

Patient Name : Ms.RANI SHUKLA	Visit No : CHA250036640
Age/Gender : 53 Y/F	Registration ON : 01/Mar/2025 07:22AM
Lab No : 10133936	Sample Collected ON : 01/Mar/2025 07:26AM
Referred By : Dr.PUSHPLATA YADAV	Sample Received ON : 01/Mar/2025 08:03AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 01/Mar/2025 11:05AM
Doctor Advice : VIT B12,LIPID-PROFILE,25 OH vit. D,CALCIUM,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.0	mg/dl	8.8 - 10.2	dapta / arsenazo III

LIPID-PROFILE

Cholesterol/HDL Ratio	5.50	Ratio		Calculated
LDL / HDL RATIO	3.70	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

25 OH vit. D

25 Hydroxy Vitamin D	20.41	ng/ml	ECLIA
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Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

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

VITAMIN B12

VITAMIN B12	100	pg/mL	CLIA
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180 - 814 Normal
145 - 180 Intermediate
145.0 Deficient pg/ml

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

[Checked By]



Sharma

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

Print.Date/Time: 01-03-2025 11:40:20

*Patient Identity Has Not Been Verified. Not For Medicolegal

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	263.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	191.00	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	47.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	177.00	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	38.20	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



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

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.70	nmol/L	1.49-2.96	ECLIA
T4	126.00	n mol/l	63 - 177	ECLIA
TSH	2.50	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 TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

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Sham

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