

Patient Name : Ms.SADIA BANO	Visit No : CHA250044971
Age/Gender : 32 Y/F	Registration ON : 13/Mar/2025 08: 25AM
Lab No : 10142266	Sample Collected ON : 13/Mar/2025 08: 26AM
Referred By : Dr.NAMITA TRIPATHI	Sample Received ON : 13/Mar/2025 09: 34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 11: 01AM
Doctor Advice : FASTING,PROLACTIN,TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.1	%	36 - 45	Pulse hieght detection
MCV	97.8	fL	80 - 96	calculated
MCH	33.0	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	12.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11670	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	78	%	40 - 75	Flowcytometry
LYMPHOCYTES	16	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	220,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	220000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	9,103	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,867	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	350	/cmm	20-500	Calculated
Absolute Monocytes Count	350	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

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



[Checked By]



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

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Referred By : Dr.NAMITA TRIPATHI	Sample Received ON : 13/Mar/2025 09: 16AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 10: 15AM
Doctor Advice : FASTING,PROLACTIN,TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	95.4	mg/dl	70 - 110	Hexokinase

TSH				
TSH	2.00	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

PROLACTIN				
PROLACTIN Serum	75.5	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



[Checked By]



Sharma

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