

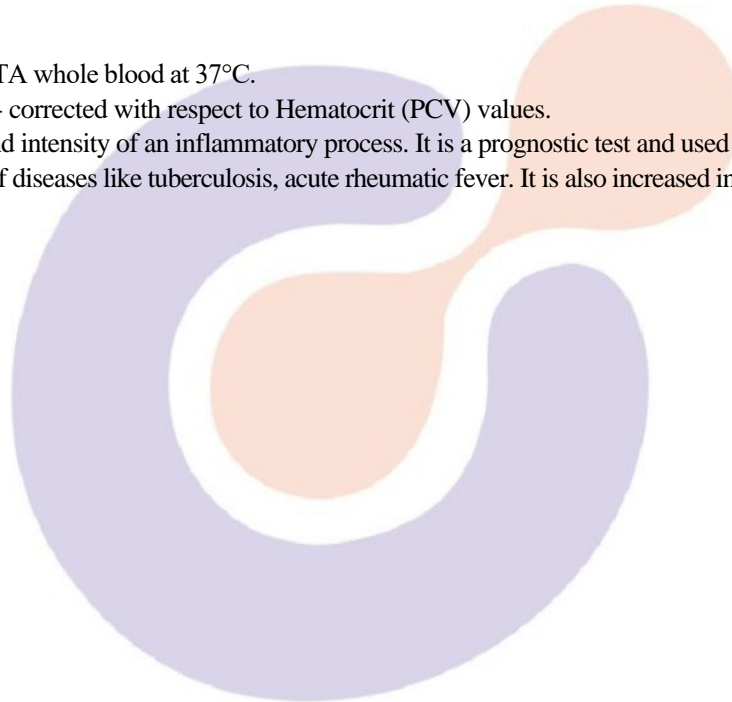
Patient Name : Ms.NASHRA	Visit No : CHA250047038
Age/Gender : 21 Y/F	Registration ON : 17/Mar/2025 12:35PM
Lab No : 10144333	Sample Collected ON : 17/Mar/2025 12:38PM
Referred By : Dr.ABDUL MOID	Sample Received ON : 17/Mar/2025 01:52PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 03:11PM
Doctor Advice : T3T4TSH,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	10.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.



CHARAK

[Checked By]

Print.Date/Time: 17-03-2025 15:45:53

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Referred By : Dr.ABDUL MOID	Sample Received ON : 17/Mar/2025 01:52PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 02:26PM
Doctor Advice : T3T4TSH,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	9.9	g/dl	12 - 15	Non Cyanide

Comment:

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

TLC				
TOTAL LEUCOCYTES COUNT	6890	/cmm	4000 - 10000	Flocytometry

DLC				
NEUTROPHIL	50	%	40 - 75	Flowcytometry
LYMPHOCYTE	44	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

CHARAK



[Checked By]



Sham

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Doctor Advice : T3T4TSH,ESR,DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.26	nmol/L	1.49-2.96	ECLIA
T4	132.38	n mol/l	63 - 177	ECLIA
TSH	5.45	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



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