

Patient Name : Mr.KAZIM	Visit No : CHA250037486
Age/Gender : 43 Y/M	Registration ON : 02/Mar/2025 09:36AM
Lab No : 10134781	Sample Collected ON : 02/Mar/2025 09:39AM
Referred By : SELF	Sample Received ON : 02/Mar/2025 09:56AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 10:35AM
Doctor Advice : URIC ACID,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

URIC ACID				
Sample Type : SERUM				

SERUM URIC ACID	8.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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LIPID-PROFILE				
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Cholesterol/HDL Ratio	5.10	Ratio		Calculated
LDL / HDL RATIO	3.11	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

CHARAK

[Checked By]

Print.Date/Time: 02-03-2025 12:35:09

*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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CBC (COMPLETE BLOOD COUNT)

Hb	15.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	46.3	%	36 - 45	Pulse height detection
MCV	87.4	fL	80 - 96	calculated
MCH	29.2	pg	27 - 33	Calculated
MCHC	33.5	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7710	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTES	34	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	357,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	357000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,395	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,621	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	386	/cmm	20-500	Calculated
Absolute Monocytes Count	308	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



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FASTING

Blood Sugar Fasting 98.1 mg/dl 70 - 110 Hexokinase

NA+K+

SODIUM Serum 137.0 MEq/L 135 - 155 ISE Direct
POTASSIUM Serum 4.0 MEq/L 3.5 - 5.5 ISE Direct

BLOOD UREA

BLOOD UREA 27.70 mg/dl 15 - 45 Urease, UV, Serum

SERUM CREATININE

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

LIVER FUNCTION TEST

TOTAL BILIRUBIN 0.71 mg/dl 0.4 - 1.1 Diazonium Ion
CONJUGATED (D. Bilirubin) 0.13 mg/dl 0.00-0.30 Diazotization
UNCONJUGATED (I.D. Bilirubin) 0.58 mg/dl 0.1 - 1.0 Calculated
ALK PHOS 61.10 U/L 30 - 120 PNPP, AMP Buffer
SGPT **80.0** U/L 5 - 40 UV without P5P
SGOT **44.0** U/L 5 - 40 UV without P5P

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	230.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	224.00	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	45.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	140.50	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	44.80	mg/dL	10 - 40	Calculated

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T3T4TSH				
T3	2.30	nmol/L	1.49-2.96	ECLIA
T4	133.00	n mol/l	63 - 177	ECLIA
TSH	1.43	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



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