

Patient Name : Ms.SHIVA GYAWALI	Visit No : CHA250035857
Age/Gender : 32 Y/F	Registration ON : 28/Feb/2025 07: 33AM
Lab No : 10133153	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
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.2	%	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	4.66	Ratio	Calculated
LDL / HDL RATIO	2.97	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 12:36:05

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Lab No : 10133153	Sample Collected ON : 28/Feb/2025 07:36AM
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	12.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.1	%	36 - 45	Pulse height detection
MCV	86.5	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	31.2	g/dL	30 - 36	Calculated
RDW	15	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8500	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 75	Flowcytometry
LYMPHOCYTES	17	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	142,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,545	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,445	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	170	/cmm	20-500	Calculated
Absolute Monocytes Count	340	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Lab No : 10133153 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
FASTING				
Blood Sugar Fasting	95.3	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	33.40	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.95	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.79	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	174.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	45.0	U/L	5 - 40	UV without P5P
SGOT	48.0	U/L	5 - 40	UV without P5P

CHARAK



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MASTER HEALTH CHECKUP 2				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	250.80	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	187.70	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	53.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	159.60	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	37.40	mg/dL	10 - 40	Calculated

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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
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T3T4TSH				
T3	2.12	nmol/L	1.49-2.96	ECLIA
T4	132.91	n mol/l	63 - 177	ECLIA
TSH	10.71	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 ***



[Checked By]



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