

Patient Name : Mr. SHAFEEQ AHMAD	Visit No : CHA250037343
Age/Gender : 58 Y/M	Registration ON : 01/Mar/2025 06: 35PM
Lab No : 10134638	Sample Collected ON : 01/Mar/2025 06: 38PM
Referred By : Dr. MANISH TANDON	Sample Received ON : 01/Mar/2025 07: 02PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 09: 33AM
Doctor Advice : HBA1C (EDTA), URINE C/S, URINE COM. EXAMINATION, CREATININE, CBC (WHOLE BLOOD), TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.5	%	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

CHARAK

[Checked By]



Print.Date/Time: 02-03-2025 10:05:19

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 08: 00PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	0.5 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

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Print.Date/Time: 02-03-2025 10:05:24

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Aditi D Agarwal
DR. ADITI D AGARWAL
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Referred By : Dr. MANISH TANDON	Sample Received ON : 01/Mar/2025 06: 59PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 01/Mar/2025 08: 52PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.8	%	36 - 45	Pulse height detection
MCV	83.1	fL	80 - 96	calculated
MCH	27.0	pg	27 - 33	Calculated
MCHC	32.5	g/dL	30 - 36	Calculated
RDW	14	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6610	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	68	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	115,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	120000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,495	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,652	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	132	/cmm	20-500	Calculated
Absolute Monocytes Count	330	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	1.00	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

TSH				
TSH	8.73	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-CHEMILUMINISCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



[Checked By]



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