	arak			9415577933, 9336 E-mail : charak1984	223, 9305548277, 8400888844 154100, Tollfree No.: 868836036 4@gmail.com
	OSTICS Pvt. Ltd.			CMO Reg. No. RM NABL Reg. No. M Certificate No. MI	C-2491
atient Name	: Mr.ZAHEER KHAN		V	isit No	: CHA250033887
ge/Gender	: 45 Y/M		R	egistration ON	: 25/Feb/2025 11:35AM
.ab No	: 10131183		Sa	mple Collected ON	: 25/Feb/2025 11:37AM
leferred By	: Dr.KGMU		Sa	mple Received ON	: 25/Feb/2025 11:37AM
*	: CHARAK NA			eport Generated ON	: 25/Feb/2025 02:09PM
Ooctor Advice	. CORTISOL-AM,T3T4TSH,URINE (EDTA),PP,FASTING,LIPID-PROP	COM. EXMAMINAT FILE,UREA,CREATII	ION,HBSAg,HCV, NINE,NA+K+,LFT	HIV,CHEST PA,HBA1C ,CBC (WHOLE BLOOD)	
	Test Name	Result	Unit	Bio. Ref. Ra	nge Method
HBA1C					
Glycosylated	Hemoglobin (HbA1c)	5.0	%	4 - 5.7	HPLC (EDTA)
					rence method, ie: HPLC
		natography D10) n Diabetic age			
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro	natography D10, n Diabetic age eatment) from Bio-Rac		
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro	natography D10, n Diabetic age eatment 4.98) from Bio-Rac		Calculated
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro	natography D10, n Diabetic age eatment) from Bio-Rac	Laboratories.USA.	Calculated Calculated
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio		Calculated Calculated
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98) from Bio-Rac Ratio	Laboratories.USA.	Calculated Calculated isk - 0.5
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio	Laboratories.USA.	Calculated Calculated isk - 0.5
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio	Laboratories.USA.	Calculated Calculated isk - 0.5 isk - 3.0-
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio Ratio	Laboratories.USA. Desirable / low r -3.0 Low/ Moderate r 6.0 Elevated / High ri Desirable / low r	Calculated Calculated isk - 0.5 isk - 3.0- sk - >6.0
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio Ratio	Desirable / low r -3.0 Low/ Moderate r 6.0 Elevated / High ri Desirable / low r -3.0	Calculated Calculated isk - 0.5 isk - 3.0- sk - >6.0 isk - 0.5
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio Ratio	Desirable / Iow r -3.0 Low/ Moderate r 6.0 Elevated / High ri Desirable / Iow r -3.0 Low/ Moderate r	Calculated Calculated isk - 0.5 isk - 3.0- sk - >6.0 isk - 0.5
EXPECTED (Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	RESULT) RANGE : Degree of normal Normal Value (OR) Nor Pre Diabetic Stage Diabetic (or) Diabetic st Well Controlled Diabet Unsatisfactory Control Poor Control and needs tro HDL Ratio TIO	natography D10, n Diabetic age eatment 4.98 2.78) from Bio-Rac Ratio Ratio	Desirable / low r -3.0 Low/ Moderate r 6.0 Elevated / High ri Desirable / low r -3.0	Calculated Calculated isk - 0.5 isk - 3.0- sk - >6.0 isk - 0.5 isk - 3.0-



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST Degrand .

DR. ADITI D AGARWAL PATHOLOGIST Page 1 of 8

			Phone : 0522-406	2223, 9305548 36154100, Tollf 84@gmail.com RMEE 244513 MC-2491	3
Patient Name : Mr. ZAHEER KHAN		V	isit No		
Age/Gender : 45 Y/M			egistration ON	: CHA250	2025 11:35AM
Lab No : 10131183			ample Collected ON		2025 11:33AM
Referred By : Dr.KGMU			ample Received ON		2025 11:37AM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CORTISOL-AM,T3T4TSH,UR (EDTA),PP,FASTING,LIPID-F	INE COM. EXMAMINATI PROFILE.UREA.CREATIN	R ION,HBSAg,HCV,	eport Generated ON HIV,CHEST PA,HBA1C		2025 02:09PM
		, ,			
Test Name	Result	Unit	Bio. Ref. R	ange	Method
CORTISOL-AM					
			A.M. : 171 nmol/I~Afterno ~ 4 -8 P.M. : (nmol/	on hours : <mark>64 -</mark> 340	
	CH/	AR/	١K		



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DR. ADITI D AGARWAL PATHOLOGIST Page 2 of 8

	arak			Phone : 0522-406	2223, 930554 36154100, Toll	nt Chowk, Lucknow-226 00 8277, 8400888844 free No.: 8688360360 n
DIAGN	OSTICS Pvt. Ltd.			CMO Reg. No. F NABLReg. No. I Certificate No. N	MC-2491	
Patient Name	: Mr.ZAHEER KHAN		Vi	sit No	: CHA250	0033887
Age/Gender	: 45 Y/M		Re	egistration ON	: 25/Feb/	/2025 11:35AM
Lab No	: 10131183		Sa	mple Collected ON	: 25/Feb/	/2025 11:37AM
Referred By	: Dr.KGMU		Sa	mple Received ON	: 25/Feb	/2025 11:37AM
Refer Lab/Hosp	: CHARAK NA			port Generated ON	: 25/Feb/	/2025 02:09PM
Doctor Advice	CORTISOL-AM,T3T4TSH,URINE (EDTA),PP,FASTING,LIPID-PRO	COM. EXMAMINAT FILE,UREA,CREATIN	ION,HBSAg,HCV,I NINE,NA+K+,LFT,	HIV,CHEST PA,HBA1C CBC (WHOLE BLOOD)		
	Test Name	Result	Unit	Bio. Ref. R	ange	Method
HEPATITIS B S	URFACE ANTIGEN (HBsAg)	1	1	1	v	

Sample Type : SERUM	e Type : SERUM
---------------------	----------------

HEPATITIS B SURFACE ANTIGEN	NON REACTIV

<1 - Non Reactive CMIA >1 - Reactive

Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive) should be done by performing a PCR based test.

COMMENTS:

-HBsAg is the first serological marker after infection with Hepatitis B Virus appearing one to ten weeks after exposure and two to eight weeks before the onset of clinical symptoms. HBsAg persists during the acute phase and clears late in the convalescence phase. Failure to clear HBsAg within six months indicates a chronic HBsAg carrier state. HBsAg assays are used to identify the persons infected with HBV and to prevent transmission of the virus by blood and blood products as well as to monitor the status of infected individuals in combination with other hepatitis B serological markers

-Borderline cases must be confirmed with confirmatory neutralizing assay

LIMITATIONS:

-Results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute and chronic infections. -Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA) which may produce anomalous values when tested with assay kits that employs mouse monoclonal antibodies

-Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or animal serum products can be prone to this interference and anomalous results may be observed. -Cross reactivity for specimens from individual with medical conditions (Pregnancy, HIV etc) has been observed. -HBsAg mutations may result in a false negative result in some HBsAg assays.

-If HBsAg results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.





DR. ADITI D AGARWAL PATHOLOGIST Page 3 of 8

			Phone : 0522-4062223,	2445133 91
Patient Name : Mr.ZAHEER KHAN		Vi		HA250033887
Age/Gender : 45 Y/M				5/Feb/2025 11:35AM
Lab No : 10131183		Sa	mple Collected ON : 2	5/Feb/2025 11:37AM
Referred By : Dr.KGMU		Sa	mple Received ON : 2	5/Feb/2025 11:37AM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CORTISOL-AM,T3T4TSH (EDTA),PP,FASTING,LIPI	I,URINE COM. EXMAMINATIO ID-PROFILE,UREA,CREATINI	N,HBSAg,HCV,I	HIV,CHEST PA,HBA1C	5/Feb/2025 02:09PM
Test Name	Result	Unit	Bio. Ref. Range	Method
HIV				
HIV-SEROLOGY	NON REACTIVE		<1.0 : NON REACTI >1.0 : REACTIVE	VE
Note:-Elisa test is a screening method Hence confirmation:"Western Blot" me		ve raise positi	ve & Negative result.	
НСУ				
HCV Anti-Hepatitis C Virus Antibodies			< 1.0 : NON REACTI > 1.0 : REACTIVE	J
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test.	ay)	Non Reactive	> 1.0 : REACTIVE	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT	ay) onfirmation of the result (Non Reactive	> 1.0 : REACTIVE	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U	ay) infirmation of the result (YELLOW	Non Reactive	> 1.0 : REACTIVE e/Reactive)should be done Light Yellow	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine)	ay) infirmation of the result (YELLOW CLEAR	Non Reactive	> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity	ay) infirmation of the result (YELLOW CLEAR 1.015	Non Reactive	> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear 1.005 - 1.025	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0)		> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN	ay) onfirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent	Non Reactive	> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear 1.005 - 1.025	5
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent		> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones	ay) onfirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent		> 1.0 : REACTIVE e/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent		> 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U	ay) onfirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent Absent Absent	mg/dl	> 1.0 : REACTIVE P/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent Absent O.20		> 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U	ay) onfirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent Absent 0.20 Absent	mg/dl	> 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent Absent O.20	mg/dl	> 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent O.20 Absent Absent Absent Absent	mg/dl EU/dL	 > 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Absent Absent Absent Absent 	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION Pus cells / hpf	ay) onfirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent Occasional	mg/dl EU/dL /hpf	> 1.0 : REACTIVE PReactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent	by performing a PCR based
Anti-Hepatitis C Virus Antibodies Done by: Vitros ECI (Sandwich Assa Note:This is only a Screening test. Co test. URINE EXAMINATION REPORT Colour-U Appearance (Urine) Specific Gravity pH-Urine PROTEIN Glucose Ketones Bilirubin-U Blood-U Urobilinogen-U Leukocytes-U NITRITE MICROSCOPIC EXAMINATION	ay) infirmation of the result (YELLOW CLEAR 1.015 Acidic (6.0) Absent Absent Absent Absent O.20 Absent Absent Absent Absent	mg/dl EU/dL	 > 1.0 : REACTIVE 2/Reactive)should be done Light Yellow Clear 1.005 - 1.025 4.5 - 8.0 ABSENT Absent Absent Absent 0.2 - 1.0 Absent Absent Absent Absent Absent Absent Absent 	by performing a PCR based



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Print.Date/Time: 25-02-2025 16:45:30 *Patient Identity Has Not Been Verified. Not For Medicolegal DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

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DR. ADITI D AGARWAL PATHOLOGIST Page 4 of 8

Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 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.ZAHEER KHAN	Visit No	: CHA250033887
Age/Gender	: 45 Y/M	Registration ON	: 25/Feb/2025 11:35AM
Lab No	: 10131183	Sample Collected ON	: 25/Feb/2025 11:37AM
Referred By	: Dr.KGMU	Sample Received ON	: 25/Feb/2025 11:53AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 01:34PM
Doctor Advice	CORTISOL-AM,T3T4TSH,URINE COM. EXMAMINATION,HBSAg,I (EDTA),PP,FASTING,LIPID-PROFILE,UREA,CREATININE,NA+K+		

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.5	%	36 - 45	Pulse hieght
				detection
MCV	80.4	fL	80 - 96	calculated
МСН	27.9	pg	27 - 33	Calculated
MCHC	34.7	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>0.4 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>9370</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytrometry
LYMPHOCYTES	22	%	25 - 45	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	383,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	383000	/cmm	150000 - 450000	Microscopy.
Absolute Neutrophils Count	6,840	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,061	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	187	/cmm	20-500	Calculated
Absolute Monocytes Count	281	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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 5 of 8

MC-2491 Print.Date/Time: 25-02-2025 16:45:36 *Patient Identity Has Not Been Verified. Not For Medicolegal

[Checked By]

Charak dhar IAGNOSTICS Pvt. Ltd.			E-mail : charak1984@gmai CMO Reg. No. RMEE 24 NABL Reg. No. MC-2491 Certificate No. MIS-2023	45133
Patient Name : Mr.ZAHEER KHAN		Vis	it No : CHA	250033887
Age/Gender : 45 Y/M		Reg	gistration ON : 25/	Feb/2025 11:35AM
Lab No : 10131183		Sar	nple Collected ON : 25/	Feb/2025 11:37AM
Referred By : Dr.KGMU			•	Feb/2025 11:55AM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CORTISOL-AM,T3T4TSH,URINE (EDTA),PP,FASTING,LIPID-PROI	COM. EXMAMINAT FILE,UREA,CREATI	TION,HBSAg,HCV,H	IV,CHEST PA,HBA1C	Feb/2025 01:04PM
Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	90.7	mg/dl	70 - 110	Hexokinase
РР				
Blood Sugar PP	110.8	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.9	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	41.10	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	95.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	33.0	U/L	5 - 40	UV without P5P
SGOT	26.0	U/L	5 - 40	UV without P5P



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DR. ADITI D AGARWAL PATHOLOGIST Page 6 of 8

Charak dhar IAGNOSTICS Pvt. Ltd			292/05, Tulsidas Marg, Basement Chowk, Lucknow-22 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360366 E-mail : charak1984@gmail.com CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218
Patient Name : Mr.ZAHEER KHAN		V	/isit No : CHA250033887
Age/Gender : 45 Y/M		R	egistration ON : 25/Feb/2025 11:35AM
Lab No : 10131183		S	ample Collected ON : 25/Feb/2025 11:37AM
Referred By : Dr.KGMU		S	ample Received ON : 25/Feb/2025 11:55AM
Refer Lab/Hosp : CHARAK NA Doctor Advice : CORTISOL-AM,T3T4TSH,URIN (EDTA),PP,FASTING,LIPID-PR	IE COM. EXMAMINAT OFILE,UREA,CREATII	TON,HBSAg,HCV	Report Generated ON : 25/Feb/2025 01:04PM ;HIV,CHEST PA,HBA1C F,CBC (WHOLE BLOOD)
Test Name	Result	Unit	Bio. Ref. Range Method
LIPID-PROFILE			
TOTAL CHOLESTEROL	187.90	mg/dL	Desirable: <200 mg/dl CHOD-PAP Borderline-high: 200-239 mg/dl High:>/=240 mg/dl
TRIGLYCERIDES	227.00	mg/dL	Normal: <150 mg/dl Serum, Enzymatic Borderline-high:150 - 199 endpoint mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl
H D L CHOLESTEROL	37.70	mg/dL	30-70 mg/dl CHER-CHOD-PAP
L D L CHOLESTEROL	104.80	mg/dL	Optimal:<100 mg/dl CO-PAP Near Optimal:100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High:>/= 190 mg/dl
VLDL	45.40	mg/dL	10 - 40 Calculated

CHARAK



[Checked By]





DR. ADITI D AGARWAL PATHOLOGIST Page 7 of 8

Charak IAGNOSTICS PM. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone: 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

		Certificate No. M	113-2023-0216
Patient Name	: Mr.ZAHEER KHAN	Visit No	: CHA250033887
Age/Gender	: 45 Y/M	Registration ON	: 25/Feb/2025 11:35AM
Lab No	: 10131183	Sample Collected ON	: 25/Feb/2025 11:37AM
Referred By	: Dr.KGMU	Sample Received ON	: 25/Feb/2025 11:55AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 12:52PM
Doctor Advice	CORTISOL-AM,T3T4TSH,URINE COM. EXMAMINATION,HBSAg, (EDTA),PP,FASTING,LIPID-PROFILE,UREA,CREATININE,NA+K+		

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.05	nmol/L	1.49-2.96	ECLIA
Τ4	176.03	n mol/l	63 - 177	ECLIA
TSH	1.10	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)







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DR. ADITI D AGARWAL PATHOLOGIST Page 8 of 8

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 01:31PM

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined. **IMPRESSION:**
- CARDIOMEGALY.

PR.

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

