

Patient Name : Ms.FAZILAT JAHAN	Visit No : CHA250042290
Age/Gender : 55 Y/F	Registration ON : 09/Mar/2025 09:58AM
Lab No : 10139585	Sample Collected ON : 09/Mar/2025 10:01AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 09/Mar/2025 10:01AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 01:59PM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),NA+K+,T3T4TSH	



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	1.005		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	Nil	/hpf	< 5/hpf	
Epithelial Cells	3-4	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	
Ca-oxalate	++			

CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 14:35:18

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Lab No : 10139585	Sample Collected ON : 09/Mar/2025 10:01AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 09/Mar/2025 10:15AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 11:45AM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),NA+K+,T3T4TSH	



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	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	32.8	%	36 - 45	Pulse hieght detection
MCV	88.4	fL	80 - 96	calculated
MCH	27.2	pg	27 - 33	Calculated
MCHC	30.8	g/dL	30 - 36	Calculated
RDW	17.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5780	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	43	%	40 - 75	Flowcytometry
LYMPHOCYTES	37	%	25 - 45	Flowcytometry
EOSINOPHIL	15	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	305,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	305000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,485	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,139	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	867	/cmm	20-500	Calculated
Absolute Monocytes Count	289	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

Red blood cells show cytopenia+, normocytic normochromic with anisocytosis+. WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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Lab No : 10139585	Sample Collected ON : 09/Mar/2025 10:01AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 09/Mar/2025 10:17AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 12:27PM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),NA+K+,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct



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Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 09/Mar/2025 10:17AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 11:46AM
Doctor Advice : URINE COM. EXMAMINATION,CBC (WHOLE BLOOD),NA+K+,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.60	nmol/L	1.49-2.96	ECLIA
T4	121.00	n mol/l	63 - 177	ECLIA
TSH	0.06	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



[Checked By]



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