

Patient Name : Ms.RIYA GAUTAM	Visit No : CHA250046729
Age/Gender : 24 Y/F	Registration ON : 17/Mar/2025 09:58AM
Lab No : 10144024	Sample Collected ON : 17/Mar/2025 10:00AM
Referred By : Dr.RITU SAXENA	Sample Received ON : 17/Mar/2025 10:16AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 11:38AM
Doctor Advice : PROLACTIN,FASTING,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.3	%	36 - 45	Pulse hieght detection
MCV	79.1	fL	80 - 96	calculated
MCH	24.0	pg	27 - 33	Calculated
MCHC	30.3	g/dL	30 - 36	Calculated
RDW	15.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4720	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	45	%	40 - 75	Flowcytometry
LYMPHOCYTES	47	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	151,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	151000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,124	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,218	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	189	/cmm	20-500	Calculated
Absolute Monocytes Count	189	/cmm	200-1000	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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



[Checked By]



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DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Age/Gender : 24 Y/F	Registration ON : 17/Mar/2025 09:58AM
Lab No : 10144024	Sample Collected ON : 17/Mar/2025 10:00AM
Referred By : Dr.RITU SAXENA	Sample Received ON : 17/Mar/2025 10:12AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 10:59AM
Doctor Advice : PROLACTIN,FASTING,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	87.6	mg/dl	70 - 110	Hexokinase

TSH				
TSH	1.90	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)

PROLACTIN				
PROLACTIN Serum	20.2	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



[Checked By]



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