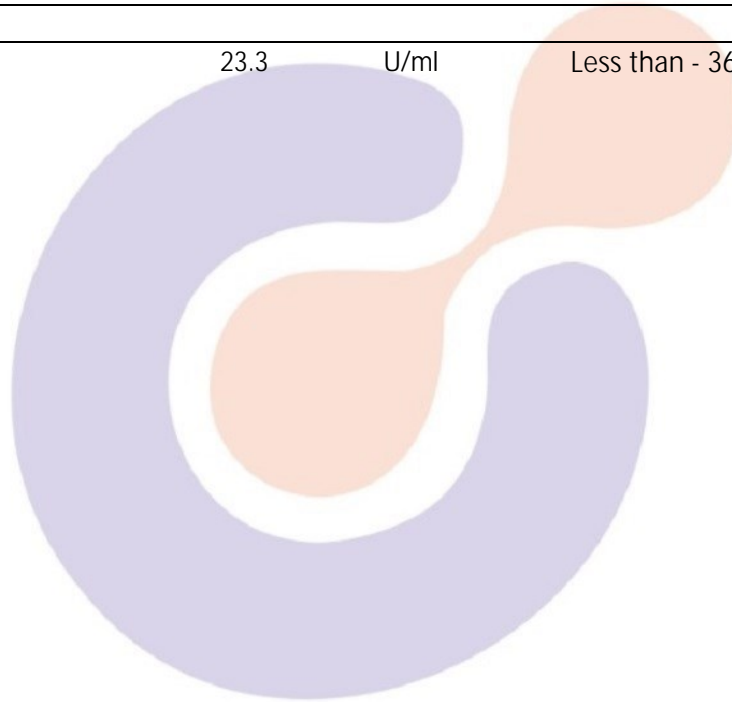


Patient Name : Ms.TANVEER BANO	Visit No : CHA250045210
Age/Gender : 27 Y/F	Registration ON : 13/Mar/2025 12:53PM
<b>Lab No : 10142505</b>	Sample Collected ON : 13/Mar/2025 01:00PM
Referred By : Dr.KALYANI DAS **	Sample Received ON : 13/Mar/2025 01:05PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 01:55PM
Doctor Advice : CA-125,CBC (WHOLE BLOOD),FASTING,AMH (ANTI MULLERIAN HORMONE)Serum,TSH,PROLACTIN,GYNAECOLOGIST FEE,HSG	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>AMH (ANTI MULLERIAN HORMONE)Serum</b>				
ANTI MULLERIAN HORMONE	<b>8.86</b>	ng/ml	0.17 - 7.37	CLIA

<b>CA-125</b>				
CA-125 Serum	23.3	U/ml	Less than - 36	



**CHARAK**

[Checked By]

Print.Date/Time: 13-03-2025 14:55:31

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

Patient Name : Ms.TANVEER BANO Visit No : CHA250045210  
Age/Gender : 27 Y/F Registration ON : 13/Mar/2025 12:53PM  
**Lab No : 10142505** Sample Collected ON : 13/Mar/2025 01:00PM  
Referred By : Dr.KALYANI DAS \*\* Sample Received ON : 13/Mar/2025 01:04PM  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 13/Mar/2025 01:56PM  
Doctor Advice : CA-125,CBC (WHOLE BLOOD),FASTING,AMH (ANTI MULLERIAN HORMONE)Serum,TSH,PROLACTIN,GYNAECOLOGIST FEE,HSG



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	10.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.3	%	36 - 45	Pulse hieght detection
MCV	73.3	fL	80 - 96	calculated
MCH	21.6	pg	27 - 33	Calculated
MCHC	29.5	g/dL	30 - 36	Calculated
RDW	15.8	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8660	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	83	%	40 - 75	Flowcytometry
LYMPHOCYTES	16	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	1	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	244,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	244000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,188	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,386	/cmm	1000-3000	Calculated
Absolute Monocytes Count	87	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cell cytopenia+ ,microcytic hypochromic with anisocytosis+.WBCs show neutrophilia. Platelets are adequate. No parasite seen.



[Checked By]



*Sham*

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

Patient Name : Ms.TANVEER BANO	Visit No : CHA250045210
Age/Gender : 27 Y/F	Registration ON : 13/Mar/2025 12: 53PM
<b>Lab No : 10142505</b>	Sample Collected ON : 13/Mar/2025 01: 00PM
Referred By : Dr.KALYANI DAS **	Sample Received ON : 13/Mar/2025 01: 05PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 01: 55PM
Doctor Advice : CA-125,CBC (WHOLE BLOOD),FASTING,AMH (ANTI MULLERIAN HORMONE)Serum,TSH,PROLACTIN,GYNAECOLOGIST FEE,HSG	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	135.2	mg/dl	70 - 110	Hexokinase

<b>TSH</b>				
TSH	0.70	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 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 )

<b>PROLACTIN</b>				
PROLACTIN Serum	17.6	ng/ml	2.64 - 13.130	CLIA

\*\*\* End Of Report \*\*\*



[Checked By]



*Sham*

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