

P.R.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

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. SHAHNAZ Visit No : CHA250035860

Age/Gender : 55 Y/F Registration ON : 28/Feb/2025 07:48AM Lab No : 10133156 Sample Collected ON : 28/Feb/2025 07:49AM Referred By : SELF Sample Received ON : 28/Feb/2025 07:49AM Refer Lab/Hosp : CHARAK NA Report Generated ON : 28/Feb/2025 11:44AM

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.08	Ratio		Calculated
LDL / HDL RATIO	1.74	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 - 3.06.0
Elevated / High risk - > 6.0

URINE EXAMINATION REPORT		- /-		
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	



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MASTER HEALTH CHECKUP 1					
Test Name	Result	Unit	Bio. Ref. Range	Method	
CBC (COMPLETE BLOOD COUNT)					
Hb	14.8	g/dl	12 - 15	Non Cyanide	
R.B.C. COUNT	5.00	mil/cmm	3.8 - 4.8	Electrical	
				Impedence	
PCV	44.3	%	36 - 45	Pulse hieght	
				detection	
MCV	89.5	fL	80 - 96	calculated	
MCH	29.9	pg	27 - 33	Calculated	
MCHC	33.4	g/dL	30 - 36	Calculated	
RDW	12.8	%	11 - 15	RBC histogram	
				derivation	
RETIC	0.9 %	%	0.5 - 2.5	Microscopy	
TOTAL LEUCOCYTES COUNT	6870	/cmm	4000 - 10000	Flocytrometry	
DIFFERENTIAL LEUCOCYTE COUNT					
NEUTROPHIL	77	%	40 - 75	Flowcytrometry	
LYMPHOCYTES	19	%	25 - 45	Flowcytrometry	
EOSINOPHIL	1	%	1 - 6	Flowcytrometry	
MONOCYTE	3	%	2 - 10	Flowcytrometry	
BASOPHIL	0	%	00 - 01	Flowcytrometry	
PLATELET COUNT	262,000	/cmm	150000 - 450000	Elect Imped	
PLATELET COUNT (MANUAL)	262000	/cmm	150000 - 450000	Microscopy .	
Absolute Neutrophils Count	5,290	/cmm	2000 - 7000	Calculated	
Absolute Lymphocytes Count	1,305	/cmm	1000-3000	Calculated	
Absolute Eosinophils Count	69	/cmm	20-500	Calculated	
Absolute Monocytes Count	206	/cmm	200-1000	Calculated	
Mentzer Index	18				
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	134.3	mg/dl	70 - 110	Hexokinase		
NA+K+						
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct		
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct		
BLOOD UREA						
BLOOD UREA	19.00	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	0.60	mg/dl	0.4 - 1.1	Diazonium Ion		
CONJUGATED ( D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization		
UNCONJUGATED (I.D. Bilirubin)	0.49	mg/dL	0.1 - 1.0	Calculated		
ALK PHOS	87.30	U/L	30 - 120	PNPP, AMP Buffer		
SGPT	14.0	U/L	5 - 40	UV without P5P		
SGOT	19.0	U/L	5 - 40	UV without P5P		

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MASTER HEALTH CHECKUP 1						
Test Name	Result	Unit	Bio. Ref. Range	Method		
LIPID-PROFILE						
TOTAL CHOLESTEROL	207.80	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP		
TRIGLYCERIDES	119.00	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	3		
H D L CHOLESTEROL L D L CHOLESTEROL	67.40 <b>117.40</b>	mg/dL mg/dL	9	CHER-CHOD-PAP CO-PAP		
VLDL	23.00	mg/dL	10 - 40	Calculated		









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MASTER HEALTH CHECKUP 1						
Test Name	Result	Unit	Bio. Ref. Range	Method		
T3T4TSH						
T3	2.01	nmol/L	1.49-2.96	ECLIA		
T4	156.71	n mol/l	63 - 177	ECLIA		
TSH	1.62	ulU/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 \*\*\*





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