

Patient Name : Mr.KRISHNA	Visit No : CHA250044978
Age/Gender : 16 Y/M	Registration ON : 13/Mar/2025 08:40AM
Lab No : 10142273	Sample Collected ON : 13/Mar/2025 08:41AM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 13/Mar/2025 09:34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 11:01AM
Doctor Advice : FASTING,CBC (WHOLE BLOOD),LFT,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.1	%	36 - 45	Pulse hieght detection
MCV	104.7	fL	80 - 96	calculated
MCH	35.3	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	14.6	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5210	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	204,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	204000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,074	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,667	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	260	/cmm	20-500	Calculated
Absolute Monocytes Count	208	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

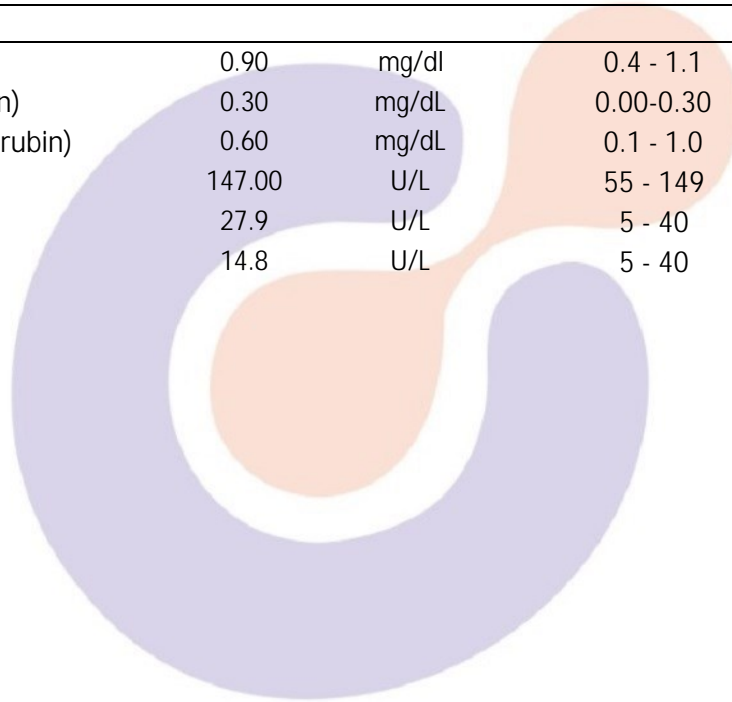
DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	80.7	mg/dl	70 - 110	Hexokinase

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.90	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.60	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	147.00	U/L	55 - 149	PNPP, AMP Buffer
SGPT	27.9	U/L	5 - 40	UV without P5P
SGOT	14.8	U/L	5 - 40	UV without P5P



CHARAK



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Sharma

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

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Doctor Advice : FASTING,CBC (WHOLE BLOOD),LFT,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.00	nmol/L	1.49-2.96	ECLIA
T4	92.40	n mol/l	63 - 177	ECLIA
TSH	1.70	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 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)

*** End Of Report ***

CHARAK



[Checked By]

MC-2491

Print.Date/Time: 13-03-2025 19:45:15

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)