	arak dhar	9415577933, 933 <b>E-mail</b> : charak19	,	
DIAGNOSTICS Pvt. Ltd.		CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218		
Patient Name	: Ms.ALIYA	Visit No	: CHA250046353	
Age/Gender	: 70 Y/F	<b>Registration ON</b>	: 16/Mar/2025 12:42PM	
Lab No	: 10143648	Sample Collected ON	: 16/Mar/2025 12:47PM	
Referred By	: Dr.RAJIV RASTOGI	Sample Received ON	: 16/Mar/2025 01:16PM	
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 02:50PM	
Doctor Advice	TSH,CREATININE,BILIRUBIN,SGPT,HB			

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

PR

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	14.1	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

SERUM CREATININE	100 m			
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
BILIRUBIN				
TOTAL BILIRUBIN	0.94	mg/dl	0.4 - 1.1	Diazonium Ion
SGPT				
SGPT	32.0	U/L	5 - 40	UV without P5P
TSH				
TSH	1.52	ulU/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 \*\*\*



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 2

MC-2491 Print.Date/Time: 16-03-2025 15:25:18 \*Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Charak dhar AGNOSTICS PVI. Ltd.			E-mail : charak19 CMO Reg. No. NABL Reg. No. Certificate No.	RMEE 244513 MC-2491	3
atient Name : Ms.ALIYA		Visit N		: CHA2500	
ge/Gender : 70 Y/F		-	tration ON		2025 12:42PM
ab No : 10143648		-	le Collected ON		2025 12:47PM
eferred By : Dr.RAJIV RASTOGI		-	le Received ON		2025 01:16PM
efer Lab/Hosp : CHARAK NA octor Advice : TSH,CREATININE,BILIRUBIN,S	СРТИВ	Repor	rt Generated ON	: 16/Mar/2	2025 02:50PM
	, , , , , , , , , , , , , , , , , , ,				
		11-24	Bio. Ref. F	Range	Method
Test Name	Result	Unit			
lest Name	Result				





[Checked By]

MC-2491 Print.Date/Time: 16-03-2025 15:25:19 \*Patient Identity Has Not Been Verified. Not For Medicolegal

The

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 2

