

Patient Name	: Ms.GUDDI AGARWAL	Visit No	: CHA250037528
Age/Gender	: 48 Y/F	Registration ON	: 02/Mar/2025 10:15AM
Lab No	: 10134823	Sample Collected ON	: 02/Mar/2025 10:17AM
Referred By	: Dr.RK SETH	Sample Received ON	: 02/Mar/2025 10:17AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 02/Mar/2025 02:03PM
Doctor Advice	: URINE COM. EXMAMINATION,T3T4TSH,SGPT,SGOT,LIPID-PROFILE,URIC ACID,NA+K+,CREATININE,UREA,HBA1C (EDTA),PP,FASTING,ESR,GBP,HB,DLC,TLC		



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	89.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.4	%	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	7.1	mg/dL	2.40 - 5.70	Uricase, Colorimetric

[Checked By]

Print.Date/Time: 02-03-2025 14:35:45

*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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LIPID-PROFILE

Cholesterol/HDL Ratio	2.79	Ratio		Calculated
LDL / HDL RATIO	1.47	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

URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
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

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Referred By : Dr. RK SETH	Sample Received ON : 02/Mar/2025 10:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 11:26AM
Doctor Advice : URINE COM. EXMAMINATION, T3T4TSH, SGPT, SGOT, LIPID-PROFILE, URIC ACID, NA+K+, CREATININE, UREA, HBA1C (EDTA), PP, FASTING, ESR, GBP, HB, DLC, TLC	



Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	9.4	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC				
TOTAL LEUCOCYTES COUNT	7100	/cmm	4000 - 10000	Floctometry

DLC				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTE	24	%	20-40	Flowcytometry
EOSINOPHIL	00	%	1 - 6	Flowcytometry
MONOCYTE	04	%	2 - 10	Flowcytometry
BASOPHIL	00	%	00 - 01	Flowcytometry

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture :

Red blood cells show cytopenia + with normocytic normochromic. WBCs are normal. Platelets are adequate. No immature cells or parasite seen.

FASTING				
Blood Sugar Fasting	96.8	mg/dl	70 - 110	Hexokinase

PP				
Blood Sugar PP	115.0	mg/dl	up to - 170	Hexokinase

NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA				
BLOOD UREA	38.90	mg/dl	15 - 45	Urease, UV, Serum

SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



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SGPT				
SGPT	14.0	U/L	5 - 40	UV without P5P

SGOT				
SGOT	28.0	U/L	5 - 40	UV without P5P

LIPID-PROFILE				
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TOTAL CHOLESTEROL	152.60	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl	CHOD-PAP
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TRIGLYCERIDES	88.50	mg/dL	High: >/=240 mg/dl Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl	Serum, Enzymatic, endpoint
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H D L CHOLESTEROL	54.70	mg/dL	High: 200 - 499 mg/dl Very high: >/=500 mg/dl	CHER-CHOD-PAP
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L D L CHOLESTEROL	80.20	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl	CO-PAP
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VLDL	17.70	mg/dL	High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.60	nmol/L	1.49-2.96	ECLIA
T4	135.00	n mol/l	63 - 177	ECLIA
TSH	2.63	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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