

Patient Name : Ms. SEEMA GUPTA	Visit No : CHA250041903
Age/Gender : 49 Y/F	Registration ON : 08/Mar/2025 01:30PM
Lab No : 10139198	Sample Collected ON : 08/Mar/2025 01:31PM
Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 01:48PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 03:10PM
Doctor Advice : TSH,RANDOM,LFT,NA+K+,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.1	%	36 - 45	Pulse hieght detection
MCV	86.6	fL	80 - 96	calculated
MCH	29.3	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10900	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	88	%	40 - 75	Flowcytometry
LYMPHOCYTES	9	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	108,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	130000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	9,592	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	981	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	109	/cmm	20-500	Calculated
Absolute Monocytes Count	218	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show neutrophilia. Platelets are reduced. No parasite seen.



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Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 08/Mar/2025 01:50PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 02:31PM
Doctor Advice : TSH,RANDOM,LFT,NA+K+,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	236.7	mg/dl	70 - 170	Hexokinase

NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.0	MEq/L	3.5 - 5.5	ISE Direct

SERUM CREATININE				
CREATININE	1.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	2.17	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.51	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	1.66	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	105.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	16.0	U/L	5 - 40	UV without P5P

CHARAK



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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
TSH	0.62	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)