

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

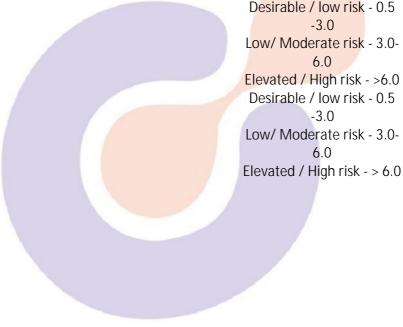
Patient Name : Ms. MANAL Visit No : CHA250035224

Age/Gender : 17 Y/F Registration ON : 27/Feb/2025 09:56AM Lab No : 10132520 Sample Collected ON : 27/Feb/2025 09:58AM Referred By : 27/Feb/2025 10:07AM : SELF Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 27/Feb/2025 11:23AM

Doctor Advice : CBC (WHOLE BLOOD), CREATININE, FASTING, LFT, LIPID-PROFILE, NA+K+, UREA, T3T4TSH



	MACTEDI	HEALTH CHECKU		
	IVIASTER F	TEALTH CHECK		
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.04	Ratio		Calculated
LDL / HDL RATIO	1.74	Ratio		Calculated
			Desirable / law risk Of	=







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MASTER HEALTH CHECKUP 1					
Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC (COMPLETE BLOOD COUNT)					
Hb	12.3	g/dl	12 - 15	Non Cyanide	
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical	
				Impedence	
PCV	38.1	%	36 - 45	Pulse hieght	
				detection	
MCV	94.3	fL	80 - 96	calculated	
MCH	30.4	pg	27 - 33	Calculated	
MCHC	32.3	g/dL	30 - 36	Calculated	
RDW	13.3	%	11 - 15	RBC histogram	
				derivation	
RETIC	0.8 %	%	0.5 - 2.5	Microscopy	
TOTAL LEUCOCYTES COUNT	6840	/cmm	4000 - 10000	Flocytrometry	
DIFFERENTIAL LEUCOCYTE COUNT					
NEUTROPHIL	66	%	40 - 75	Flowcytrometry	
LYMPHOCYTES	27	%	25 - 45	Flowcytrometry	
EOSINOPHIL	4	%	1 - 6	Flowcytrometry	
MONOCYTE	3	%	2 - 10	Flowcytrometry	
BASOPHIL	0	%	00 - 01	Flowcytrometry	
PLATELET COUNT	191,000	/cmm	150000 - 450000	Elect Imped	
PLATELET COUNT (MANUAL)	191000	/cmm	150000 - 450000	Microscopy .	
Absolute Neutrophils Count	4,514	/cmm	2000 - 7000	Calculated	
Absolute Lymphocytes Count	1,847	/cmm	1000-3000	Calculated	
Absolute Eosinophils Count	274	/cmm	20-500	Calculated	
Absolute Monocytes Count	205	/cmm	200-1000	Calculated	
Mentzer Index	24				
Peripheral Blood Picture	•				

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





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MASTER HEALTH CHECKUP 1					
Test Name	Result	Unit	Bio. Ref. Range	Method	
FASTING					
Blood Sugar Fasting	94.5	mg/dl	70 - 110	Hexokinase	
NA+K+					
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct	
POTASSIUM Serum	4.5	MEq/L	3.5 - 5.5	ISE Direct	
BLOOD UREA					
BLOOD UREA	28.20	mg/dl	15 - 45	Urease, UV, Serum	
SERUM CREATININE					
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic	
LIVER FUNCTION TEST					
TOTAL BILIRUBIN	0.89	mg/dl	0.4 - 1.1	Diazonium Ion	
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization	
UNCONJUGATED (I.D. Bilirubin)	0.69	mg/dL	0.1 - 1.0	Calculated	
ALK PHOS	59.60	U/L	55 - 149	PNPP, AMP Buffer	
SGPT	22.0	U/L	5 - 40	UV without P5P	
SGOT	22.0	U/L	5 - 40	UV without P5P	









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	MASTER I	HEALTH CHECKU		
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	162.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	81.90	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	
H D L CHOLESTEROL L D L CHOLESTEROL	53.30 92.52	mg/dL mg/dL		CHER-CHOD-PAP CO-PAP
VLDL	16.38	mg/dL	10 - 40	Calculated









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MASTER HEALTH CHECKUP 1					
Test Name	Result	Unit	Bio. Ref. Range	Method	
T3T4TSH					
T3	2.12	nmol/L	1.49-2.96	ECLIA	
T4	137.07	n mol/l	63 - 177	ECLIA	
TSH	2.23	ulU/ml	0.7 - 6.4	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 TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***





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