

Patient Name : Ms.SHASHI BALA	Visit No : CHA250045321
Age/Gender : 30 Y/F	Registration ON : 13/Mar/2025 03: 38PM
Lab No : 10142616	Sample Collected ON : 13/Mar/2025 03: 40PM
Referred By : Dr.ANANT SHEEL CHAUDHARY	Sample Received ON : 13/Mar/2025 04: 08PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 05: 34PM
Doctor Advice : USG WHOLE ABDOMEN,DIGITAL 1,CBC (WHOLE BLOOD),T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.6	%	36 - 45	Pulse hieght detection
MCV	95.4	fL	80 - 96	calculated
MCH	29.2	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	17.5	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	13540	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	222,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	222000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	8,936	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,520	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	677	/cmm	20-500	Calculated
Absolute Monocytes Count	406	/cmm	200-1000	Calculated
Mentzer Index	26			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. WBCs show leukocytosis. Platelets are adequate. No parasite seen.



[Checked By]



Shadab Khan

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Referred By : Dr.ANANT SHEEL CHAUDHARY	Sample Received ON : 13/Mar/2025 04: 07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 05: 47PM
Doctor Advice : USG WHOLE ABDOMEN,DIGITAL 1,CBC (WHOLE BLOOD),T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.88	nmol/L	1.49-2.96	ECLIA
T4	145.20	n mol/l	63 - 177	ECLIA
TSH	4.60	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)

*** End Of Report ***

CHARAK



[Checked By]



Signature