Charak dhar DIAGNOSTICS Pvt. Ltd.			292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 00 Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail: charak1984@gmail.com CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name : Mr.MOHAMMAD HASEEB Age/Gender : 68 Y/M Lab No : 10131025					0033729	
			stration ON	25/Feb	/2025 09:45AM	
			ple Collected ON	25/Feb	/2025 09:46AM	
eferred By : Dr.KRISHNA KUMAR MITRA (efer Lab/Hosp : CGHS (BILLING) poctor Advice : URINE COM. EXMAMINATION		Rep	ort Generated ON	25/Feb	/2025 09:57AM /2025 11:57AM	
Test Name	Result	Unit	Bio. Ref. Ran	ge	Method	
CBC+ESR (COMPLETE BLOOD COUNT) Erythrocyte Sedimentation Rate ESR	26.00		0 - 20		Westergreen	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST Degeneral .

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 6

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Patient Name	: Mr.MOHAMMAD HASEEB	}	V	isit No	: CHA25	50033729	
Age/Gender	: 68 Y/M		R	egistration ON	: 25/Feb	o/2025 09:45AM	
Lab No	: 10131025		S	ample Collected ON	: 25/Feb	o/2025 09:46AM	
Referred By	: Dr.KRISHNA KUMAR MITRA	(CGHS	S	ample Received ON	: 25/Feb	o/2025 09:46AM	
Refer Lab/Hosp Doctor Advice	: CGHS (BILLING) URINE COM. EXMAMINATIO	N,TSH,HBA1C (EDT/		eport Generated ON IDNEY FUNCTION TEST		o/2025 11:03AM 2	
L							
	Test Name	Result	Unit	Bio. Ref. R	ange	Method	
HBA1C							
Glycosyla	ted Hemoglobin (HbA1c)	5.1	%	4 - 5	5.7	HPLC (EDTA)	

Glycosylated Hemoglobin (HbA1c)

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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.

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

Ι ΙΡΙΝΕ ΕΧΛΜΙΝΙΛΤΙΩΝΙ ΡΕΡΩΡΤ

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	



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 6

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IAGNOSTICS PM. L	ar	Phone : 0522-4 9415577933, 1	IS Marg, Basement Chowk, Lucknow-22 1062223, 9305548277, 8400888844 9336154100, Tollfree No.: 8688360360 (1984@gmail.com
	td.	NABLReg. N	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218
atient Name : Mr.MOHAMMAD HASEEI ge/Gender : 68 Y/M ab No : 10131025 eferred By : Dr.KRISHNA KUMAR MITRA efer Lab/Hosp : CGHS (BILLING) octor Advice : URINE COM. EXMAMINATION	(CGHS	Visit No Registration ON Sample Collected ON Sample Received ON Report Generated ON FASTING,KIDNEY FUNCTION TES	: CHA250033729 : 25/Feb/2025 09:45AM : 25/Feb/2025 09:46AM : 25/Feb/2025 09:46AM : 25/Feb/2025 11:03AM Г-I,CBC+ESR
Test Name	Result	Unit Bio. Ref. R	ange Method



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		NABLReg. N	o. RMEE 2445133 lo.MC-2491 o. MIS-2023-0218			
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 Doctor Advice	Refer Lab/Hosp : CGHS (BILLING)		: 25/Feb/2025 11:57AM ST - I,CBC+ESR			

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Result	Unit	Bio. Ref. Range	Method
11.7	g/dl	12 - 15	Non Cyanide
3.60	mil/cmm	3.8 - 4.8	Electrical
			Impedence
36.1	%	36 - 45	Pulse hieght
			detection
99.4	fL	80 - 96	calculated
32.2	pg	27 - 33	Calculated
32.4	g/dL	30 - 36	Calculated
14.9	%	11 - 15	RBC histogram
			derivation
<mark>0.6 %</mark>	%	0.5 - 2.5	Microscopy
10420	/cmm	4000 - 10000	Flocytrometry
68		40 - 75	Flowcytrometry
26	%	20-40	Flowcytrometry
2	%	1 - 6	Flowcytrometry
4	%	2 - 10	Flowcytrometry
0	%	00 - 01	Flowcytrometry
163,000	/cmm	150000 - 450000	Elect Imped
163000	/cmm	150000 - 450000	Microscopy.
28			
CH/			
	11.7 3.60 36.1 99.4 32.2 32.4 14.9 0.6 % 10420 68 26 2 4 0 163,000 163000	11.7 g/dl 3.60 mil/cmm 36.1 % 99.4 fL 32.2 pg 32.4 g/dL 14.9 % 0.6 % % 10420 /cmm 68 % 2 % 4 % 0 % 163,000 /cmm 163000 /cmm	11.7 g/dl 12 - 15 3.60 mil/cmm 3.8 - 4.8 36.1 % 36 - 45 99.4 fL 80 - 96 32.2 pg 27 - 33 32.4 g/dL 30 - 36 14.9 % 11 - 15 0.6 % % 0.5 - 2.5 10420 /cmm 4000 - 10000 68 % 40 - 75 26 % 20-40 2 % 1 - 6 4 % 2 - 10 0 % 00 - 01 163,000 /cmm 150000 - 450000

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 4 of 6

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			Phone: 0522-4062223, 93	0, Tollfree No.: 8688360360 ail.com 445133 1	
Patient Name : Mr.MOHAMMAD HASEEE	2	Visit		250033729	
Age/Gender : 68 Y/M	,			eb/2025 09:45AM	
Lab No : 10131025		e		eb/2025 09:46AM	
eferred By : Dr.KRISHNA KUMAR MITRA	(CGHS	Sam	ble Received ON : 25/Fe	eb/2025 10:04AM	
efer Lab/Hosp : CGHS (BILLING) Octor Advice : URINE COM. EXMAMINATIO	N,TSH,HBA1C (EDTA)		Report Generated ON : 25/Feb/2025 11:33AM ING,KIDNEY FUNCTION TEST - I,CBC+ESR		
Test Name	Result	Unit	Bio. Ref. Range		
			3	Method	
FASTING			5	Method	
FASTING Blood Sugar Fasting	108.1	mg/dl	70 - 110	Method Hexokinase	
	108.1	mg/dl			
Blood Sugar Fasting	108.1	mg/dl mg/dl			
Blood Sugar Fasting PP			70 - 110	Hexokinase	
Blood Sugar Fasting PP Blood Sugar PP			70 - 110	Hexokinase	

mg/dl

MEq/L

MEq/L

CHARAK

0.50 - 1.40

135 - 155

3.5 - 5.5

Alkaline picrate-

kinetic

ISE Direct

ISE Direct

1.70

141.0

4.7

NOTE- FINDING CHECKED TWICE PLEASE CORRELATE CLINICALLY.

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. ADITI D AGARWAL PATHOLOGIST Page 5 of 6

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CREATININE

SODIUM Serum

POTASSIUM Serum

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Test Name	Result	Unit	Bio. Ref. Range	Method	
TSH					
TSH	2.73	ulU/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 ***

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14:50:22



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST



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