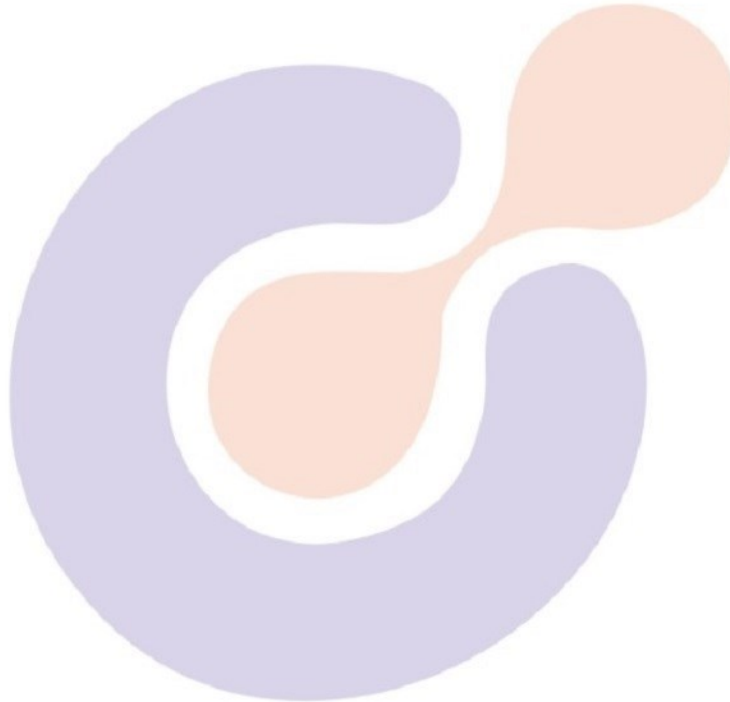


Patient Name : Ms.INDIRA TIWARI
Age/Gender : 60 Y/F
Lab No : 10133987
Referred By : Dr.NIRUPAM PRAKASH
Refer Lab/Hosp : CGHS (BILLING)
Doctor Advice : URIC ACID,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP,FASTING,T3T4TSH,LIPID-PROFILE,CBC+ESR
Visit No : CHA250036691
Registration ON : 01/Mar/2025 09:06AM
Sample Collected ON : 01/Mar/2025 09:08AM
Sample Received ON : 01/Mar/2025 09:41AM
Report Generated ON : 01/Mar/2025 10:33AM



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	32.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 01-03-2025 13:25:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Patient Name : Ms.INDIRA TIWARI	Visit No : CHA250036691
Age/Gender : 60 Y/F	Registration ON : 01/Mar/2025 09:06AM
Lab No : 10133987	Sample Collected ON : 01/Mar/2025 09:08AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 01/Mar/2025 09:43AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 01/Mar/2025 11:07AM
Doctor Advice : URIC ACID,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP,FASTING,T3T4TSH,LIPID-PROFILE,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	4.7	%	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

URIC ACID

Sample Type : SERUM

SERUM URIC ACID	7.0	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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LIPID-PROFILE

Cholesterol/HDL Ratio	3.47	Ratio	Calculated
LDL / HDL RATIO	2.18	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: 01-03-2025 13:25:10

*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.INDIRA TIWARI Visit No : CHA250036691
Age/Gender : 60 Y/F Registration ON : 01/Mar/2025 09:06AM
Lab No : 10133987 Sample Collected ON : 01/Mar/2025 09:08AM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 01/Mar/2025 09:41AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 01/Mar/2025 10:33AM
Doctor Advice : URIC ACID,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP,FASTING,T3T4TSH,LIPID-PROFILE,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.7	%	36 - 45	Pulse hieght detection
MCV	94.6	fL	80 - 96	calculated
MCH	28.9	pg	27 - 33	Calculated
MCHC	30.5	g/dL	30 - 36	Calculated
RDW	15.4	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6660	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTE	38	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	184,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	184000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	24			
Peripheral Blood Picture	:			

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



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

Patient Name : Ms.INDIRA TIWARI Visit No : CHA250036691
Age/Gender : 60 Y/F Registration ON : 01/Mar/2025 09:06AM
Lab No : 10133987 Sample Collected ON : 01/Mar/2025 09:08AM
Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 01/Mar/2025 09:43AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 01/Mar/2025 11:40AM
Doctor Advice : URIC ACID,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP,FASTING,T3T4TSH,LIPID-PROFILE,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	98.9	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	147.3	mg/dl	up to - 170	Hexokinase
LIPID-PROFILE				
TOTAL CHOLESTEROL	211.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	88.20	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	60.80	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	132.66	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	17.64	mg/dL	10 - 40	Calculated

KIDNEY FUNCTION TEST - I

Sample Type : SERUM

BLOOD UREA	29.70	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	141.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.1	MEq/L	3.5 - 5.5	ISE Direct



[Checked By]



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Patient Name : Ms.INDIRA TIWARI	Visit No : CHA250036691
Age/Gender : 60 Y/F	Registration ON : 01/Mar/2025 09:06AM
Lab No : 10133987	Sample Collected ON : 01/Mar/2025 09:08AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 01/Mar/2025 09:43AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 01/Mar/2025 12:45PM
Doctor Advice : URIC ACID,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP,FASTING,T3T4TSH,LIPID-PROFILE,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.05	nmol/L	1.49-2.96	ECLIA
T4	127.00	n mol/l	63 - 177	ECLIA
TSH	1.74	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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