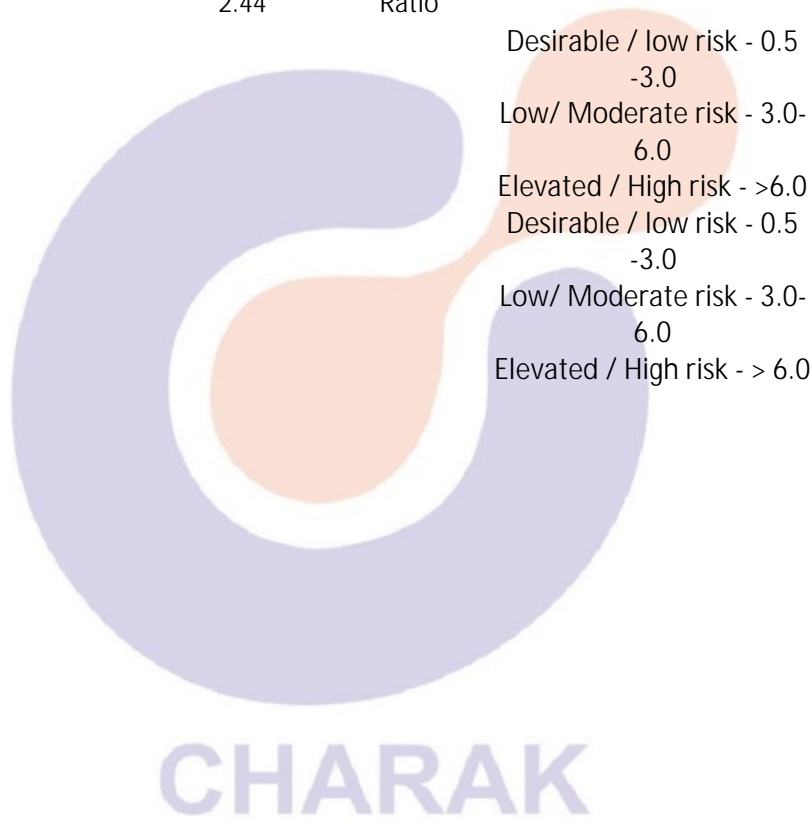


Patient Name : Mr.IMRAN	Visit No : CHA250035139
Age/Gender : 45 Y/M	Registration ON : 27/Feb/2025 08: 25AM
Lab No : 10132435	Sample Collected ON : 27/Feb/2025 08: 27AM
Referred By : Dr.PIYUSH KHERA **	Sample Received ON : 27/Feb/2025 08: 34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10: 49AM
Doctor Advice : LFT,LIPID-PROFILE,PP,FASTING,HB,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.06	Ratio		Calculated
LDL / HDL RATIO	2.44	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: 27-02-2025 14:25:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

Patient Name : Mr. IMRAN	Visit No : CHA250035139
Age/Gender : 45 Y/M	Registration ON : 27/Feb/2025 08: 25AM
Lab No : 10132435	Sample Collected ON : 27/Feb/2025 08: 27AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	14.6	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

FASTING				
Blood Sugar Fasting	117.9	mg/dl	70 - 110	Hexokinase

PP				
Blood Sugar PP	148.6	mg/dl	up to - 170	Hexokinase

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.42	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.14	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.28	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	74.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



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

Patient Name : Mr.IMRAN	Visit No : CHA250035139
Age/Gender : 45 Y/M	Registration ON : 27/Feb/2025 08: 25AM
Lab No : 10132435	Sample Collected ON : 27/Feb/2025 08: 27AM
Referred By : Dr.PIYUSH KHERA **	Sample Received ON : 27/Feb/2025 08: 34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10: 49AM
Doctor Advice : LFT,LIPID-PROFILE,PP,FASTING,HB,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	174.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	132.00	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	42.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	104.70	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	26.40	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



Sharma

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

Patient Name : Mr. IMRAN	Visit No : CHA250035139
Age/Gender : 45 Y/M	Registration ON : 27/Feb/2025 12:29PM
Lab No : 10132435	Sample Collected ON : 27/Feb/2025 12:32PM
Referred By : Dr. PIYUSH KHERA **	Sample Received ON : 27/Feb/2025 12:36PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 01:23PM
Doctor Advice : LFT,LIPID-PROFILE,PP,FASTING,HB,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	168.21	n mol/l	63 - 177	ECLIA
TSH	3.97	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 Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature