Charak dha		941 941 E-n CN NA	one: 0522-4062223	E 2445133 491
Patient Name : Ms.KAUSHILYA DEVI Age/Gender : 62 Y/F Lab No : 10133347 Referred By : Dr.NIRUPAM PRAKASH Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : LFT,FASTING,CBC+ESR,HBA1	C (EDTA),25 OH vit. D	Visit No Registration Sample Col Sample Rec Report Gen	: CH ON : 28 lected ON : 28 eived ON : 28 erated ON : 28	IA250036051 /Feb/2025 10:53AM /Feb/2025 10:55AM /Feb/2025 11:16AM /Feb/2025 12:47PM
Test Name	Result	Unit B	io. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)	Kesun			



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 6

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age/Gender : 6 ab No : 7 eferred By : 0 efer Lab/Hosp : 0 Doctor Advice : Te HBA1C Glycosylated H Glycosylated H Technology(Hi	Ms.KAUSHILYA DEVI 52 Y/F 10133347 Dr.NIRUPAM PRAKASH GGHS (BILLING) LFT,FASTING,CBC+ESR,HBA1 est Name Hemoglobin (HbA1c) Iemoglobin Test (HbA1c)is gh performance Liquid Chr RESULT) RANGE :	Result 5.2 performed in	this lab	Samp Samp Repo ALCIUM,T3T4T Unit %	stration ON : 28/Fe ble Collected ON : 28/Fe ble Received ON : 28/Fe rt Generated ON : 28/Fe SH,LIPID-PROFILE Bio. Ref. Range 4 - 5.7	250036051 eb/2025 10:53AM eb/2025 10:55AM eb/2025 11:10AM eb/2025 12:45PM Method HPLC (EDTA) method,ie:HPLC
HBA1C Glycosylated NOTE:- Glycosylated H Technology(Hi EXPECTED (Bio system	Hemoglobin (HbA1c) Iemoglobin Test (HbA1c)is gh performance Liquid Chr	5.2 performed in	this lab	% oratoryby th	4 - 5.7 e Gold Standard Reference	HPLC (EDTA)
HBA1C Glycosylated NOTE:- Glycosylated H Technology(Hi EXPECTED (Bio system	Hemoglobin (HbA1c) Iemoglobin Test (HbA1c)is gh performance Liquid Chr	5.2 performed in	this lab	% oratoryby th	4 - 5.7 e Gold Standard Reference	HPLC (EDTA)
Glycosylated NOTE:- Glycosylated H Technology(Hi EXPECTED (Bio system	lemoglobin Test (HbA1c)is gh performance Liquid Chr	performed in		oratoryby th	e Gold Standard Reference	
EXPECTED (omatography	D10) II			
$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$		stage et				
SERUM CALCIU	N/					
CALCIUM	IVI	9.9		mg/dl	8.8 - 10.2	dapta / arsenazo III
				, , , , , , , , , , , , , , , , , , ,		1
LIPID-PROFILE Cholesterol/I LDL / HDL RA		3.49		Ratio Ratio	Desirable / low risk - (-3.0 Low/ Moderate risk - 3 6.0 Elevated / High risk - > Desirable / low risk - (-3.0 Low/ Moderate risk - 3 6.0 Elevated / High risk - >	3.0- -6.0 0.5 3.0-

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Dr. SYED SAIF AHMAD

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Age/Gender	: 62 Y/F	Registration ON	: 28/Feb/2025 10:53AM		
Lab No	: 10133347	Sample Collected ON	: 28/Feb/2025 10:55AM		
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 28/Feb/2025 11:10AM		
Refer Lab/Hosp Doctor Advice	: CGHS (BILLING) LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCIUM	Report Generated ON M,T3T4TSH,LIPID-PROFILE	: 28/Feb/2025 12:45PM		

Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	54.45	ng/ml		ECLIA
Deficiency < 10 Insufficiency 10 - 30 Sufficiency 30 - 100 Toxicity > 100				

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411, Unicel DxI600, vitros ECI)





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 6

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		NABL Reg. No				
Patient Name	: Ms.KAUSHILYA DEVI	Visit No	: CHA250036051			
Age/Gender	: 62 Y/F	Registration ON	: 28/Feb/2025 10:53AM			
Lab No	: 10133347	Sample Collected ON	: 28/Feb/2025 10:55AM			
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 28/Feb/2025 11:16AM			
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 28/Feb/2025 12:47PM			
Doctor Advice	LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit.	D,CALCIUM,T3T4TSH,LIPID-PROFILE				

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	9.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.60	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	29.7	%	36 - 45	Pulse hieght
				detection
MCV	81.4	fL	80 - 96	calculated
МСН	24.9	pg	27 - 33	Calculated
МСНС	30.6	g/dL	30 - 36	Calculated
RDW	16.3	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>1.2 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>6990</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	80	%	40 - 75	Flowcytrometry
LYMPHOCYTE	15	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	232,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	232000	/cmm	150000 - 450000	Microscopy.
Mentzer Index	23			
Peripheral Blood Picture	GH/			

Red blood cells show cytopenia + with normocytic normochromic,microcytic hypochromic. WBCs show neutrophilia. Platelets are adequate. No immature cells or parasite seen.







DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

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DIAGNOSTICS Pvt. Ltd.			CMO Reg. No. RMEE 244 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0	
Patient Name : Ms.KAUSHILYA DEVI		Visit	No : CHA25	0036051
Age/Gender : 62 Y/F		Regi	stration ON : 28/Feb	o/2025 10:53AM
Lab No : 10133347		Sam	ple Collected ON : 28/Feb	0/2025 10:55AM
Referred By : Dr.NIRUPAM PRAKASH		Sam	ple Received ON : 28/Feb	0/2025 11:10AM
Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : LFT,FASTING,CBC+ESR,HBA1C	(EDTA),25 OH vit. I)/2025 12:13PM
Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	87.5	mg/dl	70 - 110	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.51	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.09	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.42	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	117.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	2 <mark>23.10</mark>	mg/dL	Desirable: <200 mg/dl	CHOD-PAP
			Borderline-high: 200-23	39
			mg/dl	
	10/ 00		High:>/=240 mg/dl	
TRIGLYCERIDES	196.80	mg/dL	Normal: <150 mg/dl Borderline-high:150 - 19	Serum, Enzymatic,
			mg/dl	
			High: 200 - 499 mg/dl	
			Very high:>/=500 mg/c	
H D L CHOLESTEROL	64.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	119.90	mg/dL	Optimal:<100 mg/dl	CO-PAP
	GH	AK/	Near Optimal:100 - 129	9
			mg/dl	
			Borderline High: 130 - 1	59
			mg/dl	
			High: 160 - 189 mg/dl	
	20.20	ma/dl	Very High:>/= 190 mg/0	
VLDL	39.20	mg/dL	10 - 40	Calculated



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DIAG	NOSTICS Pvt. Ltd.	NABLReg. No	o. RMEE 2445133 o. MC-2491 o. MIS-2023-0218		
Patient Name	: Ms.KAUSHILYA DEVI	Visit No	: CHA250036051		
Age/Gender	: 62 Y/F	Registration ON	: 28/Feb/2025 10:53AM		
Lab No	: 10133347	Sample Collected ON	: 28/Feb/2025 10:55AM		
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 28/Feb/2025 11:10AM		
Refer Lab/Hosp Doctor Advice	: CGHS (BILLING) LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCI	Report Generated ON IUM,T3T4TSH,LIPID-PROFILE	: 28/Feb/2025 12:45PM		

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Test Name	Result	Unit	Bio. Ref. Range	Method	
T3T4TSH					
Т3	1.85	nmol/L	1.49-2.96	ECLIA	
Τ4	176.33	n mol/l	<u>63 - 1</u> 77	ECLIA	
TSH	2.47	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)







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PATHOLOGIST MD (MICROBIOLOGY)

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