 2,285 | /cmm | 1000-3000 | Calculated |
| Absolute Monocytes Count | 122 | /cmm | 200-1000 | Calculated |
| Mentzer Index | 20 | | | |
| Peripheral Blood Picture | : | | | |

Red blood cells are normocytic normochromic. WBCs show relative lymphocytes. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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

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| Referred By : Dr.MUKESH BHAGAT | Sample Received ON : 06/Mar/2025 11:33AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 06/Mar/2025 12:09PM |
| Doctor Advice : T3T4TSH,TYPHOID IGG& IGM,CBC (WHOLE BLOOD) | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------|--------|---------|-----------------|--------|
| T3T4TSH | | | | |
| T3 | 2.12 | nmol/L | 1.49-2.96 | ECLIA |
| T4 | 120.00 | n mol/l | 63 - 177 | ECLIA |
| TSH | 1.80 | 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



[Checked By]



Sharma

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