

Patient Name : Mr. MOHAMMAD HASEEB	Visit No : CHA250033729
Age/Gender : 68 Y/M	Registration ON : 25/Feb/2025 09:45AM
Lab No : 10131025	Sample Collected ON : 25/Feb/2025 09:46AM
Referred By : Dr. KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 25/Feb/2025 09:57AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 25/Feb/2025 11:57AM
Doctor Advice : URINE COM. EXMAMINATION, TSH, HBA1C (EDTA), PP, FASTING, KIDNEY FUNCTION TEST - I, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	26.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 25-02-2025 14:50:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.1	%	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

URINE EXAMINATION REPORT

Colour-U	STRAW	Light Yellow		
Appearance (Urine)	CLEAR	Clear		
Specific Gravity	1.015	1.005 - 1.025		
pH-Urine	Acidic (6.0)	4.5 - 8.0		
PROTEIN	10 mg/dl	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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CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.1	%	36 - 45	Pulse hieght detection
MCV	99.4	fL	80 - 96	calculated
MCH	32.2	pg	27 - 33	Calculated
MCHC	32.4	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10420	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTE	26	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	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 .
Mentzer Index	28			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



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Referred By : Dr. KRISHNA KUMAR MITRA (CGHS) Sample Received ON : 25/Feb/2025 10:04AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	108.1	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	130.0	mg/dl	up to - 170	Hexokinase
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	62.80	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	141.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct

NOTE- FINDING CHECKED TWICE PLEASE CORRELATE CLINICALLY.

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.73	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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

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