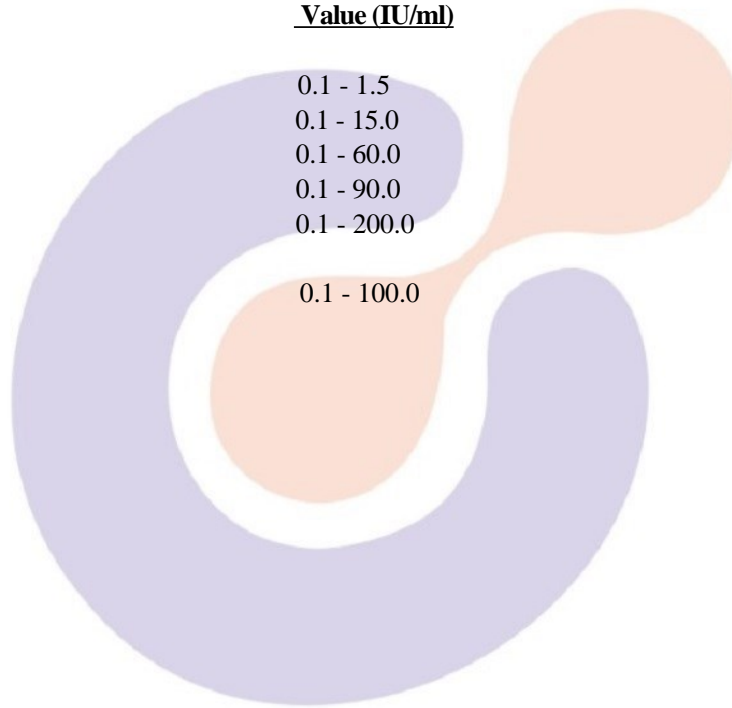


Patient Name : Ms.SANA	Visit No : CHA250044429
Age/Gender : 27 Y/F	Registration ON : 12/Mar/2025 10:18AM
Lab No : 10141724	Sample Collected ON : 12/Mar/2025 10:20AM
Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 12/Mar/2025 10:27AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 11:44AM
Doctor Advice : USG WHOLE ABDOMEN,CREATININE,LFT,TSH,RANDOM,SERUM IGE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IGE				
SERUM IGE	195		0.10 - 100	CLIA

<u>Age group</u>	<u>Value (IU/ml)</u>
Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0



CHARAK

[Checked By]

Print.Date/Time: 12-03-2025 13:00:48

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

Patient Name : Ms.SANA	Visit No : CHA250044429
Age/Gender : 27 Y/F	Registration ON : 12/Mar/2025 10:18AM
Lab No : 10141724	Sample Collected ON : 12/Mar/2025 10:20AM
Referred By : Dr.AFTAB ALAM KHAN	Sample Received ON : 12/Mar/2025 10:31AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 12:27PM
Doctor Advice : USG WHOLE ABDOMEN,CREATININE,LFT,TSH,RANDOM,SERUM IGE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.4	%	36 - 45	Pulse hieght detection
MCV	86.6	fL	80 - 96	calculated
MCH	27.7	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7560	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	148,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,990	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,192	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	151	/cmm	20-500	Calculated
Absolute Monocytes Count	227	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms.SANA	Visit No : CHA250044429
Age/Gender : 27 Y/F	Registration ON : 12/Mar/2025 10:18AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	93.4	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	200.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	170.0	U/L	5 - 40	UV without P5P
SGOT	161.0	U/L	5 - 40	UV without P5P

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

CHARAK



[Checked By]



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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
TSH				
TSH	2.60	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



[Checked By]



Sharma

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