s;n	arak	ar		292/05, Tulsidas M Phone : 0522-406 9415577933, 933 E-mail : charak19	Aarg, Basement Chowk, Lucknow-226 2223, 9305548277, 8400888844 36154100, <b>Tollfree No.:</b> 8688360360 84@gmail.com
IAGN	OSTICS Pvt. L	td.		CMO Reg. No. F NABLReg. No. I Certificate No. N	RMEE 2445133 NC-2491 NS-2023-0218
Patient Name Age/Gender <b>Lab No</b> Referred By Refer Lab/Hosp Doctor Advice	: Ms.NISHA SRIVASTA : 67 Y/F <b>: 10141937</b> : Dr.MANISH TANDON : CHARAK NA : DIGITAL 1,LIPASE,AMYLASI	NVA E,T3T4TSH,CREATININI	Visi Reg San San Rep E,RANDOM,LFT,CR	t No istration ON ple Collected ON ple Received ON ort Generated ON P (Quantitative),ESR,	: CHA250044642 : 12/Mar/2025 01:33PM : 12/Mar/2025 01:43PM : 12/Mar/2025 02:09PM : 12/Mar/2025 02:52PM CBC (WHOLE BLOOD)
	Test Name	Result	Unit	Bio. Ref. R	ange Method
ESR					
Erythrocyte	Sedimentation Rate ESR	15.00		0 - 20	Westergreen
<b>RP-QUANTITA</b>	ATIVE	43	MG/I	01.6	
Method: Immunotu	rbidimetric	7.5	WO/L	0.1 - 0	
(Method: Imm	unoturbidimetric on photometr	y system)			
SUMMARY : C - blood as a resp elevated up to after 6 hours re	- reactive protien (CRP) is the b onse to inflammatory disorders 500 mg/L in acute inflammator eaching a peak at 48 hours monitoring inflammtory procese	best known among the a .CRP is normally presen ry processes associated The measurment as also in acute rheumat	cute phase protier it in low concentra with bacterial inf t of CRP represents	ns, a group of protier tion in blood of healt ections, post operations a useful aboratory t	whose concentration increases in thy individuals (< 1mg/L). It is ve conditions tissue damage already test for detection of acute infection studies it has been show that in
as well as for n apparrently hea developing oro	althy subjects there is a direct nary heart disease (CHD).	orrelation between CRF	ic & gastrointestin concentrations &	the risk of	
as well as for r. apparrently he developing oro hsCRP cut off f Level	althy subjects there is a direct nary heart disease (CHD). for risk assessment as per CDC, Risk	orrelation between CRF /AHA	ic & gastrointestin	the risk of	
as well as for r apparrently he developing oro hsCRP cut off f Level <1.0 1.0-3.0 >3.0	althy subjects there is a direct mary heart disease (CHD). for risk assessment as per CDC, Risk Low Average High	orrelation between CRF /AHA	ic & gastrointestin concentrations &	the risk of	



Tha

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 5

[Checked By]

PR.

DIAGONOSTICS Pt. Ltd.       CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218         Patient Name :: MS.NISHA SRIVASTAVA :: Visit No :: CHA250044642 Age/Gender :: 67 Y/F : Registration ON :: 12/Mar/2025 01: Lab No :: 10141937 : Sample Collected ON :: 12/Mar/2025 02: Refer Lab/Hosp :: CHARAK NA : Report Generated ON :: 12/Mar/2025 02: Doctor Advice :: DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Control Advice :: DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Control Advice :: DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Control Advice :: DIGITAL 1,LIPASE, AMYLASE, T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Control Advice :: DIGITAL 1,LIPASE, AMYLASE, T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative), ESR,CBC (WHOLE BLOOD)         Image: Control Advice :: DIGITAL 1,LIPASE, AMYLASE, T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative), ESR,CBC (WHOLE BLOOD)         Image: Control Contrel Control Control Control Control Control Control Contrel Contro	<b>Sha</b>	arak			292/05, Tulsida: Phone : 0522-4 9415577933, 9 E-mail : charak	s Marg, Basement 062223, 93055482 9336154100, <b>Tollfr</b> 1984@gmail.com	Chowk, Lucknow- 277, 84008888844 ee No.: 86883603	226 003 360
Patient Name       MS.NISHA SRIVASTAVA       Visit No       : CHA250044642         Age/Gender       : 67 Y/F       Registration ON       : 12/Mar/2025 01:         Lab No       : 10141937       Sample Collected ON       : 12/Mar/2025 01:         Referred By       : Dr.MANISH TANDON       Sample Received ON       : 12/Mar/2025 02:         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 12/Mar/2025 02:         Doctor Advice       : DIGITAL 1.LIPASE.AMYLASE.T3T4TSH,CREATININE.RANDOM,LFT.CRP (Quantitative).ESR,CBC (WHOLE BLOOD)         Image: Comments:       Image: Comments:       Image: Comments:         Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis, have normal or near normal activity. Hyperlipenic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis. Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.	IAGN	OSTICS Pvt. Ltd.			CMO Reg. No NABL Reg. No Certificate No	<ul> <li>RMEE 2445133</li> <li>MC-2491</li> <li>MIS-2023-0218</li> </ul>	3	
Age/Gender       : 67 Y/F       Registration ON       : 12/Mar/2025 01:         Lab No       : 10141937       Sample Collected ON       : 12/Mar/2025 01:         Referred By       : Dr.MANISH TANDON       Sample Received ON       : 12/Mar/2025 02:         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 12/Mar/2025 02:         Doctor Advice       : DIGITAL 1.LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Seru Mark Mark       Result       Unit       Bio. Ref. Range       Met         AMYLASE       53.4       U/L       20.0-80.00       Enzymatic         Comments:       Seru Mark Mark Mark Mark Mark Mark Mark Mark	Patient Name	Ms.NISHA SRIVASTAVA			Visit No	: CHA2500	044642	
Lab No       : 10141937       Sample Collected ON       : 12/Mar/2025 01:         Referred By       : Dr.MANISH TANDON       Sample Received ON       : 12/Mar/2025 02:         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 12/Mar/2025 02:         Doctor Advice       : DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Digital 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)       Image: Digital 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Digital 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)       Image: Digital 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Struct Comments:       Image: Digital 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Struct Comments:       SERUM AMYLASE       53.4       U/L       20.0-80.00       Enzymatic         Comments:       Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approxima	Age/Gender :	67 Y/F			Registration ON	: 12/Mar/2	2025 01:33PM	
Referred By       : Dr.MANISH TANDON       Sample Received ON       : 12/Mar/2025 02:         Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 12/Mar/2025 02:         Doctor Advice       : DIGITAL 1.LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Serie Control of Control Control of Control of Control Control Control	Lab No	: 10141937			Sample Collected ON	1 : 12/Mar/2	2025 01:43PM	
Refer Lab/Hosp       : CHARAK NA       Report Generated ON       : 12/Mar/2025 02:         Doctor Advice       : DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Control of the control	Referred By :	Dr.MANISH TANDON			Sample Received ON	: 12/Mar/2	2025 02:09PM	
Doctor Advice       DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LFT,CRP (Quantitative),ESR,CBC (WHOLE BLOOD)         Image: Constraint of the second seco	Refer Lab/Hosp	CHARAK NA			Report Generated ON	N : 12/Mar/2	2025 02:52PM	
Test NameResultUnitBio. Ref. RangeMetAMYLASESERUM AMYLASE53.4U/L20.0-80.00EnzymaticComments:Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.	Doctor Advice :	DIGITAL 1,LIPASE,AMYLASE,T3	T4TSH,CREATIN	INE,RANDOM,LI	T,CRP (Quantitative),ES	SR,CBC (WHOLE BL	00D)	
Test NameResultUnitBio. Ref. RangeMetAMYLASESERUM AMYLASE53.4U/L20.0-80.00EnzymaticComments:Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.								
AMYLASE       53.4       U/L       20.0-80.00       Enzymatic         Comments:       Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.		Test Name	Result	Unit	Bio. Ref.	Range	Method	
SERUM AMYLASE53.4U/L20.0-80.00EnzymaticComments:Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting 	AMYLASE				I	3		I
Comments: Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.	SERUM AMYLA	\SE	53.4	U/L	20.0-80.00	Enzymatic		
Amylase is produced in the Pancreas and most of the elevation in serum is due to increased rate of Amylase entry into the blood stream / decreased rate of clearance or both. Serum Amylase rises within 6 to 48 hours of onset of Acute pancreatitis in 80% of patients, but is not proportional to the severity of the disease. Activity usually returns to normal in 3-5 days in patients with milder edematous form of the disease. Values persisting longer than this period suggest continuing necrosis of pancreas or Pseudocyst formation. Approximately 20% of patients with Pancreatitis have normal or near normal activity. Hyperlipemic patients with Pancreatitis also show spuriously normal Amylase levels due to suppression of Amylase activity by triglyceride. Low Amylase levels are seen in Chronic Pancreatitis, Congestive Heart failure, 2nd & 3rd trimesters of pregnancy, Gastrointestinal cancer & bone fractures.	Comments:							
amylase amylase	Amylase is produ entry into the bloo of onset of Acute usually returns to longer than this pr of patients with P show spuriously r levels are seen in Gastrointestinal c amylase amylase	aced in the Pancreas and most of od stream / decreased rate of clea pancreatitis in 80% of patients, I normal in 3-5 days in patients wi eriod suggest continuing necrosis ancreatitis have normal or near no normal Amylase levels due to sup Chronic Pancreatitis, Congestive ancer & bone fractures.	the elevation in arance or both. S but is not propor ath milder edema s of pancreas or 1 ormal activity. H opression of Amy e Heart failure, 2	serum is due to Serum Amylase tional to the sev atous form of the Pseudocyst forr Iyperlipemic par ylase activity by 2nd & 3rd trimes	increased rate of Amyl rises within 6 to 48 ho erity of the disease. Ac e disease. Values persist nation. Approximately ients with Pancreatitis a triglyceride. Low Amy sters of pregnancy,	lase ours ctivity ting 20% also vlase		
LIPASE	LIPASE							
LIPASE 32.6 U/L Upto 60 colorimetric	LIPASE		32.6	U/L	Upto 60	colorimetric		

**COMMENTS:** as, such as acute pancreatitis, chronic pancreatitis, and obstruction of the pancreatic duct. In acute pancreatitis serum lipase activity tends to become elevated & remains for about 7 - 10 days. Increased lipase activity rarely lasts longer than 14 days, and prolonged increases suggest a poor prognosis or the presence of a cyst. Serum lipase may also be elevated in patients with chronic pancreatitis, obstruction of the pancreatic duct and non pancreatic conditions including renal diseases, various abdominal diseases such as acute cholecystitis, intestinal obstruction or infarction, duodenal ulcer, and liver disease, as well as alcoholism & diabetic keto-acidosis & in patients who have undergone endoscopic r

Lipase measurements are used in the diagnosis and treatment of diseases of the pancre

etrograde cholangiopancreatography. Elevation of serum lipase activity in patients with mumps strongly suggests significant pancreatic as well as salivary gland involvement by the disease......

CHARAK



Than

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 5

[Checked By]

## Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name	: Ms.NISHA SRIVASTAVA	Visit No	: CHA250044642
Age/Gender	: 67 Y/F	Registration ON	: 12/Mar/2025 01:33PM
Lab No	: 10141937	Sample Collected ON	: 12/Mar/2025 01:43PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 12/Mar/2025 02:10PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 03:52PM
Doctor Advice	. DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,LI	FT,CRP (Quantitative),ESR,C	CBC (WHOLE BLOOD)

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	43.1	%	36 - 45	Pulse hieght
				detection
MCV	89.8	fL	80 - 96	calculated
МСН	29.0	pg	27 - 33	Calculated
МСНС	32.3	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>0.6 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	15130	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	53	%	40 - 75	Flowcytrometry
LYMPHOCYTES	43	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	353,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	353000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	8,019	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	6,506	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	151	/cmm	20-500	Calculated
Absolute Monocytes Count	454	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic.WBCs show leucocytosis. Platelets are adequate. No parasite seen.





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST

PATHOLOGIST Page 3 of 5

Print.Date/Time: 12-03-2025 17:00:18 MC-2491 Print.Date/Time: 12-03-2025 17:00:18 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Charak dhar DIAGNOSTICS Pvt. Ltd.			292/05, Tulsidas M Phone : 0522-406 9415577933, 933 E-mail : charak19 CMO Reg. No. F NABL Reg. No. M Certificate No. M	Marg, Basemer 2223, 930554 6154100, <b>Toll</b> 84@gmail.com RMEE 24451 MC-2491 IIS-2023-0218	nt Chowk, Lucknow-226 003 8277, 8400888844 free No.: 8688360360 1 33 3
Patient Name : MS.NISHA SRIVASTAVA		V	isit No	: CHA250	0044642
Age/Gender : 67 Y/F		R	legistration ON	: 12/Mar/	/2025 01:33PM
Lab No : 10141937		S	ample Collected ON	: 12/Mar/	/2025 01:43PM
Referred By : Dr.MANISH TANDON		S	ample Received ON	: 12/Mar/	/2025 02:09PM
Refer Lab/Hosp : CHARAK NA Doctor Advice : DIGITAL 1,LIPASE,AMYLASE,T3	T4TSH,CREATININ	R E,RANDOM,LFT,	eport Generated ON CRP (Quantitative),ESR,	: 12/Mar/ CBC (WHOLE E	/2025 02:52PM BLOOD)
Test Name	Result	Unit	Bio. Ref. R	ange	Method

BLOOD SUGAR RANDOM					
BLOOD SUGAR RANDOM		129	mg/dl	70 - 170	Hexokinase
SERUM CREATININE					
CREATININE		1.20	mg/dl	0.50 - 1.40	Alkaline picrate-
					KINETIC
LIVER FUNCTION TEST					
TOTAL BILIRUBIN		0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin		0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilir	ubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS		172.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT		14.0	U/L	5 - 40	UV without P5P
SGOT		20.1	U/L	5 - 40	UV without P5P

**CHARAK** 



PR.



Tha

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 5

MC-2491 Print.Date/Time: 12-03-2025 17:00:21 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

## ©harak IAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

		o or through the tree in	
Patient Name	: Ms.NISHA SRIVASTAVA	Visit No	: CHA250044642
Age/Gender	: 67 Y/F	Registration ON	: 12/Mar/2025 01:33PM
Lab No	: 10141937	Sample Collected ON	: 12/Mar/2025 01:43PM
Referred By	: Dr.MANISH TANDON	Sample Received ON	: 12/Mar/2025 02:09PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 12/Mar/2025 02:52PM
Doctor Advice	DIGITAL 1,LIPASE,AMYLASE,T3T4TSH,CREATININE,RANDOM,L	FT,CRP (Quantitative),ESR,0	CBC (WHOLE BLOOD)

	Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH					
Т3		1.88	nmol/L	1.49-2.96	ECLIA
T4		129.01	n mol/l	63 - 177	ECLIA
TSH		2.40	ulU/ml	0.47 - 4.52	ECLIA

Note

PR

(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)









DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY) Page 5 of 5

Print.Date/Time: 12-03-2025 17:00:23 \*Patient Identity Has Not Been Verified. Not For Medicolega