

Patient Name : Mr. RAM JI LAL GUPTA	Visit No : CHA250038557
Age/Gender : 61 Y/M	Registration ON : 03/Mar/2025 08:04PM
Lab No : 10135852	Sample Collected ON : 03/Mar/2025 08:08PM
Referred By : Dr. KALYAN MULLICK	Sample Received ON : 03/Mar/2025 08:38PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 04/Mar/2025 09:20AM
Doctor Advice : RANDOM,Albumin,PROTEIN ,TSH,LFT,CREATININE,UREA,HBA1C (EDTA),DLC,TLC,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.5	%	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

PROTEIN				
PROTEIN Serum	4.50	mg/dl	6.8 - 8.5	

SERUM ALBUMIN				
ALBUMIN	2.8	gm/dl	3.20 - 5.50	Bromcresol Green (BCG)



[Checked By]

Print.Date/Time: 04-03-2025 10:05:09

*Patient Identity Has Not Been Verified. Not For Medicolegal

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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
HAEMOGLOBIN				
Hb	10.0	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	11700	/cmm	4000 - 10000	Floctometry
DLC				
NEUTROPHIL	88	%	40 - 75	Flowcytometry
LYMPHOCYTE	10	%	20-40	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	273.8	mg/dl	70 - 170	Hexokinase
BLOOD UREA				
BLOOD UREA	50.00	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	1.40	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.20	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	96.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	23.0	U/L	5 - 40	UV without P5P
SGOT	35.9	U/L	5 - 40	UV without P5P



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.10	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



[Checked By]



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