Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Mr.MOHAN LAL VERMA	Visit No	: CHA250037503
Age/Gender	: 72 Y/M	Registration ON	: 02/Mar/2025 09:51AM
Lab No	**: 10134798**	Sample Collected ON	: 02/Mar/2025 09:53AM
Referred By	: Dr.KRISHNA KUMAR MITRA (CGHS	Sample Received ON	: 02/Mar/2025 10:56AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 02/Mar/2025 11:56AM
Doctor Advice	: UACR,T3T4TSH,MAGNESIUM,PRO-BNP,PROTEIN ,CPK,LIPID-PROFILE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
MAGNESIUM				
SERUM MAGNESIUM	2.13	mg/dl	1.70 - 2.70	Xylidyl blue

COMMENTS:

-Magnesium is primarily an intracellular ion associated with gastrointestinal (GI) absorption and renal excretion. It is the fourth most abundant cation in the body and is second to potassium within cell. It is stored in bones, skeletal muscles and other cells and only a part in extracellular fluid. Mg^{2+} is a cofactor of many enzyme system concerned with cell respiration, glycolysis, transmembrane transport of other cations such as calcium and sodium. The activity of Na-K-ATPase pump depends on magnesium.
-Assessment of magnesium level is used for the diagnosis and monitoring of hypomagnesemia or hypermagnesemia.
-Magnesium deficiency leads to impairment of neuromuscular functions resulting in hyperirritability, tetany, convulsion or electrocardiographic changes. It is also associated with cardiovascular diseases such as hypertension, myocardial infarction, cardiac dysrhythmias, coronary vasopasm & premature atherosclerosis. Diabetic ketoacidosis, chronic alcoholism, malnutrition, lactation malabsorption are other conditions linked with it.
-Increased serum magnesium concentration has been observed in dehydration, Addison's disease, rhabdomyolysis or acute or chronic renal failure.

PROTEIN				
PROTEIN Serum	7.80	mg/dl	6.8 - 8.5	
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.34	Ratio		Calculated
LDL / HDL RATIO	2.66	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	
CPK-TOTAL				
CPK TOTAL	72.20	U/L	24-170	Nac activated
URINE ALBUMIN CREATININE RATIO				
URINE FOR MICRO ALBUMIN	16	MG/L	< 20 MG/L	
URINARY CREATININE	104.31	mg/dL	20-320 mg/dL	
URINE ALBUMIN CREATININE RATIO	15.3	mg/g		calculated

[Checked By]

Print.Date/Time: 02-03-2025 12:30:52
*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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Referred By	: Dr.KRISHNA KUMAR MITRA (CGHS	Sample Received ON	: 02/Mar/2025 10:07AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 02/Mar/2025 11:24AM
Doctor Advice	: UACR,T3T4TSH,MAGNESIUM,PRO-BNP,PROTEIN ,CPK,LIPID-PROFILE		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
PRO-BNP				
BNP (B type Natiuretic Peptide)	55.10			

EXPECTED VALUES :- Expected values for blood donors (97.5 percentile)

	< 50years	N	> 50 years	N
WOMEN :	155 pg/ml	887	222pg/ml	248
MEN :	84 pg/ml	1381	194 pg/ml	432

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	163.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	127.00	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	37.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	100.00	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	25.40	mg/dL	10 - 40	Calculated

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.70	nmol/L	1.49-2.96	ECLIA
T4	98.40	n mol/l	63 - 177	ECLIA
TSH	1.30	ulU/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 *****

MC-2491

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