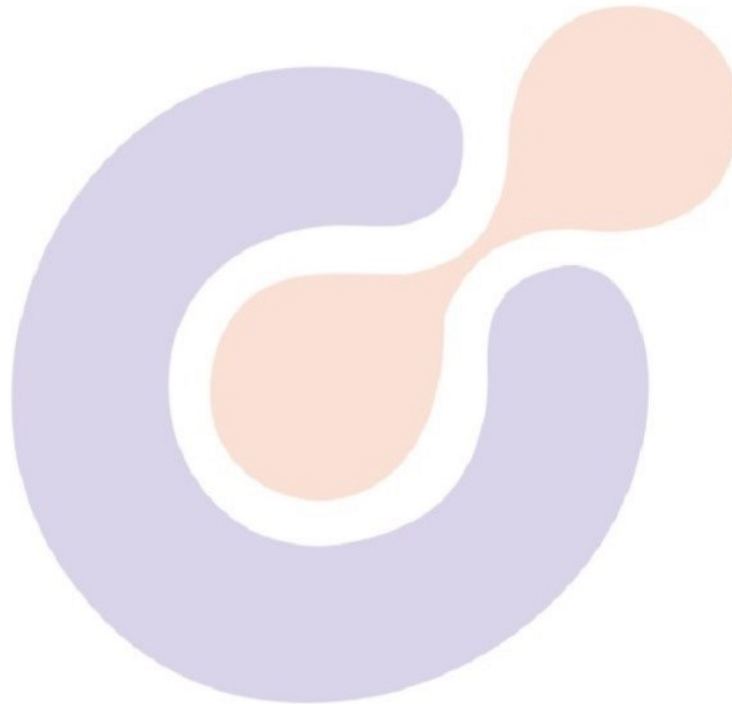


Patient Name : Mrs. ANNAPURNA TIWARI	Visit No : CHA250035853
Age/Gender : 63 Y/F	Registration ON : 28/Feb/2025 07:16AM
Lab No : 10133149	Sample Collected ON : 28/Feb/2025 07:18AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 07:22AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 09:50AM
Doctor Advice : TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	32.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 28-02-2025 13:47:07

*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 : Mrs. ANNAPURNA TIWARI	Visit No : CHA250035853
Age/Gender : 63 Y/F	Registration ON : 28/Feb/2025 07:16AM
Lab No : 10133149	Sample Collected ON : 28/Feb/2025 07:18AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 08:13AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 10:41AM
Doctor Advice : TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	9.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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

LIPID-PROFILE

Cholesterol/HDL Ratio	3.37	Ratio	Calculated
LDL / HDL RATIO	2.01	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: 28-02-2025 13:47:09

*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 : Mrs. ANNAPURNA TIWARI	Visit No : CHA250035853
Age/Gender : 63 Y/F	Registration ON : 28/Feb/2025 07:16AM
Lab No : 10133149	Sample Collected ON : 28/Feb/2025 07:18AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 07:22AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 09:50AM
Doctor Advice : TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	10.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.7	%	36 - 45	Pulse height detection
MCV	75.1	fL	80 - 96	calculated
MCH	22.9	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	16.5	%	11 - 15	RBC histogram derivation
RETIC	1.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10110	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTE	34	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	306,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	306000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Sham

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

Patient Name : Mrs. ANNAPURNA TIWARI Visit No : CHA250035853
Age/Gender : 63 Y/F Registration ON : 28/Feb/2025 07:16AM
Lab No : 10133149 Sample Collected ON : 28/Feb/2025 07:18AM
Referred By : Dr. NIRUPAM PRAKASH Sample Received ON : 28/Feb/2025 08:13AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 28/Feb/2025 10:23AM
Doctor Advice : TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	169.4	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	196.7	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.47	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.08	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.39	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	148.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	211.70	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	114.90	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	62.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	126.10	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	22.80	mg/dL	10 - 40	Calculated



[Checked By]



Sham

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

Patient Name : Mrs. ANNAPURNA TIWARI	Visit No : CHA250035853
Age/Gender : 63 Y/F	Registration ON : 28/Feb/2025 07:16AM
Lab No : 10133149	Sample Collected ON : 28/Feb/2025 07:18AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 08:13AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 10:23AM
Doctor Advice : TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	23.10	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct

TSH				
TSH	3.07	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]



Sham

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