

Patient Name : Mr.SURESH VASNET	Visit No : CHA250035856
Age/Gender : 43 Y/M	Registration ON : 28/Feb/2025 07:32AM
<b>Lab No : 10133152</b>	Sample Collected ON : 28/Feb/2025 07:36AM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 28/Feb/2025 08:12AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 10:41AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,HBA1C (EDTA),LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,FASTING	



MASTER HEALTH CHECKUP 2				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	5.8	%	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	2.22	Ratio	Calculated
LDL / HDL RATIO	0.81	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	



*Sharma*

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

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Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 28/Feb/2025 07:44AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 09:51AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,HBA1C (EDTA),LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,FASTING	



MASTER HEALTH CHECKUP 2				
Test Name	Result	Unit	Bio. Ref. Range	Method

CBC (COMPLETE BLOOD COUNT)				
Hb	15.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.8	%	36 - 45	Pulse height detection
MCV	87.5	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6080	/cmm	4000 - 10000	Floctometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	55	%	40 - 75	Flowcytometry
LYMPHOCYTES	36	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	122,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	140,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,344	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,189	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	304	/cmm	20-500	Calculated
Absolute Monocytes Count	243	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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**MASTER HEALTH CHECKUP 2**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	135.5	mg/dl	70 - 110	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	30.00	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.93	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.21	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.72	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	81.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	53.0	U/L	5 - 40	UV without P5P
SGOT	31.0	U/L	5 - 40	UV without P5P

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**MASTER HEALTH CHECKUP 2**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	143.60	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	132.40	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	64.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	52.60	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

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MASTER HEALTH CHECKUP 2				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.95	nmol/L	1.49-2.96	ECLIA
T4	133.73	n mol/l	63 - 177	ECLIA
TSH	3.81	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 TECHNIQUE BY ELECSYSYS -E411 )

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



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