

Patient Name : Ms.SHEEZA	Visit No : CHA250045295
Age/Gender : 26 Y/F	Registration ON : 13/Mar/2025 02: 41PM
Lab No : 10142590	Sample Collected ON : 13/Mar/2025 02: 43PM
Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 13/Mar/2025 02: 43PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 07: 35PM
Doctor Advice : WIDAL,CHEST PA,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),T3T4TSH,URINE COM. EXMAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
WIDAL				
Sample Type : SERUM				

SALMONELLA TYPHI O	1/40
SALMONELLA TYPHI H	1/40
NOTE:	Negative

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.025		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	30 mg/dl	mg/dl	ABSENT Dipstick
Glucose	Absent		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

[Checked By]

Print.Date/Time: 13-03-2025 20:10:10

*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.ATUL CHAND RASTOGI	Sample Received ON : 13/Mar/2025 02: 55PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 04: 45PM
Doctor Advice : WIDAL,CHEST PA,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),T3T4TSH,URINE COM. EXMAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.3	%	36 - 45	Pulse hieght detection
MCV	85.8	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	18.9	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5730	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	259,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	259000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,839	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,490	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	172	/cmm	20-500	Calculated
Absolute Monocytes Count	229	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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



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Referred By : Dr.ATUL CHAND RASTOGI	Sample Received ON : 13/Mar/2025 02: 57PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 04: 11PM
Doctor Advice : WIDAL,CHEST PA,RANDOM,CREATININE,LFT,CBC (WHOLE BLOOD),T3T4TSH,URINE COM. EXMAMINATION	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	96.7	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	198.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	149.0	U/L	5 - 40	UV without P5P
SGOT	123.0	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.78	nmol/L	1.49-2.96	ECLIA
T4	68.40	n mol/l	63 - 177	ECLIA
TSH	2.20	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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Signature