

Patient Name : Ms. NEETU VERMA	Visit No : CHA250043599
Age/Gender : 35 Y/F	Registration ON : 11/Mar/2025 09:55AM
Lab No : 10140894	Sample Collected ON : 11/Mar/2025 09:58AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 11/Mar/2025 10:13AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 11/Mar/2025 12:00PM
Doctor Advice : FASTING,LFT,T3T4TSH,CBC+ESR,CT ENTEROGRAPHY	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	22.00		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 11-03-2025 17:32:55

\*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
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.5	%	36 - 45	Pulse hieght detection
MCV	83.0	fL	80 - 96	calculated
MCH	<b>25.4</b>	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	<b>15.9</b>	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5590	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTE	35	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	187,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	187000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	17			

Peripheral Blood Picture :  
Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



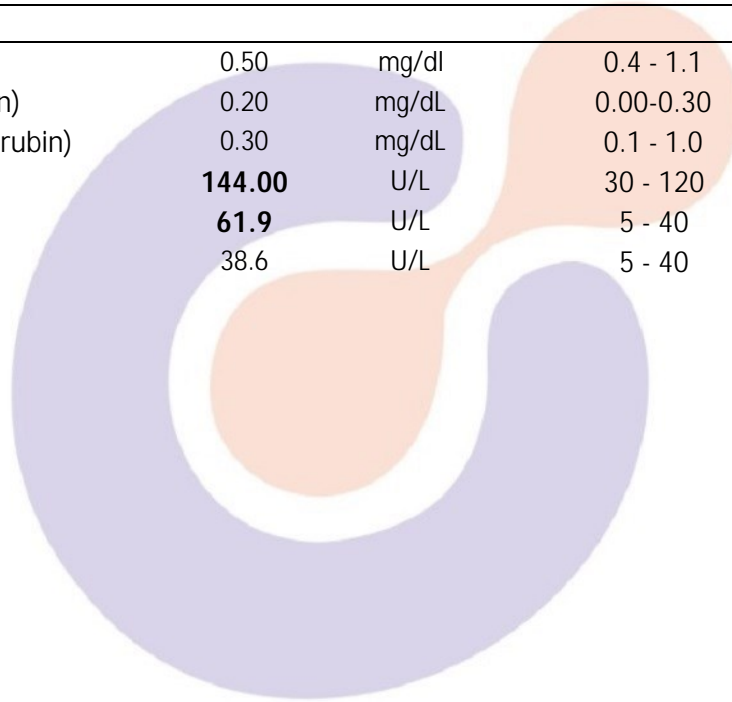
*Sham*

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Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	95.3	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	144.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	61.9	U/L	5 - 40	UV without P5P
SGOT	38.6	U/L	5 - 40	UV without P5P



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.53	nmol/L	1.49-2.96	ECLIA
T4	94.20	n mol/l	63 - 177	ECLIA
TSH	1.70	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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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### CT ENTEROGRAPHY

CONTRAST STUDY PERFORMED BEFORE AND AFTER INJECTING [ INTRAVENOUS ] 80ML OF NON IONIC CONTRAST MEDIA AND ORAL ADMINISTRATION OF PEGLEC [ 137.15G] DILUTED WITH WATER

NO PREVIOUS RECORDS AVAILABLE .

- **Liver** is mildly enlarged in size [ span 170cc] , and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is absent [ post cholecystectomy ] .
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- **Both Ureters** are normal in course and caliber.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size and shows homogenous myometrial density. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- Right ovary is normal in size.
- Left ovary shows cystic lesion measuring 44x43mm.No enhancing component is seen .
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.



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- Small bowel loops are seen normally. No abnormally thick walled edematous bowel loop is seen. No luminal narrowing is seen. Large bowel loops appear normal. No collection is seen. No dilated loop is seen. No bowel origin mass lesion is seen.

**IMPRESSION:**

- MILD HEPATOMEGALY .
- LEFT OVARIAN CYST [ FUNCTIONAL ] .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

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\*\*\* End Of Report \*\*\*

