

Patient Name : Ms.SAIDUN NISHA	Visit No : CHA250035976
Age/Gender : 60 Y/F	Registration ON : 28/Feb/2025 09: 51AM
<b>Lab No : 10133272</b>	Sample Collected ON : 28/Feb/2025 09: 54AM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 28/Feb/2025 10: 07AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 28/Feb/2025 12: 07PM
Doctor Advice : IONIC CALCIUM,CALCIUM,TSH,FT4,PP,FASTING,HBA1C (EDTA),ECG,BUN,CREATININE,NA+K+,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>42.00</b>		0 - 20	Westergreen

**Note:**

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>6.2</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

<b>IONIC CALCIUM</b>				
IONIC CALCIUM	1.22	mmol/L	1.13 - 1.33	

**INTERPRETATION:**

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.  
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

[Checked By]



*Sharma*

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

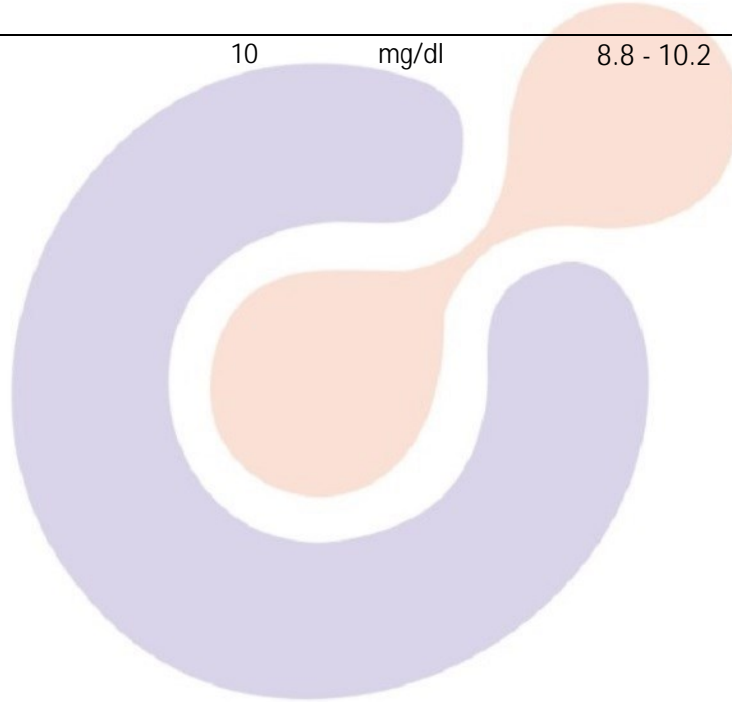
Print.Date/Time: 28-02-2025 15:45:40

\*Patient Identity Has Not Been Verified. Not For Medicolegal

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	11.12	mg/dL	7-21	calculated
<b>SERUM CALCIUM</b>				
CALCIUM	10	mg/dl	8.8 - 10.2	dapta / arsenazo III



**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	8.44	pmol/L	7.86 - 14.42	CLIA

**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 TSH levels.

( ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010 )

**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>4.90</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.6	%	36 - 45	Pulse hieght detection
MCV	80.2	fL	80 - 96	calculated
MCH	<b>24.5</b>	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5170	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	59	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>117,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>140,000</b>	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,050	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,758	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	155	/cmm	20-500	Calculated
Absolute Monocytes Count	207	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	108.1	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	148.5	mg/dl	up to - 170	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>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>TSH</b>				
TSH	2.72	uIU/ml	0.47 - 4.52	ECLIA

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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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### **ECG -REPORT**

RATE : 132 bpm

\* RHYTHM : Normal

\* P wave : Normal

\* PR interval : Normal

\* QRS Axis : Normal

Duration : Normal

Configuration : Normal

\* ST-T Changes : None

\* QT interval :

\* QTc interval : Sec.

\* Other :

**OPINION: SINUS TACHYCARDIA**

(FINDING TO BE CORRELATED CLINICALLY )

**[DR. PANKAJ RASTOGI, MD, DM]**



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**SKIAGRAM CHEST PA VIEW**

- Both lung fields are clear.
- Cardiomegaly is present. Unfolding of aorta is seen.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**OPINION**

- **CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

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

