

Patient Name : Ms.NEELAM AWASTHI	Visit No : CHA250038308
Age/Gender : 50 Y/F	Registration ON : 03/Mar/2025 02: 40PM
Lab No : 10135603	Sample Collected ON : 03/Mar/2025 02: 43PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 03/Mar/2025 03: 39PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 03/Mar/2025 06: 25PM
Doctor Advice : TPO,HBA1C (EDTA),ANTI CCP TITRE,CRP (Quantitative),ANA ,RF FACTOR,TSH,FT4,LFT,CBC (WHOLE BLOOD),ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	44.00		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)	10.3	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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



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Print.Date/Time: 03-03-2025 19:00:09

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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
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Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

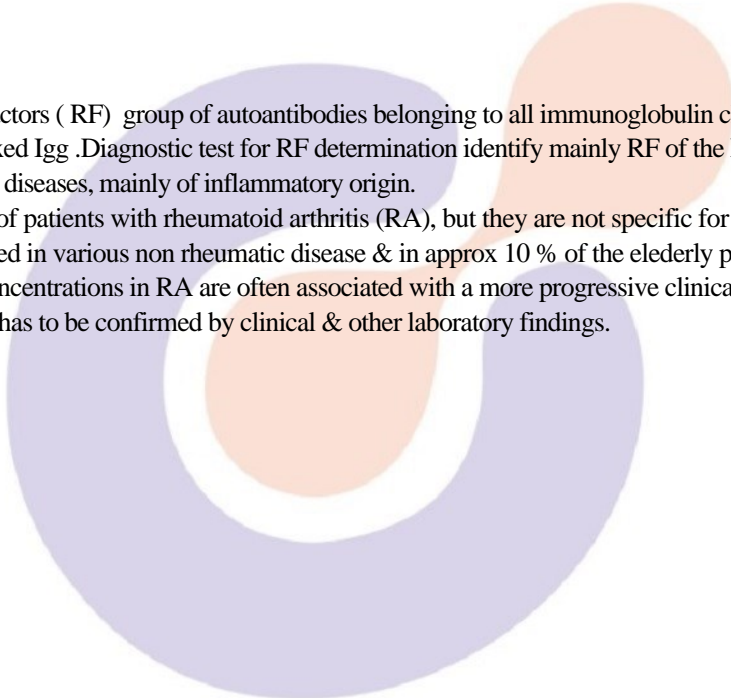
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Test Name	Result	Unit	Bio. Ref. Range	Method
RF FACTOR				
RHEUMATOID FACTOR	11.00	IU/ml	0 - 14	

SUMMARY : Rheumatoid factors (RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However,a positive RF value has to be confirmed by clinical & other laboratory findings.



CHARAK

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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	30.9	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

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Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	8.59	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

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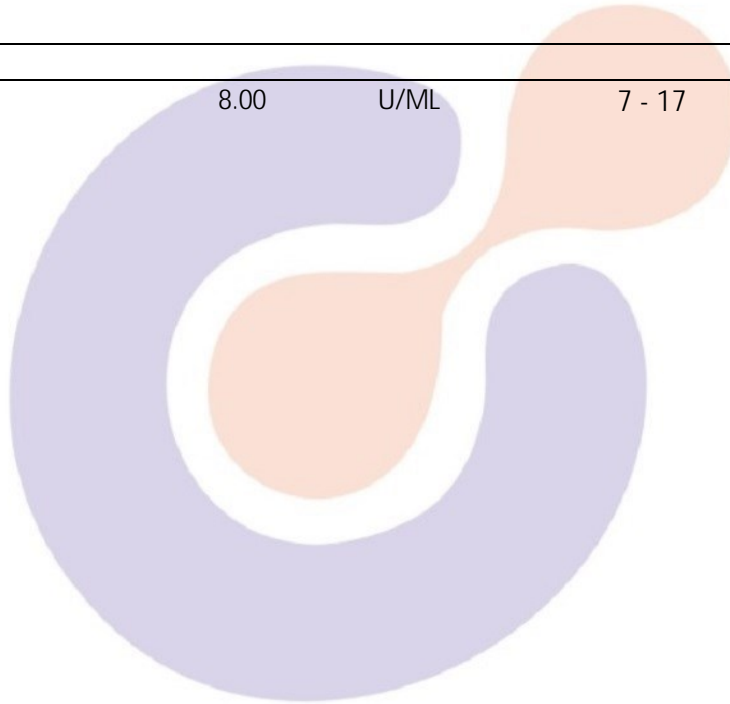
DR. SHADAB
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Dr. Aditi D Agarwal
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Test Name	Result	Unit	Bio. Ref. Range	Method
Anti Thyroid Peroxidase Antibody(TPO)				
Anti Thyroid Peroxidase Antibody(TPO)	19.67	IU/ml	1 - 16	CLIA
ANTI CCP TITRE				
Anti CCP TITRE	8.00	U/ML	7 - 17	



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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.6	%	36 - 45	Pulse hieght detection
MCV	84.4	fL	80 - 96	calculated
MCH	25.1	pg	27 - 33	Calculated
MCHC	29.8	g/dL	30 - 36	Calculated
RDW	18.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9760	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	74	%	40 - 75	Flowcytometry
LYMPHOCYTES	19	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	272,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	272000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,222	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,854	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	390	/cmm	20-500	Calculated
Absolute Monocytes Count	293	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with hypochrmic, anisocytosis+. Platelets are adequate. No parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.66	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.53	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	184.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT	22.0	U/L	5 - 40	UV without P5P

TSH				
TSH	3.60	uIU/ml	0.47 - 4.52	ECLIA

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(1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



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Signature