

Patient Name : Ms.AFREEN	Visit No : CHA250044361
Age/Gender : 32 Y/F	Registration ON : 12/Mar/2025 09:19AM
Lab No : 10141656	Sample Collected ON : 12/Mar/2025 09:21AM
Referred By : Dr.KALYAN MULLICK	Sample Received ON : 12/Mar/2025 09:33AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 11:06AM
Doctor Advice : FASTING,URIC ACID,TSH,LFT,HB,USG WHOLE ABDOMEN	



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: 12-03-2025 11:54:42

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Doctor Advice : FASTING,URIC ACID,TSH,LFT,HB,USG WHOLE ABDOMEN	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	13.1	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

FASTING				
Blood Sugar Fasting	93.9	mg/dl	70 - 110	Hexokinase

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.56	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.05	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.51	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	75.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	49.0	U/L	5 - 40	UV without P5P
SGOT	36.0	U/L	5 - 40	UV without P5P

CHARAK



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.26	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 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
(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



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