

Patient Name : Mr.AMIT	Visit No : CHA250045881
Age/Gender : 40 Y/M	Registration ON : 15/Mar/2025 01:57PM
Lab No : 10143176	Sample Collected ON : 15/Mar/2025 01:59PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 15/Mar/2025 02:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 02:54PM
Doctor Advice : T3T4TSH,URIC ACID,NA+K+,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6.1	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]

Print.Date/Time: 15-03-2025 16:11:16

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 15/Mar/2025 02:06PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 03:35PM
Doctor Advice : T3T4TSH,URIC ACID,NA+K+,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.3	%	36 - 45	Pulse height detection
MCV	88.5	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	14	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8270	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	7	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	256,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	256000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,962	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,481	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	579	/cmm	20-500	Calculated
Absolute Monocytes Count	248	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show eosinophilia. Platelets are adequate. No immature cells or parasite seen.



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DR. NISHANT SHARMA
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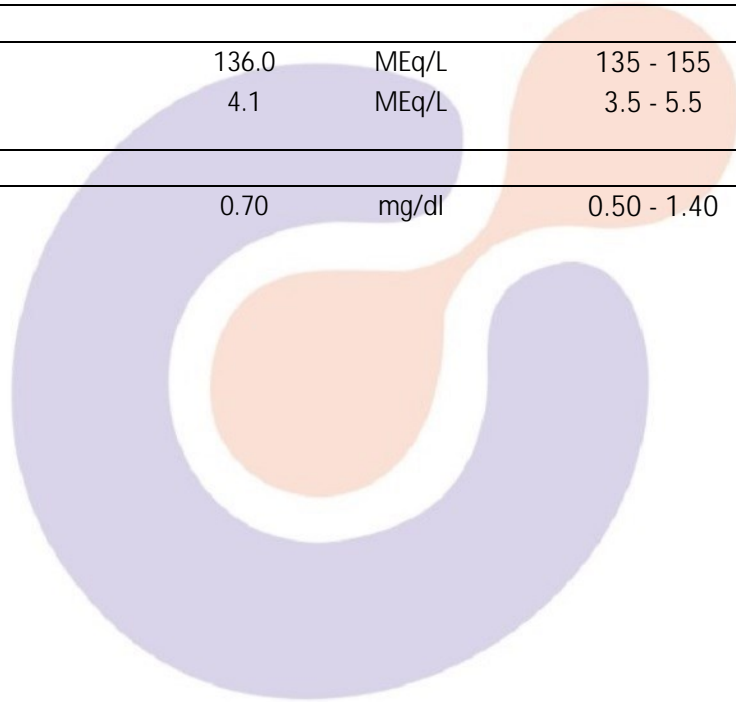
DR. SHADAB
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Signature
DR. ADITI D AGARWAL
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	109.1	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



CHARAK



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MC-2491

Print.Date/Time: 15-03-2025 16:11:23

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 02:51PM
Doctor Advice : T3T4TSH,URIC ACID,NA+K+,CREATININE,RANDOM,CBC (WHOLE BLOOD),2D ECHO	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.37	nmol/L	1.49-2.96	ECLIA
T4	129.56	n mol/l	63 - 177	ECLIA
TSH	1.53	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 ***



[Checked By]



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Signature