

Patient Name : Ms.RESHMA KHATOON	Visit No : CHA250035868
Age/Gender : 45 Y/F	Registration ON : 28/Feb/2025 08:07AM
Lab No : 10133164	Sample Collected ON : 28/Feb/2025 08:14AM
Referred By : SELF	Sample Received ON : 28/Feb/2025 08:31AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12:06PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,TYPHOID IGG& IGM,MP BY CARD	

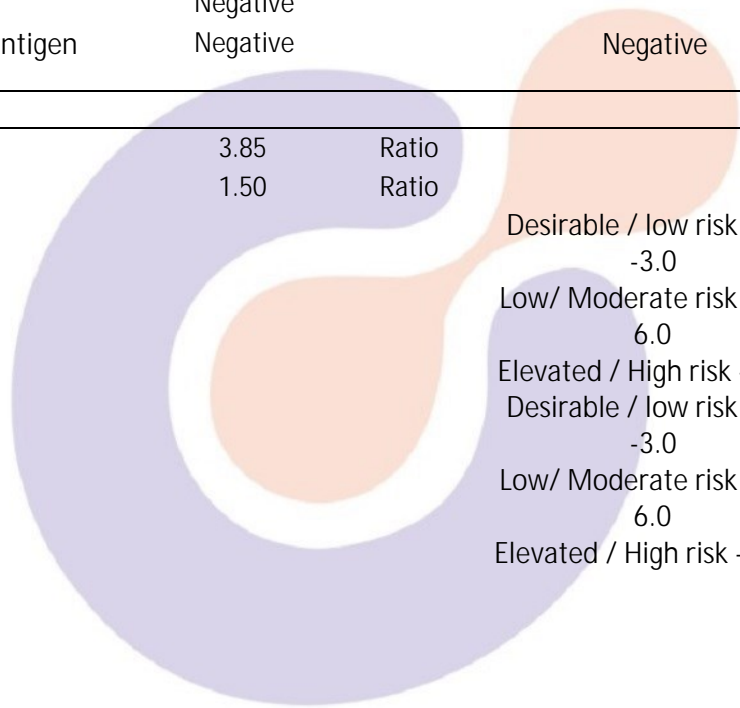


MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

MP BY CARD				
Plasmodium vivax	Negative			
Plasmodium falciparum antigen	Negative		Negative	

LIPID-PROFILE				
Cholesterol/HDL Ratio	3.85	Ratio		Calculated
LDL / HDL RATIO	1.50	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 12:50:21

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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
TYPHOID IGG& IGM				
TYPHOID IgG	Negative		NEGATIVE	
TYPHOID IGM	Negative		NEGATIVE	



CHARAK

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Print.Date/Time: 28-02-2025 12:50:23

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Referred By : SELF	Sample Received ON : 28/Feb/2025 09:44AM
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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	10.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	33.9	%	36 - 45	Pulse height detection
MCV	83.9	fL	80 - 96	calculated
MCH	25.5	pg	27 - 33	Calculated
MCHC	30.4	g/dL	30 - 36	Calculated
RDW	18.1	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10700	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	337,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	337000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,276	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,782	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	428	/cmm	20-500	Calculated
Absolute Monocytes Count	214	/cmm	200-1000	Calculated
Mentzer Index	21			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with microcytic hypochromic. 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	127.9	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	142.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	33.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.52	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	143.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	18.0	U/L	5 - 40	UV without P5P
SGOT	22.0	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	160.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	279.30	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	41.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	62.60	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	55.80	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.15	nmol/L	1.49-2.96	ECLIA
T4	176.43	n mol/l	63 - 177	ECLIA
TSH	3.10	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]



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