

Patient Name : Ms.SUSHILA VISHWAKARMA	Visit No : CHA250041013
Age/Gender : 61 Y/F	Registration ON : 07/Mar/2025 10:15AM
Lab No : 10138308	Sample Collected ON : 07/Mar/2025 10:17AM
Referred By : Dr.AK SRIVASTAVA	Sample Received ON : 07/Mar/2025 10:17AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 02:08PM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),URIC ACID,25 OH vit. D,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.2	mg/dL	2.40 - 5.70	Uricase,Colorimetric

25 OH vit. D				
25 Hydroxy Vitamin D	39.77	ng/ml		ECLIA
Deficiency < 10				
Insufficiency 10 - 30				
Sufficiency 30 - 100				
Toxicity > 100				

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

URINE EXAMINATION REPORT				
Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	20 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	PRESENT		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	8-10	/hpf	< 5/hpf	
Epithelial Cells	Nil	/hpf	0 - 5	
RBC / hpf	Occasional		< 3/hpf	
Ca-oxalate	PRESENT			

[Checked By]



Print.Date/Time: 07-03-2025 14:40:38

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Referred By : Dr.AK SRIVASTAVA Sample Received ON : 07/Mar/2025 10:25AM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 07/Mar/2025 11:39AM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),URIC ACID,25 OH vit. D,T3T4TSH



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.5	%	36 - 45	Pulse hieght detection
MCV	82.8	fL	80 - 96	calculated
MCH	24.7	pg	27 - 33	Calculated
MCHC	29.9	g/dL	30 - 36	Calculated
RDW	17.1	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7440	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	233,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	233000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,836	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,158	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	223	/cmm	20-500	Calculated
Absolute Monocytes Count	223	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few microcytic hypohromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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

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Referred By : Dr.AK SRIVASTAVA Sample Received ON : 07/Mar/2025 10:27AM
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Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),URIC ACID,25 OH vit. D,T3T4TSH



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.30	nmol/L	1.49-2.96	ECLIA
T4	148.00	n mol/l	63 - 177	ECLIA
TSH	1.58	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 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 ***

CHARAK



[Checked By]



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