

Patient Name : Ms.SHAHNAZ FATIMA	Visit No : CHA250034441
Age/Gender : 67 Y/F	Registration ON : 26/Feb/2025 08:15AM
<b>Lab No : 10131737</b>	Sample Collected ON : 26/Feb/2025 08:16AM
Referred By : Dr.NEHA GUPTA	Sample Received ON : 26/Feb/2025 08:35AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 12:15PM
Doctor Advice : T3T4TSH,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>7.8</b>	%	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

**CHARAK**

[Checked By]

Print.Date/Time: 26-02-2025 14:20:07

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



*Sharma*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Sample Collected ON : 26/Feb/2025 08:16AM  
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Report Generated ON : 26/Feb/2025 01:45PM



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	120.6	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	216.6	mg/dl	up to - 170	Hexokinase



[Checked By]



*Sham*

DR. NISHANT SHARMA PATHOLOGIST  
DR. SHADAB PATHOLOGIST  
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

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Referred By : Dr.NEHA GUPTA	Sample Received ON : 26/Feb/2025 08:35AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 26/Feb/2025 10:07AM
Doctor Advice : T3T4TSH,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.95	nmol/L	1.49-2.96	ECLIA
T4	163.89	n mol/l	63 - 177	ECLIA
TSH	2.23	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 \*\*\*

CHARAK



[Checked By]



*Sham*

DR. NISHANT SHARMA DR. SHADAB Dr. SYED SAIF AHMAD  
PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)