<b>Sharak</b> dhar			Phone : 0522-4062223, 93 9415577933, 9336154100 E-mail : charak1984@gma	), Tollfree No.: 8688360360 il.com
IAGNOSTICS Pvt. Ltd.			CMO Reg. No. RMEE 24 NABL Reg. No. MC-249 Certificate No. MIS-2023	1
Patient Name : Mr.JAGAT NARAIN		Vis	sit No : CH	A250046403
Age/Gender : 35 Y/M		Re		/Mar/2025 01:39PM
Lab No : 10143698		Sa	nple Collected ON : 16/	'Mar/2025 01:44PM
Referred By : Dr.LUCKNOW HOSPITAL		Sa	mple Received ON : 16/	/Mar/2025 01:44PM
Refer Lab/Hosp : CHARAK NA			•	'Mar/2025 03:45PM
Doctor Advice : ECG,CT WhOLE ABDOMEN,CHES GROUP,BTCT,CREATININE,DLC,				/INATION,T3T4TSH,URIC ACID,
	<u>PRE SL</u>	JRGICAL (RD1)		
Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP				
Blood Group	''B''			
Rh (Anti -D)	POSITIVE			
ESR				
Erythrocyte Sedimentation Rate ESR	12.00		0 - 15	Westergreen
				5
Note:				
<ol> <li>Note:</li> <li>1. Test conducted on EDTA whole blood</li> <li>2. ESR readings are auto- corrected with</li> <li>3. It indicates presence and intensity of a response to treatment of diseases like thypothyroidism.</li> </ol>	n respect to Hema n inflammatory p	<mark>process. It i</mark> s a p	prognostic test and used to r	
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like to</li> </ol>	n respect to Hema n inflammatory p	<mark>process. It i</mark> s a p	prognostic test and used to r	
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like thypothyroidism.</li> </ol>	n respect to Hema n inflammatory p	<mark>process. It i</mark> s a p	prognostic test and used to r	
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like t hypothyroidism.</li> </ol>	n respect to Hema n inflammatory p	<mark>process. It i</mark> s a p	prognostic test and used to r	
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like thypothyroidism.</li> </ol> URIC ACID Sample Type : SERUM	n respect to Hema n inflammatory p uberculosis, acute	process. It is a per e rheumatic fev mg/dL	prognostic test and used to r er. It is also increased in mu	ıltiple myeloma,
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like thypothyroidism.</li> </ol> URIC ACID Sample Type : SERUM SERUM URIC ACID	n respect to Hema n inflammatory p uberculosis, acute	process. It is a per e rheumatic fev	prognostic test and used to r er. It is also increased in mu	ıltiple myeloma,
<ol> <li>Test conducted on EDTA whole blood</li> <li>ESR readings are auto- corrected with</li> <li>It indicates presence and intensity of a response to treatment of diseases like thypothyroidism.</li> </ol> URIC ACID Sample Type : SERUM SERUM URIC ACID PROTEIN	n respect to Hema n inflammatory p uberculosis, acute 6.3	process. It is a per e rheumatic fev mg/dL	prognostic test and used to r er. It is also increased in mu 2.40 - 5.70	ıltiple myeloma,



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Print.Date/Time: 16-03-2025 16:30:45 \*Patient Identity Has Not Been Verified. Not For Medicolegal

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 7

	arak dhar OSTICS Pvt. Ltd.			E-mail : charak1984@g CMO Reg. No. RMEE NABL Reg. No. MC-24	2445133 491
atient Name			1	Certificate No. MIS-20	
atient Name Age/Gender	: Mr.JAGAT NARAIN : 35 Y/M				CHA250046403 6/Mar/2025 01:39PM
Lab No	: 10143698			-	6/Mar/2025 01:44PM
leferred By	: Dr.LUCKNOW HOSPITAL			-	6/Mar/2025 01:44PM
efer Lab/Hosp Ooctor Advice	: CHARAK NA . ECG,CT WhOLE ABDOMEN,CHE GROUP,BTCT,CREATININE,DLC	CST PA,PROTEIN ,All C,GBP,HB,HBsAg (QU	bumin,PCT,LIPA	SE,AMYLASE,URINE COM. EXM	6/Mar/2025 03:45PM (AMINATION,T3T4TSH,URIC ACID,ES ,P
	Test Name	1	URGICAL (RD1)	Bio. Ref. Range	e Method
AMYLASE		Result	Unit		
SERUM AM	YLASE	104.9	U/L	20.0-80.00	Enzymatic
Comments:		104.7	0/2	20.0 00.00	Enzymatic
entry into the of onset of Ac usually returns onger than th	oduced in the Pancreas and me blood stream / decreased rate cute pancreatitis in 80% of pati s to normal in 3-5 days in patie is period suggest continuing ne	of clearance or be ients, but is not pr ents with milder ec ecrosis of pancrea	oth. Serum An roportional to dematous form as or Pseudocy	nylase rises within 6 to 48 the severity of the disease. 1 of the disease. Values per 1 st formation. Approximate	hours Activity sisting ely 20%
entry into the of onset of Ac usually returns longer than the of patients wit show spurious levels are seen Gastrointestin amylase amyl	blood stream / decreased rate cute pancreatitis in 80% of pati s to normal in 3-5 days in patie is period suggest continuing ne th Pancreatitis have normal or n sly normal Amylase levels due n in Chronic Pancreatitis, Cong al cancer & bone fractures.	of clearance or be ients, but is not pr ents with milder ec ecrosis of pancrea near normal activi to suppression of	oth. Serum An coportional to dematous form as or Pseudocy ity. Hyperliper Amylase activ	nylase rises within 6 to 48 the severity of the disease. n of the disease. Values per est formation. Approximate nic patients with Pancreatit vity by triglyceride. Low A	hours Activity sisting ely 20% tis also
entry into the of onset of Ac usually returns onger than the of patients with show spurious evels are seer Gastrointestin amylase amyle	blood stream / decreased rate cute pancreatitis in 80% of pati s to normal in 3-5 days in patie is period suggest continuing ne th Pancreatitis have normal or n sly normal Amylase levels due n in Chronic Pancreatitis, Cong al cancer & bone fractures.	of clearance or be ients, but is not pr ents with milder ec ecrosis of pancrea near normal activi to suppression of	oth. Serum An coportional to dematous form as or Pseudocy ity. Hyperliper Amylase activ	nylase rises within 6 to 48 the severity of the disease. n of the disease. Values per est formation. Approximate nic patients with Pancreatit vity by triglyceride. Low A	hours Activity sisting ely 20% tis also
entry into the of onset of Ac usually returns longer than the of patients wit show spurious levels are seer Gastrointestin	blood stream / decreased rate cute pancreatitis in 80% of pati s to normal in 3-5 days in patie is period suggest continuing ne th Pancreatitis have normal or n sly normal Amylase levels due n in Chronic Pancreatitis, Cong al cancer & bone fractures.	of clearance or be ients, but is not pr ents with milder ec ecrosis of pancrea near normal activi to suppression of	oth. Serum An coportional to dematous form as or Pseudocy ity. Hyperliper Amylase activ	nylase rises within 6 to 48 the severity of the disease. n of the disease. Values per est formation. Approximate nic patients with Pancreatit vity by triglyceride. Low A	hours Activity sisting ely 20% tis also
entry into the of onset of Ac usually returns longer than the of patients wit show spurious levels are seer Gastrointestin amylase amyl IPASE LIPASE COMMENTS: activity tends t ncreases sugg obstruction of cholecystitis, i patients who has	blood stream / decreased rate cute pancreatitis in 80% of pati is to normal in 3-5 days in patie is period suggest continuing no th Pancreatitis have normal or r sly normal Amylase levels due in Chronic Pancreatitis, Cong tal cancer & bone fractures. lase amylase anylase	of clearance or bo ients, but is not pr ents with milder ec- ecrosis of pancrea near normal activi- to suppression of gestive Heart failu 38.5 Chronic pancreatitis r about 7 - 10 days esence of a cyst. S ancreatic conditio ion, duodenal ulce s and treatment of	oth. Serum An roportional to dematous form as or Pseudocy ity. Hyperliper Amylase acti- ure, 2nd & 3rd U/L s, and obstructi s . Increased lip Serum lipase n ons including r er, and liver di f diseases of th	nylase rises within 6 to 48 the severity of the disease. In of the disease. Values per est formation. Approximate nic patients with Pancreatif vity by triglyceride. Low A trimesters of pregnancy, Upto 60 on of the pancreatic duct. In hase activity rarely lasts long hay also be elevated in pati enal diseases, various abd sease, as well as alcoholism the pancre	hours Activity sisting ely 20% tis also mylase Colorimetric acute pancreatitis serum lipase ter than 14 days, and prolonged ents with chronic pancreatitis, ominal diseases such as acute n & diabetic keto-acidosis & in
entry into the of onset of Ac usually returns onger than the of patients with show spurious evels are seer Gastrointestin amylase amyle IPASE LIPASE COMMENTS: activity tends t ncreases sugg obstruction of tholecystitis, i patients who had lipase measure	blood stream / decreased rate cute pancreatitis in 80% of pati is to normal in 3-5 days in patie is period suggest continuing no th Pancreatitis have normal or no sly normal Amylase levels due in Chronic Pancreatitis, Congu al cancer & bone fractures. lase amylase	of clearance or bo ients, but is not pr ents with milder ec- ecrosis of pancrea near normal activit to suppression of gestive Heart failu 38.5 chronic pancreatitis r about 7 - 10 days sence of a cyst. St ancreatic conditio ion, duodenal ulce s and treatment of n of serum lipase a	oth. Serum An roportional to dematous form as or Pseudocy ity. Hyperliper Amylase acti- ure, 2nd & 3rd U/L s, and obstructi s . Increased lip Serum lipase n ons including r er, and liver di f diseases of th	nylase rises within 6 to 48 the severity of the disease. In of the disease. Values per est formation. Approximate nic patients with Pancreatif vity by triglyceride. Low A trimesters of pregnancy, Upto 60 on of the pancreatic duct. In hase activity rarely lasts long hay also be elevated in pati enal diseases, various abd sease, as well as alcoholism the pancre	hours Activity sisting ely 20% tis also mylase Colorimetric acute pancreatitis serum lipase ter than 14 days, and prolonged ents with chronic pancreatitis, ominal diseases such as acute n & diabetic keto-acidosis & in
entry into the of onset of Ac usually returns longer than the of patients with show spurious levels are seer Gastrointestin amylase amyle IPASE LIPASE COMMENTS: activity tends the ncreases sugges batruction of cholecystitis, i patients who had lipase measure	blood stream / decreased rate cute pancreatitis in 80% of pati is to normal in 3-5 days in patie is period suggest continuing no th Pancreatitis have normal or r sly normal Amylase levels due in Chronic Pancreatitis, Cong tal cancer & bone fractures. lase amylase anylase cobecome elevated & remains for gest a poor prognosis or the pro- the pancreatic duct and non p ntestinal obstruction or infarct ave undergone endoscopic r ements are used in the diagnosi angiopancreatography. Elevatior gland involvement by the disea	of clearance or bo ients, but is not pr ents with milder ec- ecrosis of pancrea near normal activit to suppression of gestive Heart failu 38.5 chronic pancreatitis r about 7 - 10 days sence of a cyst. St ancreatic conditio ion, duodenal ulce s and treatment of n of serum lipase a	oth. Serum An roportional to dematous form as or Pseudocy ity. Hyperliper Amylase acti- ure, 2nd & 3rd U/L s, and obstructi s . Increased lip Serum lipase n ons including r er, and liver di f diseases of th	nylase rises within 6 to 48 the severity of the disease. In of the disease. Values per est formation. Approximate nic patients with Pancreatif vity by triglyceride. Low A trimesters of pregnancy, Upto 60 on of the pancreatic duct. In hase activity rarely lasts long hay also be elevated in pati enal diseases, various abd sease, as well as alcoholism the pancre	hours Activity sisting ely 20% tis also mylase Colorimetric acute pancreatitis serum lipase ter than 14 days, and prolonged ents with chronic pancreatitis, ominal diseases such as acute n & diabetic keto-acidosis & in

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DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 7

			Phone: 0522-4062223, 930 9415577933, 9336154100, 7 E-mail: charak1984@gmail. CMO Reg. No. RMEE 244 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0	Tollfree No.: 8688360360 com !5133		
Patient Name : Mr.JAGAT NARAIN		Visit No : CHA250046403				
Age/Gender : 35 Y/M		R		lar/2025 01:39PM		
Lab No : 10143698		Sa	ample Collected ON : 16/N	lar/2025 01:44PM		
Referred By : Dr.LUCKNOW HOSPIT	AL	Sa	ample Received ON : 16/N	lar/2025 01:44PM		
Refer Lab/Hosp : CHARAK NA Doctor Advice : ECG,CT WhOLE ABDOME GROUP,BTCT,CREATININ	N,CHEST PA,PROTEIN ,Albu E,DLC,GBP,HB,HBsAg (QUA	min,PCT,LIPAS	eport Generated ON : 16/N E,AMYLASE,URINE COM. EXMAMI ICV,LFT,NA+K+,PLAT COUNT,P	lar/2025 03:45PM NATION,T3T4TSH,URIC ACID,ESR,I		
	DDE SI II	RGICAL (RD1)				
Test Name	Result	Unit	Bio. Ref. Range	Method		
PT/PC/INR	Kesun	Unit	Dio. Rei: Runge	Wiethou		
PROTHROMBIN TIME	13 Second		13 Second	Clotting Assay		
Protrhromin concentration	100 %		100 %	olotting/tosty		
INR (International Normalized Ra			1.0			
			1.0			
HBsAg (HEPATITIS B SURFACE ANTIGE	· 6					
HEPATITIS B SURFACE ANTIGEN	NON REACTIVE		< 1.0 : NON REACTIVE~> 1.0 : REACTIVE	<ul> <li>Sandwich Assay)</li> </ul>		
HIV						
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTIVE >1.0 : REACTIVE			
HCV						
Anti-Hepatitis C Virus Antibodies	. NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay		
URINE EXAMINATION REPORT						
Colour-U	YELLOW		Light Yellow			
Appearance (Urine)	CLEAR		Clear			
Specific Gravity	1.015		1.005 - 1.025			
pH-Urine	Acidic (6.0)		4.5 - 8.0			
PROTEIN	PRESENT IN TRACE	mg/dl	ABSENT	Dipstick		
Glucose	Absent					
Ketones	Absent		Absent			
Bilirubin-U	Absent		Absent			
Blood-U	Absent	F11/.0	Absent			
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0			
Leukocytes-U	Absent		Absent			
NITRITE MICROSCOPIC EXAMINATION	Absent		Absent			
	Occasional	/hpf	< 5/hpf			
Pus cells / hpf Enithelial Cells	Occasional	/hpf	< 5/11µ1 0 - 5			
Epithelial Cells RBC / hpf	Nil	лірі	0 - 5 < 3/hpf			
				Digrand .		

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 3 of 7

Charak dhar DIAGNOSTICS Pvt. Ltd.			292/05, Tulsidas Marg, Baser Phone : 0522-4062223, 930 9415577933, 9336154100, 7 E-mail : charak1984@gmail. CMO Reg. No. RMEE 244 NABL Reg. No. MC-2491	5548277, 8400888844 Tollfree No.: 8688360360 com !5133	003
		N	Certificate No. MIS-2023-0		T
Patient Name : Mr.JAGAT NARAIN Age/Gender : 35 Y/M				250046403 lar/2025 01:39PM	
Age/Gender : 35 Y/M Lab No : 10143698			0	lar/2025 01:39PM	
			-	lar/2025 01:44PM	
Referred By : Dr.LUCKNOW HOSPITAL Refer Lab/Hosp : CHARAK NA			-	lar/2025 03:45PM	
Doctor Advice : ECG,CT WhOLE ABDOMEN,CHE GROUP,BTCT,CREATININE,DLC	ST PA,PROTEIN ,Albuı GBP,HB,HBsAg (QUA)	nin,PCT,LIPAS	, AMYLASE,URINE COM. EXMAMI	NATION,T3T4TSH,URIC ACIE	ESR,BLOOD
	PRE SUF	GICAL (RD1)			
Test Name	Result	Unit	Bio. Ref. Range	Method	
BT/CT	11		<b>.</b>		
BLEEDING TIME (BT)	2 mint 45 sec	mins	2 - 8		_1
CLOTTING TIME (CT)	5 mint 30 sec		3 - 10 MINS.		
	CHA	R	١ĸ		



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DR. ADITI D AGARWAL PATHOLOGIST Page 4 of 7

Charak dhar IAGNOSTICS Pvt. Ltd.			292/05, Tulsidas Marg, Base Phone : 0522-4062223, 930 9415577933, 9336154100, E-mail : charak1984@gmail. CMO Reg. No. RMEE 244 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0	Tollfree No.: 8688360360 com 15133
Patient Name : Mr. JAGAT NARAIN		Visi	it No : CHA	250046403
Age/Gender : 35 Y/M		Reg	sistration ON : 16/N	lar/2025 01:39PM
Lab No : 10143698		San	nple Collected ON : 16/N	1ar/2025 01:44PM
Referred By : Dr.LUCKNOW HOSPITAL			1	1ar/2025 02:09PM
Refer Lab/Hosp : CHARAK NA			ort Generated ON : 16/N	1ar/2025 03: 45PM
Doctor Advice : ECG,CT WhOLE ABDOMEN,CHEST GROUP,BTCT,CREATININE,DLC,GE	PA,PROTEIN ,AIE BP,HB,HBsAg (QU	JANTITATIVE ),HC	AMYLASE,URINE COM. EXMAMI V,LFT,NA+K+,PLAT COUNT,P	NATION, 131415H, URIC ACID, ES
Test Name	<u>PRE S</u> Result	URGICAL (RD1) Unit	Bio. Ref. Range	Method
	Kesun		bio. Ker. Kunge	Method
HAEMOGLOBIN	13.8		10 15	Non Quanida
Hb	13.0	g/dl	12 - 15	Non Cyanide
Comment: Hemoglobin screening helps to diagnose con TLC	ditions that af	fect RBCs such	as anemia or polycythemia	
TOTAL LEUCOCYTES COUNT	7380	/cmm	4000 - 10000	Flocytrometry
DLC				
NEUTROPHIL	68	%	40 - 75	Flowcytrometry
LYMPHOCYTE	27	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	200.000	lomm	150000 450000	Float Impod
PLATELET COUNT PLATELET COUNT (MANUAL)	208,000 208000	/cmm /cmm	150000 - 450000 150000 - 450000	Elect Imped Microscopy .
COMMENTS: Platelet counts vary in various disorders; acquired idiopathic disorders. GENERAL BLOOD PICTURE (GBP) Peripheral Blood Picture	, (infections-bac	cterial and viral),	inherited, post blood transfusi	on, autoimmune and
Red blood cells are normocytic normo seen. BLOOD SUGAR RANDOM	ochromic. P	latelets are a	dequate. No immature	e cells or parasite
BLOOD SUGAR RANDOM	100.2	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	31.50	mg/dl	15 - 45	Urease, UV, Serum
मारीभन प्रश्न भारत- गारत- [Checked By]		DR. NI	SHANT SHARMA DR. SH	DR. ADITI D AGAF
MC-2491         Print.Date/Time:         16-03-2025         16:30:53           *Patient Identity Has Not Been Verified.         Not For Medicolegal	i la Raig	v.	DLOGIST PATHO	

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	arak ostics Pvt. Ltd.	Phone : 0522-406	RMEE 2445133 MC-2491
Patient Name	: Mr.JAGAT NARAIN	Visit No	: CHA250046403
Age/Gender	: 35 Y/M	Registration ON	: 16/Mar/2025 01:39PM
Lab No	: 10143698	Sample Collected ON	: 16/Mar/2025 01:44PM
Referred By	: Dr.LUCKNOW HOSPITAL	Sample Received ON	: 16/Mar/2025 02:09PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 03:45PM
Doctor Advice	. ECG,CT WhOLE ABDOMEN,CHEST PA,PROTEIN ,Albumin,PG GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUANTITA		

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PRE S	URGICAL (RD1)		
Result	Unit	Bio. Ref. Range	Method
	·		
0.60	mg/dl	0.50 - 1.40	Alkaline picrate-
			kinetic
1.58	mg/dl	0.4 - 1.1	Diazonium Ion
0.36	mg/dL	0.00-0.30	Diazotization
1.22	mg/dL	0.1 - 1.0	Calculated
105.50	U/L	30 - 120	PNPP, AMP Buffer
24.0	U/L	5 - 40	UV without P5P
28.0	U/L	5 - 40	UV without P5P
	Result           0.60           1.58           0.36           1.22           105.50           24.0	0.60 mg/dl 1.58 mg/dl 0.36 mg/dL 1.22 mg/dL 105.50 U/L 24.0 U/L	PRE SURGICAL (RD1)           Result         Unit         Bio. Ref. Range           0.60         mg/dl         0.50 - 1.40           1.58         mg/dl         0.4 - 1.1           0.36         mg/dL         0.00-0.30           1.22         mg/dL         0.1 - 1.0           105.50         U/L         30 - 120           24.0         U/L         5 - 40

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 6 of 7

Charak dhar DIAGNOSTICS Pvt. Ltd.		Phone : 0522-406 9415577933, 933 E-mail : charak19	5
		CMO Reg. No. F NABL Reg. No. M Certificate No. M	MC-2491
Patient Name	: Mr.JAGAT NARAIN	Visit No	: CHA250046403
Age/Gender	: 35 Y/M	Registration ON	: 16/Mar/2025 01:39PM
Lab No	: 10143698	Sample Collected ON	: 16/Mar/2025 01:44PM
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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 03:45PM
Doctor Advice	. ECG,CT WhOLE ABDOMEN,CHEST PA,PROTEIN ,Albu GROUP,BTCT,CREATININE,DLC,GBP,HB,HBsAg (QUA		

	Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH					
T3		1.60	nmol/L	1.49-2.96	ECLIA
T4		174.00	n mol/l	63 - 177	ECLIA
TSH		1.00	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)







DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



DR. ADITI D AGARWAL PATHOLOGIST Page 7 of 7

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