Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, Tollfree No.: 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 10:00AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	: 04/Mar/2025 10:00AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 01:53PM
Doctor Advice	: ALK PHOS,URINE COM. EXMAMINATION,PP,ECG,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH		

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.11	Ratio		Calculated
LDL / HDL RATIO	1.62	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	YELLOW		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	

CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 15:50:12

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.:** 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 10:00AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	: 04/Mar/2025 10:02AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:24AM
Doctor Advice	: ALK PHOS,URINE COM. EXMAMINATION,PP,ECG,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH		

MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**15.5**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.20**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**46.8**	%	36 - 45	Pulse hieght detection
MCV	90.7	fL	80 - 96	calculated
MCH	30.0	pg	27 - 33	Calculated
MCHC	33.1	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7940	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 75	Flowcytrometry
LYMPHOCYTES	38	%	25 - 45	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	181,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	181000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,446	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,017	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	238	/cmm	20-500	Calculated
Absolute Monocytes Count	238	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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

CHARAK

MC-2491

[Checked By]

Print.Date/Time: 04-03-2025 15:50:17

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, Tollfree No.: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 10:00AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	: 04/Mar/2025 10:03AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:24AM
Doctor Advice	: ALK PHOS,URINE COM. EXMAMINATION,PP,ECG,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH		

PR.

MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	**133.6**	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	150.0	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	**53.40**	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.23**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.26	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.97	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	91.10	U/L	30 - 120	PNPP, AMP Buffer
SGPT	40.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P
ALK PHOS				
ALK PHOS	91.10	U/L	30 - 120	PNPP, AMP Buffer

INTERPRETATION:

- Alkaline phosphatase is an enzyme found in your bloodstream. ALP helps break down proteins in the body and exists in different forms, depending on where it originates. Liver is one of the main sources of ALP, but some is also made in bones, intestines, pancreas, and kidneys. In pregnant women, ALP is made in the placenta.
- Higher than normal levels of ALP in blood may indicate a problem with liver or gallbladder. This could include hepatitis (liver inflammation), cirrhosis (liver scarring), liver cancer, gallstones, or a blockage in bile ducts. High levels may also indicate an issue related to the bones such as rickets, Paget's disease, bone cancer, or an overactive parathyroid gland. In rare cases, high ALP levels can indicate heart failure, kidney cancer, other cancer, mononucleosis, or bacterial infection. Having lower than normal ALP levels in blood is rare, but can indicate malnutrition, which could be caused by celiac disease or a deficiency in certain vitamins and minerals.

MC-2491

[Checked By]

Print.Date/Time: 04-03-2025 15:50:23

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Charak dhar
DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, Tollfree No.: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 10:00AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	: 04/Mar/2025 10:03AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:24AM
Doctor Advice	: ALK PHOS,URINE COM. EXMAMINATION,PP,ECG,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH		

MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	146.40	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	114.70	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	47.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	76.50	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	22.80	mg/dL	10 - 40	Calculated

CHARAK

[Checked By]

Print.Date/Time: 04-03-2025 15:50:24

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.:** 8688360360
E-mail : charak1984@gmail.com

CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 10:00AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	: 04/Mar/2025 10:03AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 11:24AM
Doctor Advice	: ALK PHOS,URINE COM. EXMAMINATION,PP,ECG,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH		

MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.92	nmol/L	1.49-2.96	ECLIA
T4	148.33	n mol/l	63 - 177	ECLIA
TSH	3.55	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]

Print.Date/Time: 04-03-2025 15:50:26

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

PR.

Patient Name	: Dr. HASAN EBA	Visit No	: CHA250038733
Age/Gender	: 67 Y 0 M 0 D /M	Registration ON	: 04/Mar/2025 09:56AM
Lab No	**: 10136028**	Sample Collected ON	: 04/Mar/2025 09:56AM
Referred By	: Dr.VIJAY KUMAR	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 04/Mar/2025 03:18PM

ECG -REPORT

RATE : 75 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: **ECG WITH IN NORMAL LIMITS**

(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]

*** End Of Report ***