

Patient Name : Mr. SHAHABUDDIN AHMAD	Visit No : CHA250035959
Age/Gender : 42 Y/M	Registration ON : 28/Feb/2025 09: 39AM
Lab No : 10133255	Sample Collected ON : 28/Feb/2025 09: 40AM
Referred By : SELF	Sample Received ON : 28/Feb/2025 09: 49AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 10: 49AM
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)	5.9	%	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	4.44	Ratio	Calculated
LDL / HDL RATIO	2.00	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	



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Print.Date/Time: 28-02-2025 12:56:10

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Referred By : SELF	Sample Received ON : 28/Feb/2025 09:52AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 11:19AM
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	14.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.4	%	36 - 45	Pulse height detection
MCV	81.7	fL	80 - 96	calculated
MCH	25.5	pg	27 - 33	Calculated
MCHC	31.3	g/dL	30 - 36	Calculated
RDW	14.8	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8020	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	65	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	145,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,213	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,406	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	160	/cmm	20-500	Calculated
Absolute Monocytes Count	241	/cmm	200-1000	Calculated
Mentzer Index	15			
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 2

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	132.3	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	22.30	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	0.63	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.51	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	84.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	34.0	U/L	5 - 40	UV without P5P
SGOT	27.0	U/L	5 - 40	UV without P5P

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

LIPID-PROFILE				
TOTAL CHOLESTEROL	146.80	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	238.90	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	33.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	66.10	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	47.60	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 2				
Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.82	nmol/L	1.49-2.96	ECLIA
T4	132.72	n mol/l	63 - 177	ECLIA
TSH	2.02	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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