

Patient Name : Ms.STUTI GUPTA	Visit No : CHA250043755
Age/Gender : 19 Y/F	Registration ON : 11/Mar/2025 11:54AM
Lab No : 10141050	Sample Collected ON : 11/Mar/2025 11:55AM
Referred By : Dr.SONIKA GAUR	Sample Received ON : 11/Mar/2025 12:08PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:44PM
Doctor Advice : TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	9.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	31.5	%	36 - 45	Pulse hieght detection
MCV	95.7	fL	80 - 96	calculated
MCH	30.1	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	15.6	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6920	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	340,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	340,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,152	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,284	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	138	/cmm	20-500	Calculated
Absolute Monocytes Count	346	/cmm	200-1000	Calculated
Mentzer Index	29			
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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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Lab No : 10141050	Sample Collected ON : 11/Mar/2025 11:55AM
Referred By : Dr.SONIKA GAUR	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:43PM
Doctor Advice : TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	0.82	uIU/ml	0.7 - 6.4	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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