

Patient Name : Ms. GYANTI DWIVEDI
Age/Gender : 65 Y O M O D /F
Lab No : 10143565
Referred By : Dr. VISHAL SINGH NEGI
Refer Lab/Hosp : CGHS (DEBIT)
Doctor Advice : NA+K+,FASTING,CBC+ESR,TSH,URIC ACID

Visit No : CHA250046270
Registration ON : 16/Mar/2025 11:22AM
Sample Collected ON : 16/Mar/2025 11:32AM
Sample Received ON : 16/Mar/2025 12:09PM
Report Generated ON : 16/Mar/2025 12:39PM



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	38.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 16-03-2025 13:15:38

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

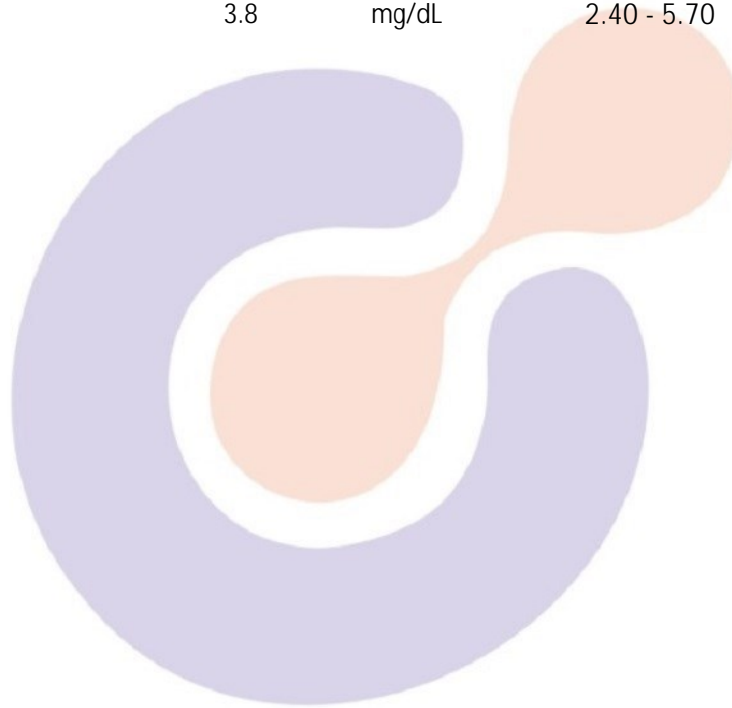
DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms. GYANTI DWIVEDI	Visit No : CHA250046270
Age/Gender : 65 Y O M O D /F	Registration ON : 16/Mar/2025 11:25AM
Lab No : 10143565	Sample Collected ON : 16/Mar/2025 11:32AM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 16/Mar/2025 11:41AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 16/Mar/2025 12:37PM
Doctor Advice : NA+K+,FASTING,CBC+ESR,TSH,URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	3.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric



CHARAK

[Checked By]

Print.Date/Time: 16-03-2025 13:15:40

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms. GYANTI DWIVEDI	Visit No : CHA250046270
Age/Gender : 65 Y O M O D /F	Registration ON : 16/Mar/2025 11:22AM
Lab No : 10143565	Sample Collected ON : 16/Mar/2025 11:32AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 16/Mar/2025 12:09PM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 16/Mar/2025 12:39PM
Doctor Advice : NA+K+,FASTING,CBC+ESR,TSH,URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.3	%	36 - 45	Pulse hieght detection
MCV	93.6	fL	80 - 96	calculated
MCH	29.0	pg	27 - 33	Calculated
MCHC	31	g/dL	30 - 36	Calculated
RDW	14.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8790	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	74	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	146,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

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



[Checked By]



Patient Name : Ms. GYANTI DWIVEDI	Visit No : CHA250046270
Age/Gender : 65 Y O M O D /F	Registration ON : 16/Mar/2025 11:22AM
Lab No : 10143565	Sample Collected ON : 16/Mar/2025 11:32AM
Referred By : Dr.VISHAL SINGH NEGI	Sample Received ON : 16/Mar/2025 11:41AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 16/Mar/2025 12:37PM
Doctor Advice : NA+K+,FASTING,CBC+ESR,TSH,URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	102.0	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	130.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.0	MEq/L	3.5 - 5.5	ISE Direct
TSH				
TSH	1.10	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST