Charak dhar
DIAGNOSTICS Pvt. Ltd.

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
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.SHAILJA BAJPAI	Visit No	: CHA250045866
Age/Gender	: 61 Y/F	Registration ON	: 15/Mar/2025 01:46PM
Lab No	**: 10143161**	Sample Collected ON	: 15/Mar/2025 01:49PM
Referred By	: Dr.MANISH MAURYA	Sample Received ON	: 15/Mar/2025 02:06PM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 15/Mar/2025 03:54PM

Doctor Advice : LFT,KIDNEY FUNCTION TEST - I,T3T4TSH,CBC+ESR,MRI SCREENING,MRI LS SPINE,BOTH KNEE AP LAT

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**31.00**		0 - 20	Westergreen

[Checked By]

Print.Date/Time: 15-03-2025   16:30:28
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST   PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST
Page 1 of 4

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Test Name	Result	Unit	Bio. Ref. Range	Method
Hb	**9.2**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.00**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**32.3**	%	36 - 45	Pulse hieght detection
MCV	**64.0**	fL	80 - 96	calculated
MCH	**18.2**	pg	27 - 33	Calculated
MCHC	**28.5**	g/dL	30 - 36	Calculated
RDW	**17.5**	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8060	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	51	%	40 - 75	Flowcytrometry
LYMPHOCYTE	**43**	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	279,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	279000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	13			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.

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Referred By	: Dr.MANISH MAURYA		Sample Received ON	: 15/Mar/2025 02:07PM
Refer Lab/Hosp	: CGHS (BILLING)		Report Generated ON	: 15/Mar/2025 03:14PM
Doctor Advice	: LFT,KIDNEY FUNCTION TEST - I,T3T4TSH,CBC+ESR,MRI SCREENING,MRI LS SPINE,BOTH KNEE AP LAT			

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.68	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.52	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	83.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	13.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	28.40	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.25	nmol/L	1.49-2.96	ECLIA
T4	135.09	n mol/l	63 - 177	ECLIA
TSH	**11.06**	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

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