

Patient Name : Mr.SAMEER KHAN	Visit No : CHA250034528
Age/Gender : 25 Y/M	Registration ON : 26/Feb/2025 09: 42AM
<b>Lab No : 10131824</b>	Sample Collected ON : 26/Feb/2025 09: 45AM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 26/Feb/2025 09: 57AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 26/Feb/2025 10: 49AM
Doctor Advice : PP,FASTING,BUN,CREATININE,HBA1C (EDTA),TSH,FT4,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	5.3	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	16.45	mg/dL	7-21	calculated

**CHARAK**

[Checked By]



Print.Date/Time: 26-02-2025 14:10:13

\*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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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	8.43	pmol/L	7.86 - 14.42	CLIA

**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 TSH levels.

( ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010 )

**CHARAK**

[Checked By]

Print.Date/Time: 26-02-2025 14:10:16

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	101.4	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	123.0	mg/dl	up to - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>TSH</b>				
TSH	<b>5.64</b>	uIU/ml	0.47 - 4.52	ECLIA

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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHNIQUE BY ELECSYSYS -E411 )

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



[Checked By]



*Sham*

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**SKIAGRAM CHEST PA VIEW**

- Patchy Parenchymal opacity is seen in right lower zone para cardiac region --? infective.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**Adv: Repeat X-ray after a course of antibiotics.**

**[DR. RAJESH KUMAR SHARMA, MD]**

*Transcribed by Gausiya*

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

