

|   |  |
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| Patient Name : Ms.KARWANTI DEVI   | Visit No : CHA250036982                    |
| Age/Gender : 56 Y/F   | Registration ON : 01/Mar/2025 12: 29PM     |
| <b>Lab No : 10134278</b>  | Sample Collected ON : 01/Mar/2025 12: 32PM |
| Referred By : Dr.NIRUPAM PRAKASH  | Sample Received ON : 01/Mar/2025 12: 43PM  |
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| Test Name                             | Result       | Unit | Bio. Ref. Range | Method      |
|---------------------------------------|--------------|------|-----------------|-------------|
| <b>CBC+ESR (COMPLETE BLOOD COUNT)</b> |              |      |                 |             |
| Erythrocyte Sedimentation Rate ESR    | <b>48.00</b> |      | 0 - 20          | Westergreen |



**CHARAK**

[Checked By]

Print.Date/Time: 01-03-2025 17:05:29

\*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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| Test Name                        | Result | Unit | Bio. Ref. Range | Method      |
|----------------------------------|--------|------|-----------------|-------------|
| <b>HBA1C</b>                     |        |      |                 |             |
| Glycosylated Hemoglobin (HbA1c ) | 5.5    | %    | 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 | 5.5 | mg/dL | 2.40 - 5.70 | Uricase, Colorimetric |
|-----------------|-----|-------|-------------|-----------------------|

**LIPID-PROFILE**

|                       |      |       |            |
|-----------------------|------|-------|------------|
| Cholesterol/HDL Ratio | 4.71 | Ratio | Calculated |
| LDL / HDL RATIO       | 3.07 | 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



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| Test Name             | Result | Unit  | Bio. Ref. Range | Method |
|-----------------------|--------|-------|-----------------|--------|
| <b>25 OH vit. D</b>   |        |       |                 |        |
| 25 Hydroxy Vitamin D  | 119.00 | ng/ml |                 | ECLIA  |
| Deficiency < 10       |        |       |                 |        |
| Insufficiency 10 - 30 |        |       |                 |        |
| Sufficiency 30 - 100  |        |       |                 |        |
| Toxicity > 100        |        |       |                 |        |

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

| <b>VITAMIN B12</b> |               |       |                        |      |
|--------------------|---------------|-------|------------------------|------|
| VITAMIN B12        | <b>1997.0</b> | pg/mL |                        | CLIA |
|                    |               |       | 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                   |
|---------------------------------------|---------|---------|-----------------|--------------------------|
| <b>CBC+ESR (COMPLETE BLOOD COUNT)</b> |         |         |                 |                          |
| Hb                                    | 9.7     | g/dl    | 12 - 15         | Non Cyanide              |
| R.B.C. COUNT                          | 4.60    | mil/cmm | 3.8 - 4.8       | Electrical Impedence     |
| PCV                                   | 32.5    | %       | 36 - 45         | Pulse hieght detection   |
| MCV                                   | 70.3    | fL      | 80 - 96         | calculated               |
| MCH                                   | 21.0    | pg      | 27 - 33         | Calculated               |
| MCHC                                  | 29.8    | g/dL    | 30 - 36         | Calculated               |
| RDW                                   | 16.2    | %       | 11 - 15         | RBC histogram derivation |
| RETIC                                 | 1.5 %   | %       | 0.5 - 2.5       | Microscopy               |
| TOTAL LEUCOCYTES COUNT                | 6740    | /cmm    | 4000 - 10000    | Flocytometry             |
| <b>DIFFERENTIAL LEUCOCYTE COUNT</b>   |         |         |                 |                          |
| NEUTROPHIL                            | 60      | %       | 40 - 75         | Flowcytometry            |
| LYMPHOCYTE                            | 33      | %       | 20-40           | Flowcytometry            |
| EOSINOPHIL                            | 4       | %       | 1 - 6           | Flowcytometry            |
| MONOCYTE                              | 3       | %       | 2 - 10          | Flowcytometry            |
| BASOPHIL                              | 0       | %       | 00 - 01         | Flowcytometry            |
| PLATELET COUNT                        | 272,000 | /cmm    | 150000 - 450000 | Elect Imped..            |
| PLATELET COUNT (MANUAL)               | 272000  | /cmm    | 150000 - 450000 | Microscopy .             |
| Mentzer Index                         | 15      |         |                 |                          |
| Peripheral Blood Picture              | :       |         |                 |                          |

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



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| Test Name                      | Result        | Unit  | Bio. Ref. Range   | Method                        |
|--------------------------------|---------------|-------|---|-------------------------------|
| <b>FASTING</b>                 |               |       |   |                               |
| Blood Sugar Fasting            | 83.2          | mg/dl | 70 - 110  | Hexokinase                    |
| <b>PP</b>                      |               |       |   |                               |
| Blood Sugar PP                 | 118.0         | mg/dl | up to - 170   | Hexokinase                    |
| <b>LIVER FUNCTION TEST</b>     |               |       |   |                               |
| TOTAL BILIRUBIN                | 0.50          | mg/dl | 0.4 - 1.1   | Diazonium Ion                 |
| CONJUGATED ( D. Bilirubin)     | 0.14          | mg/dL | 0.00-0.30   | Diazotization                 |
| UNCONJUGATED ( I.D. Bilirubin) | 0.36          | mg/dL | 0.1 - 1.0   | Calculated                    |
| ALK PHOS                       | 89.90         | U/L   | 30 - 120  | PNPP, AMP Buffer              |
| SGPT                           | 29.6          | U/L   | 5 - 40  | UV without P5P                |
| SGOT                           | 31.5          | U/L   | 5 - 40  | UV without P5P                |
| <b>LIPID-PROFILE</b>           |               |       |   |                               |
| TOTAL CHOLESTEROL              | <b>201.00</b> | mg/dL | Desirable: <200 mg/dl<br>Borderline-high: 200-239<br>mg/dl<br>High:>=240 mg/dl  | CHOD-PAP                      |
| TRIGLYCERIDES                  | 135.00        | mg/dL | Normal: <150 mg/dl<br>Borderline-high:150 - 199<br>mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>=500 mg/dl                                      | Serum, Enzymatic,<br>endpoint |
| H D L CHOLESTEROL              | 42.70         | mg/dL | 30-70 mg/dl   | CHER-CHOD-PAP                 |
| L D L CHOLESTEROL              | <b>131.30</b> | mg/dL | Optimal:<100 mg/dl<br>Near Optimal:100 - 129<br>mg/dl<br>Borderline High: 130 - 159<br>mg/dl<br>High: 160 - 189 mg/dl<br>Very High:>= 190 mg/dl | CO-PAP                        |
| VLDL                           | 27.00         | mg/dL | 10 - 40   | Calculated                    |



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

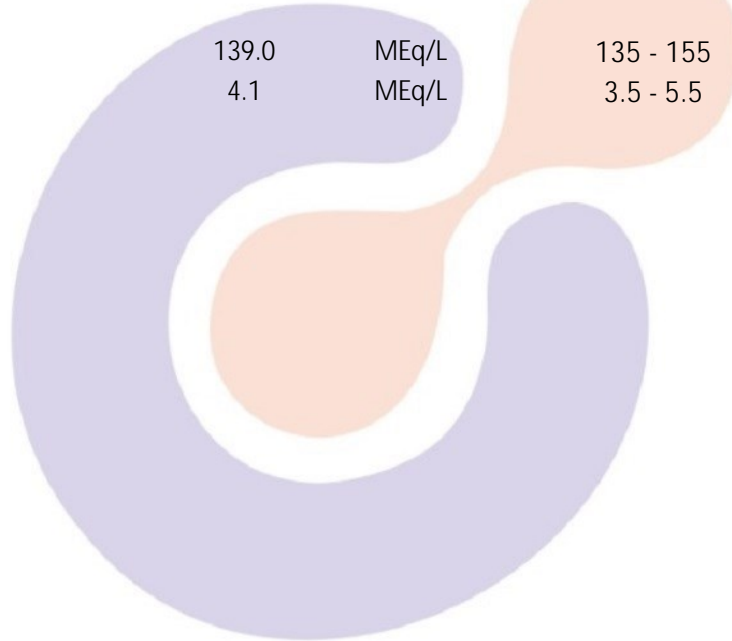
DR. SHADAB  
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*Signature*  
DR. ADITI D AGARWAL  
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| Test Name                       | Result | Unit  | Bio. Ref. Range | Method                   |
|---------------------------------|--------|-------|-----------------|--------------------------|
| <b>KIDNEY FUNCTION TEST - I</b> |        |       |                 |                          |
| <b>Sample Type : SERUM</b>      |        |       |                 |                          |
| BLOOD UREA                      | 28.70  | mg/dl | 15 - 45         | Urease, UV, Serum        |
| CREATININE                      | 0.60   | mg/dl | 0.50 - 1.40     | Alkaline picrate-kinetic |
| SODIUM Serum                    | 139.0  | MEq/L | 135 - 155       | ISE Direct               |
| POTASSIUM Serum                 | 4.1    | MEq/L | 3.5 - 5.5       | ISE Direct               |



**CHARAK**



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*Dr. Aditi D. Agarwal*  
DR. ADITI D AGARWAL  
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| Test Name      | Result | Unit    | Bio. Ref. Range | Method |
|----------------|--------|---------|-----------------|--------|
| <b>T3T4TSH</b> |        |         |                 |        |
| T3             | 1.85   | nmol/L  | 1.49-2.96       | ECLIA  |
| T4             | 102.00 | n mol/l | 63 - 177        | ECLIA  |
| TSH            | 2.90   | 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 \*\*\*

CHARAK



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