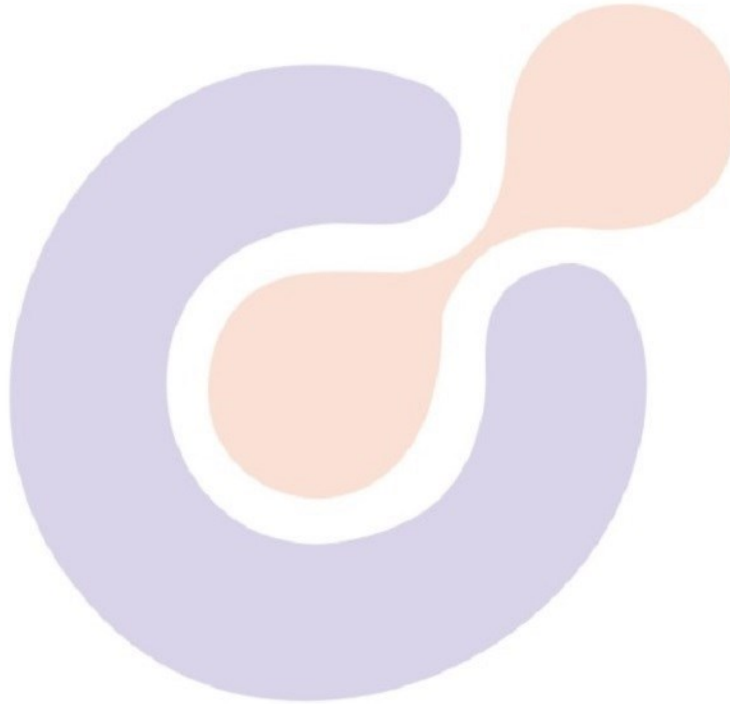


Patient Name : Mr.RK JINDAL	Visit No : CHA250039403
Age/Gender : 71 Y 3 M 1 D/M	Registration ON : 05/Mar/2025 06:56AM
<b>Lab No : 10136698</b>	Sample Collected ON : 05/Mar/2025 06:58AM
Referred By : Dr.KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 05/Mar/2025 07:07AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 09:48AM
Doctor Advice : TSH,25 OH vit. D,VIT B12,CBC+ESR,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>32.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 05-03-2025 13:39:04

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name : Mr.RK JINDAL	Visit No : CHA250039403
Age/Gender : 71 Y 3 M 1 D/M	Registration ON : 05/Mar/2025 06:56AM
<b>Lab No : 10136698</b>	Sample Collected ON : 05/Mar/2025 06:58AM
Referred By : Dr.KRISHNA KUMAR MITRA (CGHS)	Sample Received ON : 05/Mar/2025 07:18AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 09:47AM
Doctor Advice : TSH,25 OH vit. D,VIT B12,CBC+ESR,HBA1C (EDTA),PP,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>8.5</b>	%	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

**25 OH vit. D**

25 Hydroxy Vitamin D	22.38	ng/ml	ECLIA
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Deficiency < 10  
Insufficiency 10 - 30  
Sufficiency 30 - 100  
Toxicity > 100

**CHARAK**

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

[Checked By]



*Sharma*

DR. NISHANT SHARMA PATHOLOGIST  
DR. SHADAB PATHOLOGIST  
Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Print.Date/Time: 05-03-2025 13:39:07

\*Patient Identity Has Not Been Verified. Not For Medicolegal

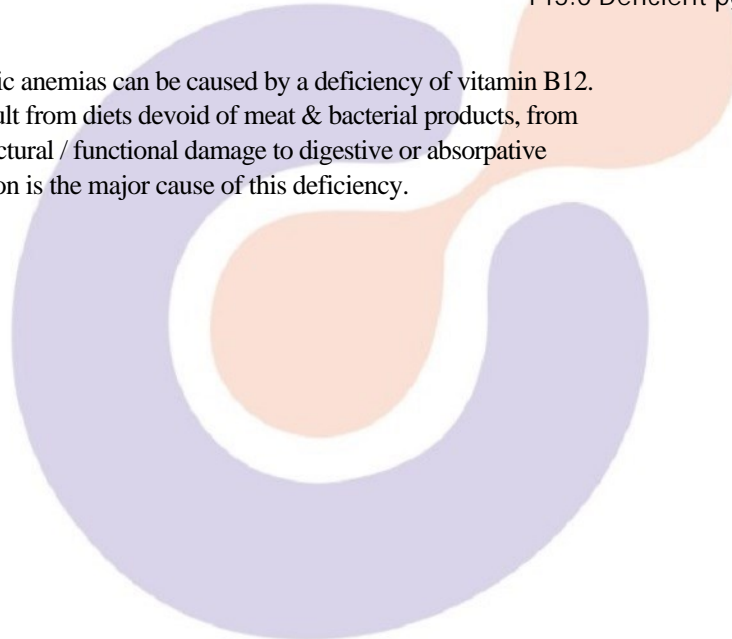
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Age/Gender : 71 Y 3 M 1 D/M	Registration ON : 05/Mar/2025 06:56AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>VITAMIN B12</b>				
VITAMIN B12	105	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**Summary :-**

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.



**CHARAK**

[Checked By]

Print.Date/Time: 05-03-2025 13:39:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

DR. NISHANT SHARMA PATHOLOGIST    DR. SHADAB PATHOLOGIST    Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)

Patient Name : Mr.RK JINDAL	Visit No : CHA250039403
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	13.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.6	%	36 - 45	Pulse hieght detection
MCV	88.5	fL	80 - 96	calculated
MCH	29.8	pg	27 - 33	Calculated
MCHC	33.7	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7330	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTE	38	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	174,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	174000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)



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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 05/Mar/2025 09:43AM  
Doctor Advice : TSH,25 OH vit. D,VIT B12,CBC+ESR,HBA1C (EDTA),PP,FASTING



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	164.2	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	260.4	mg/dl	up to - 170	Hexokinase
<b>TSH</b>				
TSH	2.55	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 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 \*\*\*



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)