

Patient Name : Ms.REENA	Visit No : CHA250042247
Age/Gender : 38 Y/F	Registration ON : 09/Mar/2025 09:04AM
Lab No : 10139542	Sample Collected ON : 09/Mar/2025 09:12AM
Referred By : Dr.DINESH KUMAR BIND	Sample Received ON : 09/Mar/2025 09:38AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 09/Mar/2025 11:13AM
Doctor Advice : T3T4TSH,25 OH vit. D,VIT B12,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	36.00		0 - 15	Westergreen



[Checked By]

Print.Date/Time: 09-03-2025 12:26:50

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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
25 OH vit. D				
25 Hydroxy Vitamin D	8.20	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

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

VITAMIN B12				
VITAMIN B12	173	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

CHARAK

[Checked By]



Sharma

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

Print.Date/Time: 09-03-2025 12:26:52

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (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	35.3	%	36 - 45	Pulse hieght detection
MCV	94.1	fL	80 - 96	calculated
MCH	29.9	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	13	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8070	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTE	39	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	344,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	344000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	25			
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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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	98.60	n mol/l	63 - 177	ECLIA
TSH	2.83	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



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