

Patient Name : Ms.KISA ZAIDI	Visit No : CHA250046860
Age/Gender : 29 Y/F	Registration ON : 17/Mar/2025 10:54AM
Lab No : 10144155	Sample Collected ON : 17/Mar/2025 11:46AM
Referred By : Dr.ANITA SINGH	Sample Received ON : 17/Mar/2025 11:46AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 02:26PM
Doctor Advice : PGBS-75 gms,BLOOD GROUP,URINE C/S,URINE COM. EXMAMINATION,USG OBSTETRICS,TSH,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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BLOOD GROUP				
Blood Group	"O"			
Rh (Anti -D)	POSITIVE			

PGBS-75 gms				
POST GLUCOSE BLOOD SUGAR	165	mg/dl	60 - 140	Hexokinase

URINE EXAMINATION REPORT				
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Colour-U	Light 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	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	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

[Checked By]

Print.Date/Time: 17-03-2025 18:06:37

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

DR. ADITI D AGARWAL
PATHOLOGIST

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Referred By : Dr.ANITA SINGH	Sample Received ON : 17/Mar/2025 02:37PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 04:22PM
Doctor Advice : PGBS-75 gms,BLOOD GROUP,URINE C/S,URINE COM. EXMAMINATION,USG OBSTETRICS,TSH,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	9.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	31.8	%	36 - 45	Pulse hieght detection
MCV	66.8	fL	80 - 96	calculated
MCH	20.0	pg	27 - 33	Calculated
MCHC	29.9	g/dL	30 - 36	Calculated
RDW	16.6	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	12200	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	81	%	40 - 75	Flowcytometry
LYMPHOCYTES	14	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	144,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	9,882	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,708	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	244	/cmm	20-500	Calculated
Absolute Monocytes Count	366	/cmm	200-1000	Calculated
Mentzer Index	14			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis. WBCs show neutrophilic leucocytosis. Platelets are adequate. No parasite seen.



[Checked By]



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Lab No : 10144155	Sample Collected ON : 17/Mar/2025 11:46AM
Referred By : Dr.ANITA SINGH	Sample Received ON : 17/Mar/2025 01:54PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 02:52PM
Doctor Advice : PGBS-75 gms,BLOOD GROUP,URINE C/S,URINE COM. EXMAMINATION,USG OBSTETRICS,TSH,RANDOM,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	150	mg/dl	70 - 170	Hexokinase

TSH				
TSH	2.94	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)

*** End Of Report ***



[Checked By]



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)