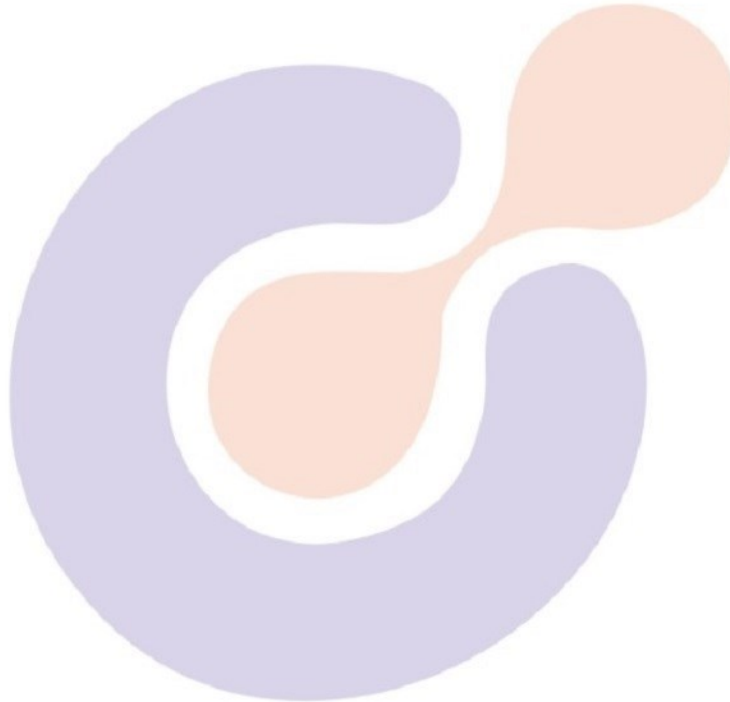


Patient Name : Ms.NIRMALA DEVI	Visit No : CHA250040928
Age/Gender : 54 Y/F	Registration ON : 07/Mar/2025 08:42AM
<b>Lab No : 10138223</b>	Sample Collected ON : 07/Mar/2025 08:44AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 07/Mar/2025 09:14AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 10:32AM
Doctor Advice : BOTH KNEE AP LAT,TSH,URINE COM. EXMAMINATION,PP,FASTING,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>38.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 07-03-2025 14:25:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 07/Mar/2025 08:43AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 01:53PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Alkaline (7.5)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent		Absent	
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		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	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Occasional		< 3/hpf	

**CHARAK**

[Checked By]



*Sharma*

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	11.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.4	%	36 - 45	Pulse hieght detection
MCV	91.9	fL	80 - 96	calculated
MCH	28.3	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7760	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	203,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	203000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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Lab No : 10138223 Sample Collected ON : 07/Mar/2025 08:44AM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	137.2	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	189.3	mg/dl	up to - 170	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.72	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.59	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	180.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	13.0	U/L	5 - 40	UV without P5P
SGOT	20.0	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	56.30	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	3.38	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]



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**SKIAGRAM BOTH KNEE AP AND LATERAL**

- Bone density is reduced.
- Articular surfaces show osteophytosis.
- Joint spaces are maintained.
- Tibial spines are prominent.

**OPINION:**

- **OSTEOARTHRITIC CHANGES BOTH KNEE JOINT.**

**Clinical correlation is necessary.**

**[DR. RAJESH KUMAR SHARMA, MD]**

Transcribed by R R...

\*\*\* End Of Report \*\*\*

