

Patient Name : Mr.MUKESH KUMAR	Visit No : CHA250035847
Age/Gender : 63 Y 6 M 21 D/M	Registration ON : 28/Feb/2025 06: 14AM
Lab No : 10133143	Sample Collected ON : 28/Feb/2025 06: 16AM
Referred By : Dr.ATUL KHARBANDA	Sample Received ON : 28/Feb/2025 08: 12AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 10: 41AM
Doctor Advice : LIPID-PROFILE,TSH,CREATININE,PP,FASTING,URIC ACID	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6	mg/dL	2.40 - 5.70	Uricase,Colorimetric

LIPID-PROFILE				
Cholesterol/HDL Ratio	2.94	Ratio		Calculated
LDL / HDL RATIO	1.41	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: 28-02-2025 11:20:17

*Patient Identity Has Not Been Verified. Not For Medicolegal



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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
FASTING				
Blood Sugar Fasting	138.4	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	153.3	mg/dl	up to - 170	Hexokinase
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	136.30	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	123.20	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	46.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	65.40	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	24.60	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	7.44	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 TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



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