

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.NAZMUN NISHA

Age/Gender : 50 Y/F

Lab No : 10142771

Referred By : Dr.AFTAB ALAM KHAN Refer Lab/Hosp : CHARAK NA

. TSH,RANDOM,SPUTAM FOR AFB,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),CHEST PA Doctor Advice

Visit No : CHA250045476

Registration ON : 14/Mar/2025 09:07AM

Sample Collected ON : 14/Mar/2025 09:09AM

: 14/Mar/2025 09:27AM Sample Received ON

Report Generated ON : 14/Mar/2025 03:18PM

Test Name Bio. Ref. Range Method Unit Result

TYPHOID IGG& IGM

P.R.

TYPHOID IgG **POSITIVE NEGATIVE TYPHOID IGM POSITIVE NEGATIVE**









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: 14/Mar/2025 09:31AM Sample Received ON

: 14/Mar/2025 05:07PM

Test Name Bio. Ref. Range Method Result Unit

SPUTAM FOR AFB

P.R.

SPUTUM FOR AFB Negative **NEGATIVE**







P.R.

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. TSH,RANDOM,SPUTAM FOR AFB,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),CHEST PA Doctor Advice

Test Name	Result	Unit	Bio. Ref. Range	Method			
CBC (COMPLETE BLOOD COUNT)							
Hb	10.4	g/dl	12 - 15	Non Cyanide			
R.B.C. COUNT	3.40	mil/cmm	3.8 - 4.8	Electrical			
				Impedence			
PCV	32.2	%	36 - 45	Pulse hieght			
				detection			
MCV	96.1	fL	80 - 96	calculated			
MCH	31.0	pg	27 - 33	Calculated			
MCHC	32.3	g/dL	30 - 36	Calculated			
RDW	15.3	%	11 - 15	RBC histogram			
				derivation			
RETIC	0.8 %	%	0.5 - 2.5	Microscopy			
TOTAL LEUCOCYTES COUNT	4820	/cmm	4000 - 10000	Flocytrometry			
DIFFERENTIAL LEUCOCYTE COUNT							
NEUTROPHIL	47	%	40 - 75	Flowcytrometry			
LYMPHOCYTES	47	%	25 - 45	Flowcytrometry			
EOSINOPHIL	3	%	1 - 6	Flowcytrometry			
MONOCYTE	3	%	2 - 10	Flowcytrometry			
BASOPHIL	0	%	00 - 01	Flowcytrometry			
PLATELET COUNT	110,000	/cmm	150000 - 450000	Elect Imped			
PLATELET COUNT (MANUAL)	126000	/cmm	150000 - 450000	Microscopy.			
Absolute Neutrophils Count	2,265	/cmm	2000 - 7000	Calculated			
Absolute Lymphocytes Count	2,265	/cmm	1000-3000	Calculated			
Absolute Eosinophils Count	145	/cmm	20-500	Calculated			
Absolute Monocytes Count	145	/cmm	200-1000	Calculated			
Mentzer Index	28						
Peripheral Blood Picture	:						

Red blood cells are normocytic normochromic. WBCs show relative lymphocytosis. Platelets are mild reduced. No parasite seen.

PATHOLOGIST







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Doctor Advice : TSH,RANDOM,SPUTAM FOR AFB,TYPHOID IGG& IGM,CBC (WHOLE BLOOD),CHEST PA

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	200	mg/dl	70 - 170	Hexokinase
TSH				
TSH	2.09	ulU/ml	0.47 - 4.52	ECLIA

Note

PR.

- (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)

*** Fnd Of Report ***





DR. SHADABKHAN