

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: <b>10131510</b>	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:12PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	5.4	%	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

**LIPID-PROFILE**

Cholesterol/HDL Ratio	5.47	Ratio	Calculated
LDL / HDL RATIO	3.24	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: 26-02-2025 09:55:09

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

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
<b>Lab No</b>	<b>: 10131510</b>	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:12PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>IRON</b>				
IRON	70.30	ug/ dl	59 - 148	Ferrozine-no deproteinization

**Interpretation:**

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

TIBC				
TIBC	350.00	ug/ml	265 - 497	calculated

25 OH vit. D				
25 Hydroxy Vitamin D	12.49	ng/ml		ECLIA

Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

CHARAK

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY( Cobas e 411,Unicel DxI600,vitros ECI)

[Checked By]

Print.Date/Time: 26-02-2025 09:55:10

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



*Shadab Khan*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: 10131510	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:12PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method

**VITAMIN B12**

VITAMIN B12	119.0	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA
-------------	-------	-------	---	------

**Summary :-**

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

**FERRITIN**

FERRITIN	51.3	ng/mL	13 - 400	CLIA
----------	------	-------	----------	------

**INTERPRETATION:**

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

**LIMITATIONS:**

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values. For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

CHARAK

[Checked By]

Print.Date/Time: 26-02-2025 09:55:11

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



*Signature*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name : Mr.MOHAMMAD TAHIR	Visit No : CHA250034214
Age/Gender : 41 Y/M	Registration ON : 25/Feb/2025 05:07PM
Lab No : 10131510	Sample Collected ON : 25/Feb/2025 05:09PM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 25/Feb/2025 05:20PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 25/Feb/2025 06:26PM
Doctor Advice : RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC	



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method

CBC (COMPLETE BLOOD COUNT)				
Hb	14.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.9	%	36 - 45	Pulse height detection
MCV	84.1	fL	80 - 96	calculated
MCH	28.0	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	12.2	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8440	/cmm	4000 - 10000	Floctometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTES	35	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	254,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	254000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,726	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,954	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	506	/cmm	20-500	Calculated
Absolute Monocytes Count	253	/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.



[Checked By]



*Shadab Khan*



Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: 10131510	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 07:37PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 26/Feb/2025 09:21AM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	94.1	mg/dl	70 - 110	Hexokinase



CHARAK



[Checked By]



*Sham*

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: 10131510	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:11PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



**MASTER HEALTH CHECKUP 5**

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

<b>NA+K+</b>				
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct

<b>BLOOD UREA</b>				
BLOOD UREA	39.10	mg/dl	15 - 45	Urease, UV, Serum

<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.55	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.24	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.31	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	110.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>54.3</b>	U/L	5 - 40	UV without P5P
SGOT	36.2	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



*Shadab Khan*

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: <b>10131510</b>	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:11PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	186.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>209.00</b>	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	34.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>110.20</b>	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	<b>41.80</b>	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



*Shadab Khan*

Patient Name	: Mr.MOHAMMAD TAHIR	Visit No	: CHA250034214
Age/Gender	: 41 Y/M	Registration ON	: 25/Feb/2025 05:07PM
Lab No	: 10131510	Sample Collected ON	: 25/Feb/2025 05:09PM
Referred By	: Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON	: 25/Feb/2025 05:22PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 25/Feb/2025 06:12PM
Doctor Advice	: RANDOM,CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		



MASTER HEALTH CHECKUP 5				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.87	nmol/L	1.49-2.96	ECLIA
T4	126.00	n mol/l	63 - 177	ECLIA
TSH	2.00	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 TECHNIQUE BY ELECSYSYS -E411 )

\*\*\* End Of Report \*\*\*



[Checked By]



*Shadab Khan*