

Patient Name : Mr.RIYAZUDDIN	Visit No : CHA250034479
Age/Gender : 50 Y/M	Registration ON : 26/Feb/2025 09:04AM
<b>Lab No : 10131775</b>	Sample Collected ON : 26/Feb/2025 09:07AM
Referred By : SELF	Sample Received ON : 26/Feb/2025 09:20AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 09:53AM
Doctor Advice : URIC ACID,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**URIC ACID**

Sample Type : SERUM

SERUM URIC ACID	5.6	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	2.82	Ratio		Calculated
LDL / HDL RATIO	1.35	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

**CHARAK**

[Checked By]

Print.Date/Time: 26-02-2025 12:15:45

\*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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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 11:43AM
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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	15.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.6	%	36 - 45	Pulse height detection
MCV	87.6	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	32.8	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5760	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	132,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,456	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,843	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	173	/cmm	20-500	Calculated
Absolute Monocytes Count	288	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



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**FASTING**

Blood Sugar Fasting	99.5	mg/dl	70 - 110	Hexokinase
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**NA+K+**

SODIUM Serum	142.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct

**BLOOD UREA**

BLOOD UREA	32.80	mg/dl	15 - 45	Urease, UV, Serum
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**SERUM CREATININE**

CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
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**LIVER FUNCTION TEST**

TOTAL BILIRUBIN	0.71	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.55	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	73.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	22.0	U/L	5 - 40	UV without P5P
SGOT	29.0	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	133.90	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	112.60	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	47.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	64.10	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	22.40	mg/dL	10 - 40	Calculated

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T3T4TSH				
T3	1.87	nmol/L	1.49-2.96	ECLIA
T4	141.08	n mol/l	63 - 177	ECLIA
TSH	3.21	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 \*\*\*

CHARAK



MC-2491

Print.Date/Time: 26-02-2025 12:15:57

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