

Patient Name : MasterKRISH MAURYA	Visit No : CHA250045154
Age/Gender : 1 Y 2 M/M	Registration ON : 13/Mar/2025 12:06PM
Lab No : 10142449	Sample Collected ON : 13/Mar/2025 12:08PM
Referred By : Dr.ANOOP KUMAR BAJPAI	Sample Received ON : 13/Mar/2025 12:36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 06:47PM
Doctor Advice : CBC (WHOLE BLOOD),TSH,FT4	



Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	22.4	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -2010)

CHARAK

[Checked By]

Print.Date/Time: 13-03-2025 19:20:40

*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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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 01:54PM
Doctor Advice : CBC (WHOLE BLOOD),TSH,FT4	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	8.6	g/dl	11 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.4 - 5	Electrical Impedence
PCV	29.1	%	30 - 40	Pulse height detection
MCV	74.4	fL	72 - 74	calculated
MCH	22.0	pg	22 - 25	Calculated
MCHC	29.6	g/dL	32 - 34	Calculated
RDW	21.8	%	11 - 15	RBC histogram derivation
RETIC	2.0 %	%	0.3 - 1	Microscopy
TOTAL LEUCOCYTES COUNT	21380	/cmm	6000 - 18000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	33	%	15 - 45	Flowcytometry
LYMPHOCYTES	58	%	45 - 75	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	0 - 8	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	650,000	/cmm	150000 - 500000	Elect Imped..
PLATELET COUNT (MANUAL)	650000	/cmm	150000 - 500000	Microscopy .
Absolute Neutrophils Count	7,055	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	12,400	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	1,069	/cmm	20-500	Calculated
Absolute Monocytes Count	855	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells show macrocytes with anisocytosis+. WBCs show leukocytosis. Platelets are increased. No immature cells or parasite seen.



[Checked By]



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.90	uIU/ml	0.7 - 6.4	ECLIA

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(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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