

Patient Name : Ms.FIZZA MIRZA	Visit No : CHA250041116
Age/Gender : 24 Y/F	Registration ON : 07/Mar/2025 12:08PM
Lab No : 10138411	Sample Collected ON : 07/Mar/2025 12:10PM
Referred By : Dr.S FIROZ	Sample Received ON : 07/Mar/2025 12:22PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 02:27PM
Doctor Advice : TSH,MP,TYPHOID IGG& IGM,WIDAL,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
MALARIAL PARASITE (MP)				
MALARIAL PARASITE (MP)	Negative		NEGATIVE	



[Checked By]

Print.Date/Time: 07-03-2025 15:00:08

*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.S FIROZ	Sample Received ON : 07/Mar/2025 12:30PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 01:51PM
Doctor Advice : TSH,MP,TYPHOID IGG& IGM,WIDAL,LFT,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: 07-03-2025 15:00:11

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O	1/80
SALMONELLA TYPHI H	1/80
NOTE:	POSITIVE



CHARAK

[Checked By]

Print.Date/Time: 07-03-2025 15:00:13

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 02:17PM
Doctor Advice : TSH,MP,TYPHOID IGG& IGM,WIDAL,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.0	%	36 - 45	Pulse hieght detection
MCV	75.2	fL	80 - 96	calculated
MCH	21.1	pg	27 - 33	Calculated
MCHC	28.1	g/dL	30 - 36	Calculated
RDW	18.3	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4780	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	47	%	40 - 75	Flowcytometry
LYMPHOCYTES	43	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	9	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	218,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	218000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,247	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,055	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	48	/cmm	20-500	Calculated
Absolute Monocytes Count	430	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.47	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	93.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	16.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P

TSH				
TSH	0.82	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 ***



[Checked By]



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