

Patient Name : Mr. ZAHEER PATHAN	Visit No : CHA250044729
Age/Gender : 19 Y/M	Registration ON : 12/Mar/2025 03: 24PM
Lab No : 10142024	Sample Collected ON : 12/Mar/2025 03: 25PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 12/Mar/2025 03: 25PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 06: 19PM
Doctor Advice : LFT,USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,T3T4TSH,RANDOM,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



Print.Date/Time: 12-03-2025 18:55:26

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr. MANISH TANDON	Sample Received ON : 12/Mar/2025 03:39PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 05:13PM
Doctor Advice : LFT,USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,T3T4TSH,RANDOM,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	16.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	49.4	%	36 - 45	Pulse hieght detection
MCV	89.5	fL	80 - 96	calculated
MCH	30.3	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	12.3	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7700	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTES	23	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	288,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	288000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,544	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,771	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	154	/cmm	20-500	Calculated
Absolute Monocytes Count	231	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



Shadab Khan

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Lab No : 10142024	Sample Collected ON : 12/Mar/2025 03:25PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 12/Mar/2025 03:40PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 04:55PM
Doctor Advice : LFT,USG WHOLE ABDOMEN,URINE C/S,URINE COM. EXMAMINATION,T3T4TSH,RANDOM,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	95.7	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.27	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.23	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	1.04	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	61.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	16.0	U/L	5 - 40	UV without P5P
SGOT	20.0	U/L	5 - 40	UV without P5P

CHARAK



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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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PATHOLOGIST

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 04:29PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	128.68	n mol/l	63 - 177	ECLIA
TSH	1.64	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 ***



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature