	arak dhar OSTICS Pvt. Ltd.			Phone : 0522-406	2223, 930554 6154100, Toll 84@gmail.con RMEE 24451 MC-2491	33
Patient Name	: Mr.SABIR ALI			Visit No	: CHA250	0033519
Age/Gender	: 72 Y/M			Registration ON	: 24/Feb/	2025 07:37PM
Lab No	: 10130815			Sample Collected ON	: 24/Feb/	2025 07:39PM
Referred By	: Dr.RAJIV RASTOGI			Sample Received ON	: 24/Feb/	/2025 08:39PM
Refer Lab/Hosp	: CHARAK NA			Report Generated ON	: 25/Feb/	/2025 10:23AM
Doctor Advice	HBA1C (EDTA),T3T4TSH,URINI	E COM. EXMAMINATI	ON,2D ECHO			
	Test Name	Result	Unit	Bio. Ref. R	ange	Method

%

4 - 5.7

HPLC (EDTA)

HBA1C

PR.

Glycosylated Hemoglobin (HbA1c)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories.USA.

6.9

EXPECTED (RESULT) RANGE:

Bio system	Degree of normal
4.0 - 5.7 %	Normal Value (OR) Non Diabetic
5.8 - 6.4 %	Pre Diabetic Stage
>6.5 %	Diabetic (or) Diabetic stage
6.5 - 7.0 %	Well Controlled Diabet
7.1 - 8.0 %	Unsatisfactory Control
> 8 0 %	Poor Control and needs treatment

CHARAK



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 3

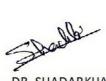
Charak dhar DIAGNOSTICS Pvt. Ltd.		Phone: 0522-406 9415577933, 933	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, Tollfree No. : 8688360360 E-mail : charak1984@gmail.com			
		NABL Reg. No.I	CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name	: Mr.SABIR ALI	Visit No	: CHA250033519			
Age/Gender	: 72 Y/M	Registration ON	: 24/Feb/2025 07:37PM			
Lab No	: 10130815	Sample Collected ON	: 24/Feb/2025 07:39PM			
Referred By	: Dr.RAJIV RASTOGI	Sample Received ON	: 24/Feb/2025 07:39PM			
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 24/Feb/2025 08:27PM			
Doctor Advice	HBA1C (EDTA),T3T4TSH,URINE COM. EX	MAMINATION,2D ECHO				

PR.

Test Name	Result	Unit	Bio. Ref. Rang	e Method
URINE EXAMINATION REPORT				
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	

CHARAK





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

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PATHOLOGIST

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CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

		Certificate No. N	113-2023-0218
Patient Name	: Mr.SABIR ALI	Visit No	: CHA250033519
Age/Gender	: 72 Y/M	Registration ON	: 24/Feb/2025 07:37PM
Lab No	: 10130815	Sample Collected ON	: 24/Feb/2025 07:39PM
Referred By	: Dr.RAJIV RASTOGI	Sample Received ON	: 24/Feb/2025 08:39PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 10:23AM
Doctor Advice	HBA1C (EDTA),T3T4TSH,URINE COM. EXMAMINATION,2D ECH	ίΟ	

	Test Name	Result	Unit	Bio. Ref. Range	Method		
T3T4TSH							
T3		1.87	nmol/L	1.49-2.96	ECLIA		
T4		91.10	n mol/l	63 - 177	ECLIA		
TSH		1.40	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.

(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)







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MC-2491 Print.Date/Time: 25-02-2025 10:55:46 *Patient Identity Has Not Been Verified. Not For Medicolegal

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