

Patient Name : Ms.REHANA	Visit No : CHA250033652
Age/Gender : 42 Y/F	Registration ON : 25/Feb/2025 08: 28AM
<b>Lab No : 10130948</b>	Sample Collected ON : 25/Feb/2025 08: 31AM
Referred By : Dr.NEW GALAXY HOSPITAL MATER	Sample Received ON : 25/Feb/2025 08: 31AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11: 02AM
Doctor Advice : T3T4TSH,URINE COM. EXMAMINATION,URIC ACID,PP,FASTING,HBA1C (EDTA)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>8.9</b>	%	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	5.6	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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**CHARAK**

[Checked By]

Print.Date/Time: 25-02-2025 12:31:41

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	DARK YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	PRESENT IN TRACE	mg/dl	ABSENT	Dipstick
Glucose	1.5 gm/dl			
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	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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<b>Lab No : 10130948</b>	Sample Collected ON : 25/Feb/2025 08: 31AM
Referred By : Dr.NEW GALAXY HOSPITAL MATER	Sample Received ON : 25/Feb/2025 10: 45AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11: 18AM
Doctor Advice : T3T4TSH,URINE COM. EXMAMINATION,URIC ACID,PP,FASTING,HBA1C (EDTA)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	240.5	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	278.2	mg/dl	up to - 170	Hexokinase



CHARAK



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<b>Lab No : 10130948</b>	Sample Collected ON : 25/Feb/2025 08: 31AM
Referred By : Dr.NEW GALAXY HOSPITAL MATER	Sample Received ON : 25/Feb/2025 09: 29AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 11: 02AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.45	nmol/L	1.49-2.96	ECLIA
T4	165.30	n mol/l	63 - 177	ECLIA
TSH	2.14	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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DR. SHADAB PATHOLOGIST  
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*Signature*