

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 : Mrs.RUCHI SHARAM

Age/Gender : 34 Y/F

Lab No : 10143807

Referred By : Dr.ST JOSEPH HOSPITAL

Refer Lab/Hosp : CHARAK NA

PR.

Doctor Advice : URINE COM. EXMAMINATION, TSH, LFT, CBC (WHOLE BLOOD)

Visit No : CHA250046512

Registration ON : 16/Mar/2025 06: 33PM

Sample Collected ON : 16/Mar/2025 06: 34PM

Sample Received ON : 16/Mar/2025 06:34PM

Report Generated ON : 16/Mar/2025 07: 36PM



Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK



Dogume



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P.R.

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Visit No : CHA250046512

Registration ON : 16/Mar/2025 06:33PM

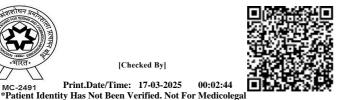
Sample Collected ON : 16/Mar/2025 06: 34PM : 16/Mar/2025 06:42PM Sample Received ON

Report Generated ON : 16/Mar/2025 07:47PM

Test Name	Result	Unit	Bio. Ref. Range	Method				
CBC (COMPLETE BLOOD COUNT)								
Hb	10.9	g/dl	12 - 15	Non Cyanide				
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical				
				Impedence				
PCV	33.3	%	36 - 45	Pulse hieght				
				detection				
MCV	92.2	fL	80 - 96	calculated				
MCH	30.2	pg	27 - 33	Calculated				
MCHC	32.7	g/dL	30 - 36	Calculated				
RDW	13.5	%	11 - 15	RBC histogram				
				derivation				
RETIC	1.0 %	%	0.5 - 2.5	Microscopy				
TOTAL LEUCOCYTES COUNT	10520	/cmm	4000 - 10000	Flocytrometry				
DIFFERENTIAL LEUCOCYTE COUNT								
NEUTROPHIL	78	%	40 - 75	Flowcytrometry				
LYMPHOCYTES	18	%	25 - 45	Flowcytrometry				
EOSINOPHIL	2	%	1 - 6	Flowcytrometry				
MONOCYTE	2	%	2 - 10	Flowcytrometry				
BASOPHIL	0	%	00 - 01	Flowcytrometry				
PLATELET COUNT	194,000	/cmm	150000 - 450000	Elect Imped				
PLATELET COUNT (MANUAL)	194000	/cmm	150000 - 450000	Microscopy.				
Absolute Neutrophils Count	8,206	/cmm	2000 - 7000	Calculated				
Absolute Lymphocytes Count	1,894	/cmm	1000-3000	Calculated				
Absolute Eosinophils Count	210	/cmm	20-500	Calculated				
Absolute Monocytes Count	210	/cmm	200-1000	Calculated				
Mentzer Index	26							
Peripheral Blood Picture	:							

Red blood cells are normocytic normochromic. WBCs show neutrophilia. Platelets are adequate. No parasite seen.





DR. ADITI D AGARWAL

PATHOLOGIST

00:02:44



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Visit No : CHA250046512

Registration ON : 16/Mar/2025 06:33PM

Sample Collected ON : 16/Mar/2025 06: 34PM Sample Received ON : 16/Mar/2025 07:14PM

Report Generated ON : 16/Mar/2025 08:25PM

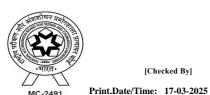
Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.49	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	140.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	160.0	U/L	5 - 40	UV without P5P
SGOT	104.0	U/L	5 - 40	UV without P5P
Tears				
TSH	The second second			
TSH	2.00	ulU/ml	0.47 - 4.52	ECLIA

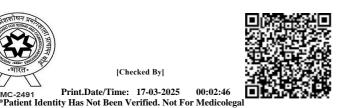
Note

PR.

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile mysedema or autoimmune disorders.
- 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
- (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. ADITI D AGARWAI