

Patient Name : Ms. ASMA	Visit No : CHA250043740
Age/Gender : 40 Y/F	Registration ON : 11/Mar/2025 11:38AM
Lab No : 10141035	Sample Collected ON : 11/Mar/2025 11:39AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:00PM
Doctor Advice : URIC ACID,PP,FASTING,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.1	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 14:54:18

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Lab No : 10141035	Sample Collected ON : 11/Mar/2025 11:39AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 01:42PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 02:15PM
Doctor Advice : URIC ACID,PP,FASTING,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	105.9	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	139.8	mg/dl	up to - 170	Hexokinase



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Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:43PM
Doctor Advice : URIC ACID,PP,FASTING,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.81	nmol/L	1.49-2.96	ECLIA
T4	161.70	n mol/l	63 - 177	ECLIA
TSH	5.72	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 ***



[Checked By]



Sharma

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