

Patient Name : Dr. SHAMSHAD	Visit No : CHA250041423
Age/Gender : 45 Y/M	Registration ON : 07/Mar/2025 05: 48PM
Lab No : 10138718	Sample Collected ON : 07/Mar/2025 05: 50PM
Referred By : Dr. LUCKNOW HOSPITAL	Sample Received ON : 07/Mar/2025 05: 50PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 07: 51PM
Doctor Advice : ESR, URINE COM. EXMAMINATION, TSH, BLOOD GROUP, BTCT, CREATININE, DLC, GBP, HB, HBsAg (QUANTITATIVE), HCV, LFT, NA+K+, PLAT COUNT, PT/PC/INR, TLC, UREA, RANDOM, HIV	



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	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 00:05:37

*Patient Identity Has Not Been Verified. Not For Medicolegal



Signature

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By	: Dr. LUCKNOW HOSPITAL	Sample Received ON	: 07/Mar/2025 06: 28PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 07/Mar/2025 08: 19PM
Doctor Advice	: ESR, URINE COM. EXMAMINATION, TSH, BLOOD GROUP, BTCT, CREATININE, DLC, GBP, HB, HBSAg (QUANTITATIVE), HCV, LFT, NA+K+, PLAT COUNT, PT/PC/INR, TLC, UREA, RANDOM, HIV		



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	12.26	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



Shadab Khan