

Patient Name : Ms.LAKSHAMI	Visit No : CHA250043546
Age/Gender : 55 Y/F	Registration ON : 11/Mar/2025 09:19AM
Lab No : 10140841	Sample Collected ON : 11/Mar/2025 09:20AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 11/Mar/2025 09:33AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 11/Mar/2025 11:14AM
Doctor Advice : KIDNEY FUNCTION TEST - I,URIC ACID,T3T4TSH,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	48.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 11-03-2025 12:36:40

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Lab No : 10140841	Sample Collected ON : 11/Mar/2025 09:20AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 11/Mar/2025 09:28AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 11/Mar/2025 10:58AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	7.5	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]



Sharma

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	9.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	30.2	%	36 - 45	Pulse hieght detection
MCV	94.4	fL	80 - 96	calculated
MCH	30.3	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	16.6	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6170	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	140,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	30			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	39.10	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.51	nmol/L	1.49-2.96	ECLIA
T4	112.00	n mol/l	63 - 177	ECLIA
TSH	2.30	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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