

Patient Name : Ms.QAISER JAHAN	Visit No : CHA250037471
Age/Gender : 66 Y/F	Registration ON : 02/Mar/2025 09:13AM
Lab No : 10134766	Sample Collected ON : 02/Mar/2025 09:15AM
Referred By : Dr.NARESH RAJPAL	Sample Received ON : 02/Mar/2025 09:15AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 12:19PM
Doctor Advice : CBC (WHOLE BLOOD), URINE COM. EXMAMINATION, TRIG, URIC ACID, NA+K+, CREATININE, UREA, LFT, CHEST PA, TSH, HBA1C (EDTA), PP, FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.9	%	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	6.9	mg/dL	2.40 - 5.70	Uricase, Colorimetric
-----------------	------------	-------	-------------	-----------------------

CHARAK

[Checked By]

Print.Date/Time: 02-03-2025 14:15:14

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms.QAISER JAHAN	Visit No : CHA250037471
Age/Gender : 66 Y/F	Registration ON : 02/Mar/2025 09:13AM
Lab No : 10134766	Sample Collected ON : 02/Mar/2025 09:15AM
Referred By : Dr.NARESH RAJPAL	Sample Received ON : 02/Mar/2025 09:15AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 12:19PM
Doctor Advice : CBC (WHOLE BLOOD), URINE COM. EXMAMINATION, TRIG, URIC ACID, NA+K+, CREATININE, UREA, LFT, CHEST PA, TSH, HBA1C (EDTA), PP, FASTING	



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

URINE EXAMINATION REPORT

Colour-U	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	80 mg/dl	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	1-2	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]



Print.Date/Time: 02-03-2025 14:15:15

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Ms.QAISER JAHAN	Visit No : CHA250037471
Age/Gender : 66 Y/F	Registration ON : 02/Mar/2025 09:13AM
Lab No : 10134766	Sample Collected ON : 02/Mar/2025 09:15AM
Referred By : Dr.NARESH RAJPAL	Sample Received ON : 02/Mar/2025 09:30AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 10:18AM
Doctor Advice : CBC (WHOLE BLOOD),URINE COM. EXMAMINATION,TRIG,URIC ACID,NA+K+,CREATININE,UREA,LFT,CHEST PA,TSH,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.7	%	36 - 45	Pulse hieght detection
MCV	87.4	fL	80 - 96	calculated
MCH	26.2	pg	27 - 33	Calculated
MCHC	30	g/dL	30 - 36	Calculated
RDW	15.3	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7600	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTES	22	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	297,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	297000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,396	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,672	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	228	/cmm	20-500	Calculated
Absolute Monocytes Count	304	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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

Patient Name : Ms.QAISER JAHAN	Visit No : CHA250037471
Age/Gender : 66 Y/F	Registration ON : 02/Mar/2025 09:13AM
Lab No : 10134766	Sample Collected ON : 02/Mar/2025 09:15AM
Referred By : Dr.NARESH RAJPAL	Sample Received ON : 02/Mar/2025 09:37AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 11:23AM
Doctor Advice : CBC (WHOLE BLOOD),URINE COM. EXMAMINATION,TRIG,URIC ACID,NA+K+,CREATININE,UREA,LFT,CHEST PA,TSH,HBA1C (EDTA),PP,FASTING	



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

FASTING

Blood Sugar Fasting	198.3	mg/dl	70 - 110	Hexokinase
---------------------	--------------	-------	----------	------------

PP

Blood Sugar PP	321.3	mg/dl	up to - 170	Hexokinase
----------------	--------------	-------	-------------	------------

NA+K+

SODIUM Serum	131.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.2	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA

BLOOD UREA	50.20	mg/dl	15 - 45	Urease, UV, Serum
------------	--------------	-------	---------	-------------------

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

SERUM CREATININE

CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
------------	------	-------	-------------	--------------------------

LIVER FUNCTION TEST

TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.33	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	54.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.0	U/L	5 - 40	UV without P5P
SGOT	19.0	U/L	5 - 40	UV without P5P

TRIGLYCERIDES

TRIGLYCERIDES	168.30	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
---------------	---------------	-------	---	----------------------------



[Checked By]



Sham

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

Patient Name : Ms.QAISER JAHAN	Visit No : CHA250037471
Age/Gender : 66 Y/F	Registration ON : 02/Mar/2025 09:13AM
Lab No : 10134766	Sample Collected ON : 02/Mar/2025 09:15AM
Referred By : Dr.NARESH RAJPAL	Sample Received ON : 02/Mar/2025 09:37AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 11:23AM
Doctor Advice : CBC (WHOLE BLOOD),URINE COM. EXMAMINATION,TRIG,URIC ACID,NA+K+,CREATININE,UREA,LFT,CHEST PA,TSH,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	3.83	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



[Checked By]



Sham

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

Patient Name	: Ms.QAISER JAHAN	Visit No	: CHA250037471
Age/Gender	: 66 Y/F	Registration ON	: 02/Mar/2025 09:13AM
Lab No	: 10134766	Sample Collected ON	: 02/Mar/2025 09:13AM
Referred By	: Dr.NARESH RAJPAL	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 02/Mar/2025 01:40PM

SKIAGRAM CHEST PA VIEW

- Small healed calcified focus is seen in left lower zone.
- Few fibrotic opacities are seen in right lower zone .
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Tenting of right dome of diaphragm is seen .

please compare with previous skiagram.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

*** End Of Report ***

