

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.ANJUM KALAM

Age/Gender : 39 Y/F

Refer Lab/Hosp

P.R.

Lab No : 10140789
Referred By : Dr.MANSI SHUKUL

: Dr.MANSI SHUKUL : CHARAK NA Visit No : CHA250043494

Registration ON : 11/Mar/2025 07:55AM

Sample Collected ON : 11/Mar/2025 07:58AM Sample Received ON : 11/Mar/2025 09:24AM

Report Generated ON : 11/Mar/2025 10:48AM

Doctor Advice : URINE COM. EXMAMINATION, TSH, FT4, FT3, CREATININE, LFT, CBC (WHOLE BLOOD), PGBS-75 gms, FASTING

Test Name	Result	Unit	Bio. Ref. Range	Method
PGBS-75 gms				
POST GLUCOSE BLOOD SUGAR	157	mg/dl	60 - 140	Hexokinase





[Checked By]

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



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Patient Name : Ms. ANJUM KALAM Visit No : CHA250043494

Age/Gender : 39 Y/F Registration ON : 11/Mar/2025 07:50AM Lab No : 10140789 Sample Collected ON : 11/Mar/2025 07:52AM Referred By : Dr.MANSI SHUKUL Sample Received ON : 11/Mar/2025 09:24AM Refer Lab/Hosp · CHARAK NA Report Generated ON : 11/Mar/2025 10:53AM

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Test Name	Result	Unit	Bio. Ref. Range	Method
FT3				
FT3	5.80	pmol/l	3.8 - 6.18	CLIA

Note

P.R.

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism,cretinism,juvenile mysedema 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 cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets. 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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

CHARAK



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Doctor Advice URINE COM. EXMAMINATION, TSH, FT4, FT3, CREATININE, LFT, CBC (WHOLE BLOOD), PGBS-75 gms, FASTING

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	14.8	pmol/L	7.86 - 14.42	CLIA

Note

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DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Page 3 of 7



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. URINE COM. EXMAMINATION,TSH,FT4,FT3,CREATININE,LFT,CBC (WHOLE BLOOD),PGBS-75 gms,FASTING Doctor Advice



Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Neutral (7.0)		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	A <mark>bsent</mark>		Absent	
NITRITE	Absent Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	







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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	34.5	%	36 - 45	Pulse hieght
				detection
MCV	88.7	fL	80 - 96	calculated
MCH	28.3	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	13.3	%	11 - 15	RBC histogram
				derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12660	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytrometry
LYMPHOCYTES	21	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	278,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	278000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	9,115	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,659	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	380	/cmm	20-500	Calculated
Absolute Monocytes Count	506	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show leucocytosis. Platelets are adequate. No immature cells or parasite seen.





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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	96.6	mg/dl	70 - 110	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.04	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	88.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.0	U/L	5 - 40	UV without P5P
SGOT	27.0	U/L	5 - 40	UV without P5P
TSH				
TSH	5.17	ulU/ml	0.47 - 4.52	ECLIA

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***



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Test Name Bio. Ref. Range Unit Result

Visit No





