

Patient Name : Mr. RAJ KISHORE	Visit No : CHA250037697
Age/Gender : 47 Y/M	Registration ON : 02/Mar/2025 12: 50PM
Lab No : 10134992	Sample Collected ON : 02/Mar/2025 12: 51PM
Referred By : Dr. RAJIV RASTOGI	Sample Received ON : 02/Mar/2025 12: 56PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 02/Mar/2025 02: 08PM
Doctor Advice : LIPID-PROFILE,T3T4TSH,URIC ACID,NA+K+,CREATININE,HBA1C (EDTA),FASTING,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
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	4.8	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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LIPID-PROFILE

Cholesterol/HDL Ratio	4.00	Ratio	Calculated
LDL / HDL RATIO	2.36	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

[Checked By]

Print.Date/Time: 02-03-2025 15:50:13

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Signature

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.0	%	36 - 45	Pulse hieght detection
MCV	81.0	fL	80 - 96	calculated
MCH	23.7	pg	27 - 33	Calculated
MCHC	29.2	g/dL	30 - 36	Calculated
RDW	16.1	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6560	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	50	%	40 - 75	Flowcytometry
LYMPHOCYTES	45	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	189,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	189000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,280	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,952	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	66	/cmm	20-500	Calculated
Absolute Monocytes Count	262	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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MC-2491 Print.Date/Time: 02-03-2025 15:50:19
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	103.6	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
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIPID-PROFILE				
TOTAL CHOLESTEROL	184.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	147.00	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	46.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	108.60	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	29.40	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.01	nmol/L	1.49-2.96	ECLIA
T4	168.08	n mol/l	63 - 177	ECLIA
TSH	2.42	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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



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