

Patient Name : Mr.SARVENDRA KUMAR Visit No : CHA250047290
Age/Gender : 51 Y/M Registration ON : 17/Mar/2025 03:19PM
Lab No : 10144585 Sample Collected ON : 17/Mar/2025 03:21PM
Referred By : SELF Sample Received ON : 17/Mar/2025 03:21PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 04:51PM
Doctor Advice : 25 OH vit. D,T3T4TSH,URINE COM. EXMAMINATION,NA+K+,CREATININE,UREA,Albumin,PROTEIN ,LFT,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
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PROTEIN				
PROTEIN Serum	7.80	mg/dl	6.8 - 8.5	

SERUM ALBUMIN				
ALBUMIN	4.0	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)

25 OH vit. D				
25 Hydroxy Vitamin D	13.41	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.025		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 18:59:04

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL
PATHOLOGIST PATHOLOGIST PATHOLOGIST

Signature

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Lab No : 10144585	Sample Collected ON : 17/Mar/2025 03:21PM
Referred By : SELF	Sample Received ON : 17/Mar/2025 04:54PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 06:20PM
Doctor Advice : 25 OH vit. D,T3T4TSH,URINE COM. EXMAMINATION,NA+K+,CREATININE,UREA,Albumin,PROTEIN ,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.7	%	36 - 45	Pulse hieght detection
MCV	87.7	fL	80 - 96	calculated
MCH	29.1	pg	27 - 33	Calculated
MCHC	33.2	g/dL	30 - 36	Calculated
RDW	16.6	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7330	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	65,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	78000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,105	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,419	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	366	/cmm	20-500	Calculated
Absolute Monocytes Count	440	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with anisocytosis+. WBCs are within normal limits. Platelets are reduced. No immature cells or parasite seen.



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Shadab Khan

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Lab No : 10144585 Sample Collected ON : 17/Mar/2025 03:21PM
Referred By : SELF Sample Received ON : 17/Mar/2025 04:02PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 05:01PM
Doctor Advice : 25 OH vit. D,T3T4TSH,URINE COM. EXMAMINATION,NA+K+,CREATININE,UREA,Albumin,PROTEIN ,LFT,CBC (WHOLE BLOOD)



Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	48.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.25	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.28	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.97	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	113.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	23.0	U/L	5 - 40	UV without P5P
SGOT	48.0	U/L	5 - 40	UV without P5P

CHARAK



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Referred By : SELF	Sample Received ON : 17/Mar/2025 04:02PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 04:52PM
Doctor Advice : 25 OH vit. D,T3T4TSH,URINE COM. EXMAMINATION,NA+K+,CREATININE,UREA,Albumin,PROTEIN ,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.92	nmol/L	1.49-2.96	ECLIA
T4	76.37	n mol/l	63 - 177	ECLIA
TSH	2.66	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]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature