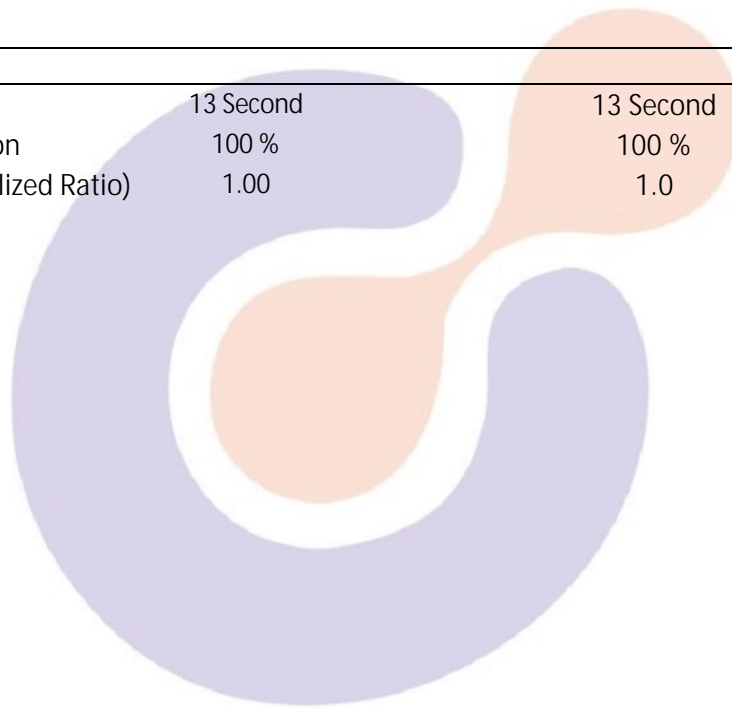


Patient Name : Mr.ADITYA NAG	Visit No : CHA250044569
Age/Gender : 18 Y/M	Registration ON : 12/Mar/2025 12: 25PM
Lab No : 10141864	Sample Collected ON : 12/Mar/2025 12: 27PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 12/Mar/2025 12: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 01: 46PM
Doctor Advice : T3T4TSH,CBC (WHOLE BLOOD),FIBRO SCAN,Albumin,PT/PC/INR	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM ALBUMIN				
ALBUMIN	5.0	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

PT/PC/INR				
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay
Prothromin concentration	100 %		100 %	
INR (International Normalized Ratio)	1.00		1.0	



CHARAK

[Checked By]

Print.Date/Time: 12-03-2025 14:45:16

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Mr.ADITYA NAG	Visit No : CHA250044569
Age/Gender : 18 Y/M	Registration ON : 12/Mar/2025 12:25PM
Lab No : 10141864	Sample Collected ON : 12/Mar/2025 12:27PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 12/Mar/2025 12:51PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 02:11PM
Doctor Advice : T3T4TSH,CBC (WHOLE BLOOD),FIBRO SCAN,Albumin,PT/PC/INR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	16.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.9	%	36 - 45	Pulse hieght detection
MCV	91.6	fL	80 - 96	calculated
MCH	32.0	pg	27 - 33	Calculated
MCHC	35	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4600	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	41	%	40 - 75	Flowcytometry
LYMPHOCYTES	44	%	25 - 45	Flowcytometry
EOSINOPHIL	11	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	228,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	228000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	1,886	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,024	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	506	/cmm	20-500	Calculated
Absolute Monocytes Count	184	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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

Patient Name : Mr.ADITYA NAG	Visit No : CHA250044569
Age/Gender : 18 Y/M	Registration ON : 12/Mar/2025 12: 25PM
Lab No : 10141864	Sample Collected ON : 12/Mar/2025 12: 27PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 12/Mar/2025 12: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 02: 11PM
Doctor Advice : T3T4TSH,CBC (WHOLE BLOOD),FIBRO SCAN,Albumin,PT/PC/INR	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.14	nmol/L	1.49-2.96	ECLIA
T4	136.43	n mol/l	63 - 177	ECLIA
TSH	1.57	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 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]



Sham

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