

Patient Name : Ms. MEENA JAISWAL	Visit No : CHA250037876
Age/Gender : 63 Y/F	Registration ON : 03/Mar/2025 07:46AM
Lab No : 10135171	Sample Collected ON : 03/Mar/2025 07:47AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 03/Mar/2025 08:02AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 03/Mar/2025 09:53AM
Doctor Advice : LFT, URIC ACID, T3T4TSH, KIDNEY FUNCTION TEST - I, CBC+ESR, LIPID-PROFILE, FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 03-03-2025 12:00:09

*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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Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	4.7	mg/dL	2.40 - 5.70	Uricase,Colorimetric

LIPID-PROFILE

Cholesterol/HDL Ratio	4.03	Ratio		Calculated
LDL / HDL RATIO	2.52	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: 03-03-2025 12:00:11

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.4	%	36 - 45	Pulse height detection
MCV	87.2	fL	80 - 96	calculated
MCH	28.2	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	13.4	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5230	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytometry
LYMPHOCYTE	29	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	150,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	18			
Peripheral Blood Picture	:			

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



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Referred By : Dr. NIRUPAM PRAKASH Sample Received ON : 03/Mar/2025 08:15AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	128.0	mg/dl	70 - 110	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.90	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.40	mg/dl	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dl	0.1 - 1.0	Calculated
ALK PHOS	125.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	21.8	U/L	5 - 40	UV without P5P
SGOT	18.4	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	196.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	125.00	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	48.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	122.40	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	25.00	mg/dL	10 - 40	Calculated



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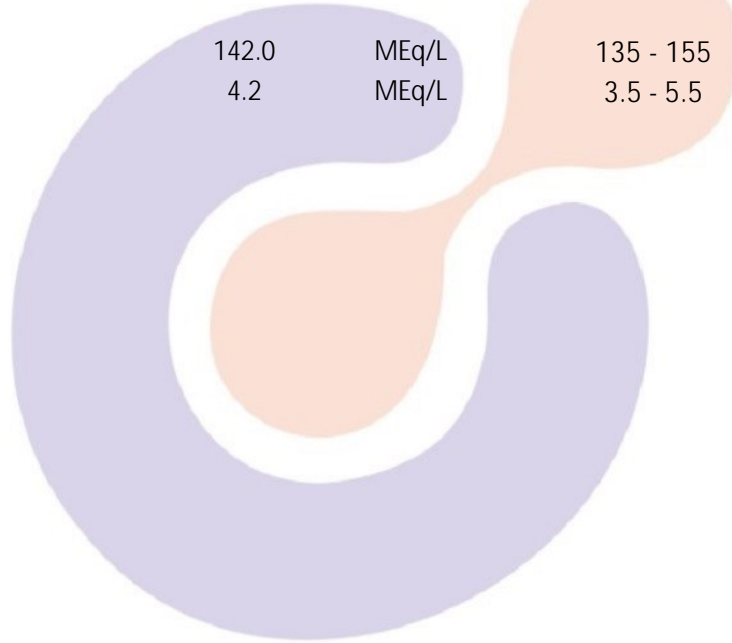
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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	27.80	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	142.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.80	nmol/L	1.49-2.96	ECLIA
T4	84.20	n mol/l	63 - 177	ECLIA
TSH	0.07	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 ***

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