

Patient Name : Mr. SHINYOY	Visit No : CHA250033630
Age/Gender : 31 Y/M	Registration ON : 25/Feb/2025 07:40AM
Lab No : 10130926	Sample Collected ON : 25/Feb/2025 07:43AM
Referred By : Dr. NARESH RAJPAL	Sample Received ON : 25/Feb/2025 07:43AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11:02AM
Doctor Advice : URINE COM. EXMAMINATION, URIC ACID, TSH, NA+K+, CREATININE, UREA, LIPID-PROFILE, FASTING, CBC (WHOLE BLOOD), HBA1C (EDTA), LFT	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.8	%	4 - 5.7	HPLC (EDTA)

NOTE:-

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

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

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	8.4	mg/dL	2.40 - 5.70	Uricase, Colorimetric

LIPID-PROFILE				
Cholesterol/HDL Ratio	5.53	Ratio		Calculated
LDL / HDL RATIO	3.53	Ratio		Calculated
			Desirable / low risk - 0.5 - 3.0	
			Low/ Moderate risk - 3.0 - 6.0	
			Elevated / High risk - >6.0	
			Desirable / low risk - 0.5 - 3.0	
			Low/ Moderate risk - 3.0 - 6.0	
			Elevated / High risk - > 6.0	



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

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URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		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	

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Referred By : Dr. NARESH RAJPAL	Sample Received ON : 25/Feb/2025 09:29AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	18.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	6.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	54.2	%	36 - 45	Pulse height detection
MCV	89.4	fL	80 - 96	calculated
MCH	30.2	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	11850	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	163,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	163000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,821	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,081	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	592	/cmm	20-500	Calculated
Absolute Monocytes Count	356	/cmm	200-1000	Calculated
Mentzer Index	15			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with erythrocytosis. Platelets are adequate. No parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	89.0	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.9	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	27.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.69	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.28	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.41	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	123.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	135.0	U/L	5 - 40	UV without P5P
SGOT	114.0	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	245.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	221.00	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	44.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	156.50	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	CO-PAP
VLDL	44.20	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.30	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 ***

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Signature