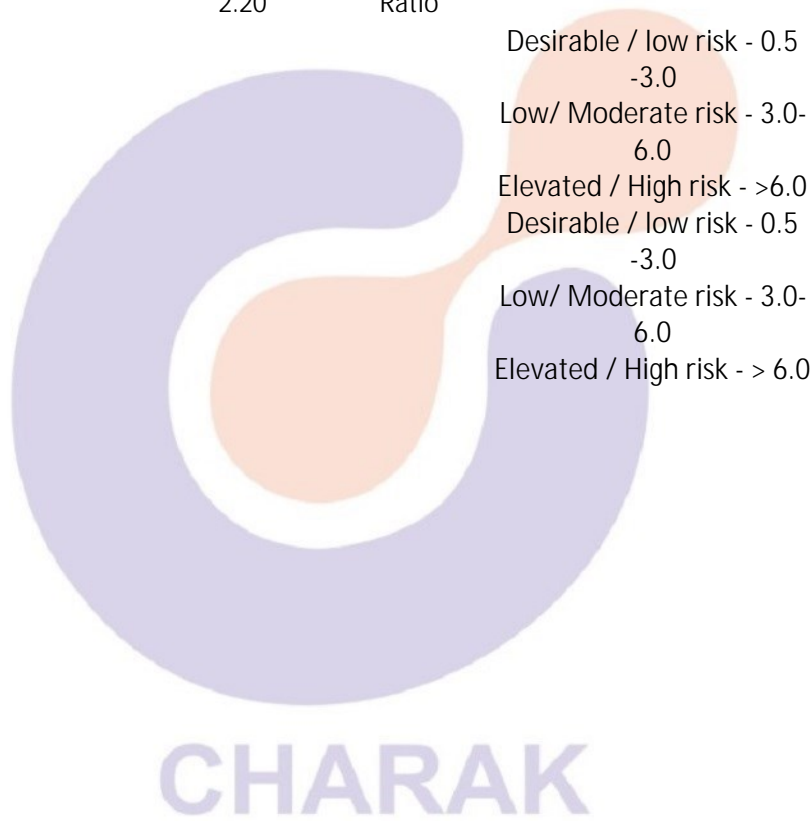


Patient Name : Ms.ARFA KHATOON	Visit No : CHA250033746
Age/Gender : 38 Y/F	Registration ON : 25/Feb/2025 09:59AM
Lab No : 10131042	Sample Collected ON : 25/Feb/2025 11:11AM
Referred By : Dr.GOMTI HOSPITAL	Sample Received ON : 25/Feb/2025 11:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 12:36PM
Doctor Advice : LIPID-PROFILE,LFT,CREATININE,UREA,NA+K+,RANDOM,PROLACTIN,CBC (WHOLE BLOOD),TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.82	Ratio		Calculated
LDL / HDL RATIO	2.20	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

[Checked By]

Print.Date/Time: 25-02-2025 14:05:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
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Referred By : Dr.GOMTI HOSPITAL	Sample Received ON : 25/Feb/2025 11:33AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 01:33PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.7	%	36 - 45	Pulse height detection
MCV	90.6	fL	80 - 96	calculated
MCH	30.7	pg	27 - 33	Calculated
MCHC	33.9	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	15000	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	35	%	40 - 75	Flowcytometry
LYMPHOCYTES	27	%	25 - 45	Flowcytometry
EOSINOPHIL	36	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	209,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	209000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,250	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	4,050	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	5,400	/cmm	20-500	Calculated
Absolute Monocytes Count	300	/cmm	200-1000	Calculated
Mentzer Index	23			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show eosinophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.



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Signature

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	98.4	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	21.30	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	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)	0.27	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	69.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.0	U/L	5 - 40	UV without P5P
SGOT	28.8	U/L	5 - 40	UV without P5P

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	187.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	153.00	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	48.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	107.50	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	30.60	mg/dL	10 - 40	Calculated

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.60	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)

PROLACTIN				
PROLACTIN Serum	13.7	ng/ml	2.64 - 13.130	CLIA

*** End Of Report ***



[Checked By]



MC-2491 Print.Date/Time: 25-02-2025 14:05:19
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Signature