

Patient Name : Ms. KAUSHILYA DEVI	Visit No : CHA250036051
Age/Gender : 62 Y/F	Registration ON : 28/Feb/2025 10:53AM
<b>Lab No : 10133347</b>	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
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>30.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 28-02-2025 15:38:47

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



*Sharma*

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

Patient Name : Ms. KAUSHILYA DEVI	Visit No : CHA250036051
Age/Gender : 62 Y/F	Registration ON : 28/Feb/2025 10:53AM
<b>Lab No : 10133347</b>	Sample Collected ON : 28/Feb/2025 10:55AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 11:10AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 12:45PM
Doctor Advice : LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCIUM,T3T4TSH,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	5.2	%	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

<b>SERUM CALCIUM</b>				
CALCIUM	9.9	mg/dl	8.8 - 10.2	dapta / arsenazo III

<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	3.49	Ratio		Calculated
LDL / HDL RATIO	1.87	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



[Checked By]

Print.Date/Time: 28-02-2025 15:38:50

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

*Sharma*

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

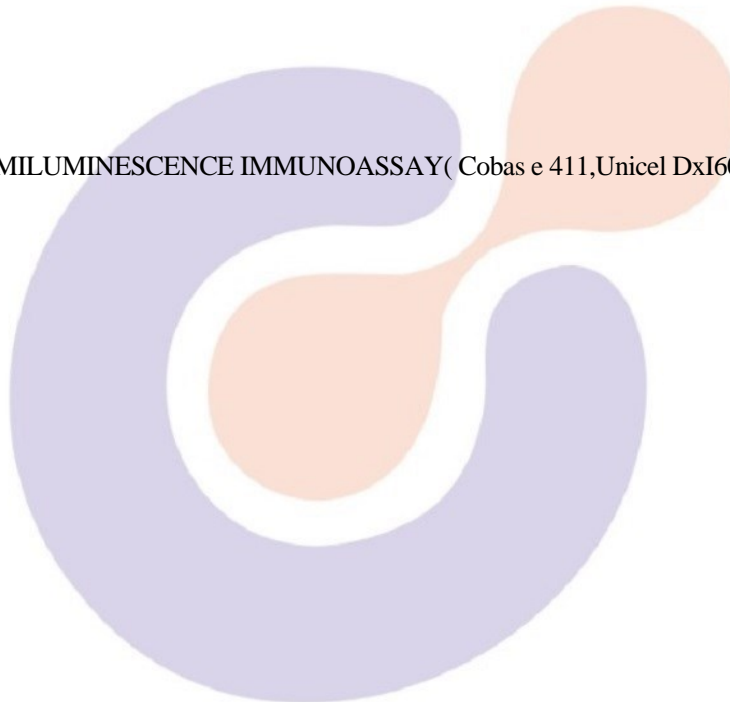
Patient Name : Ms. KAUSHILYA DEVI	Visit No : CHA250036051
Age/Gender : 62 Y/F	Registration ON : 28/Feb/2025 10:53AM
<b>Lab No : 10133347</b>	Sample Collected ON : 28/Feb/2025 10:55AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 11:10AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 12:45PM
Doctor Advice : LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCIUM,T3T4TSH,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>25 OH vit. D</b>				
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)



**CHARAK**

[Checked By]

Print.Date/Time: 28-02-2025 15:38:51

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



*Sharma*

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

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
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
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
MCH	24.9	pg	27 - 33	Calculated
MCHC	30.6	g/dL	30 - 36	Calculated
RDW	16.3	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6990	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	80	%	40 - 75	Flowcytometry
LYMPHOCYTE	15	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	232,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	232000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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

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 : CGHS (BILLING) Report Generated ON : 28/Feb/2025 12:13PM  
Doctor Advice : LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCIUM,T3T4TSH,LIPID-PROFILE



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	87.5	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
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
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>223.10</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>196.80</b>	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	64.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>119.90</b>	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	39.20	mg/dL	10 - 40	Calculated



[Checked By]

MC-2491 Print.Date/Time: 28-02-2025 15:38:58  
\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sham*

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

Patient Name : Ms. KAUSHILYA DEVI	Visit No : CHA250036051
Age/Gender : 62 Y/F	Registration ON : 28/Feb/2025 10:53AM
<b>Lab No : 10133347</b>	Sample Collected ON : 28/Feb/2025 10:55AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 11:10AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 12:45PM
Doctor Advice : LFT,FASTING,CBC+ESR,HBA1C (EDTA),25 OH vit. D,CALCIUM,T3T4TSH,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	176.33	n mol/l	63 - 177	ECLIA
TSH	2.47	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 \*\*\*

CHARAK



[Checked By]

MC-2491

Print.Date/Time: 28-02-2025 15:39:01

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



*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)