

Patient Name : Ms. SHIV KALI	Visit No : CHA250036721
Age/Gender : 56 Y/F	Registration ON : 01/Mar/2025 09:37AM
Lab No : 10134017	Sample Collected ON : 01/Mar/2025 09:39AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 01/Mar/2025 09:51AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 01/Mar/2025 11:41AM
Doctor Advice : ECG,CHEST PA,URIC ACID,VIT B12,25 OH vit. D,CALCIUM,T3T4TSH,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	36.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 01-03-2025 15:05:09

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

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Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 01/Mar/2025 09: 52AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.4	%	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	4.2	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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SERUM CALCIUM

CALCIUM	9.8	mg/dl	8.8 - 10.2	dapta / arsenazo III
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[Checked By]

Print.Date/Time: 01-03-2025 15:05:13

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Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID-PROFILE

Cholesterol/HDL Ratio	5.63	Ratio		Calculated
LDL / HDL RATIO	3.93	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	13.70	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	945	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.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.3	%	36 - 45	Pulse hieght detection
MCV	93.9	fL	80 - 96	calculated
MCH	31.1	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9210	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	80	%	40 - 75	Flowcytometry
LYMPHOCYTE	16	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	289,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	289000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	25			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	173.0	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	282.4	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.21	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.39	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	85.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.1	U/L	5 - 40	UV without P5P
SGOT	16.4	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	280.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	174.00	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	49.70	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	195.50	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	34.80	mg/dL	10 - 40	Calculated



[Checked By]



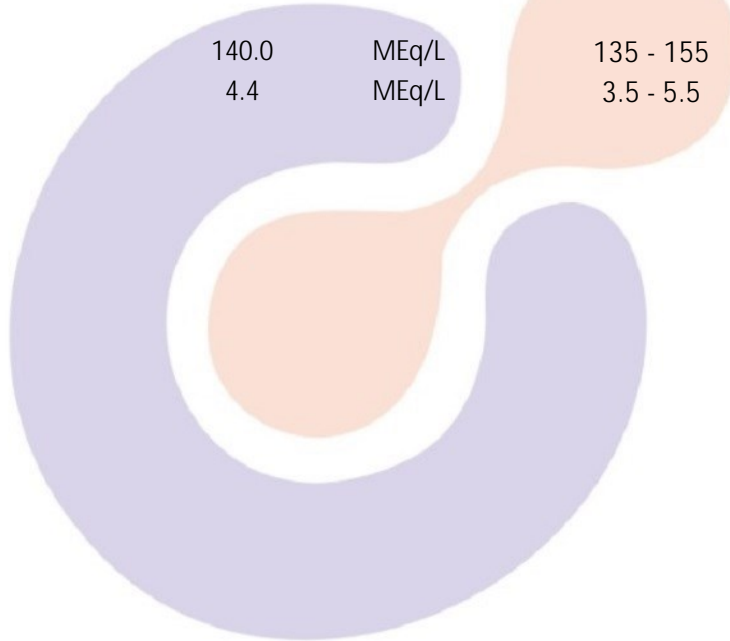
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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	15.20	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.60	nmol/L	1.49-2.96	ECLIA
T4	87.30	n mol/l	63 - 177	ECLIA
TSH	0.80	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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ECG -REPORT

RATE : 98 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: ECG WITH IN NORMAL LIMITS
(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and body cage are seen normally.
- Both domes of diaphragm are sharply defined.

OPINION

- **NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

