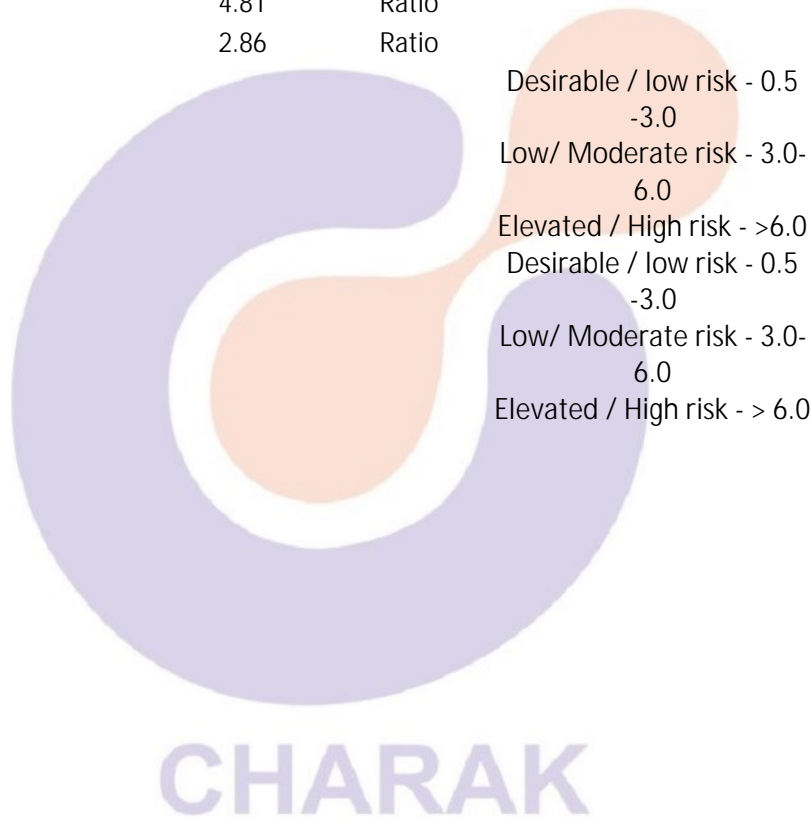


Patient Name : Ms.SHAZIYA	Visit No : CHA250039412
Age/Gender : 42 Y/F	Registration ON : 05/Mar/2025 07:51AM
<b>Lab No : 10136707</b>	Sample Collected ON : 05/Mar/2025 07:53AM
Referred By : SELF	Sample Received ON : 05/Mar/2025 08:34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 09:48AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	4.81	Ratio		Calculated
LDL / HDL RATIO	2.86	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

[Checked By]

Print.Date/Time: 05-03-2025 11:34:01

\*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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Age/Gender : 42 Y/F	Registration ON : 05/Mar/2025 07:51AM
<b>Lab No : 10136707</b>	Sample Collected ON : 05/Mar/2025 07:53AM
Referred By : SELF	Sample Received ON : 05/Mar/2025 09:15AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 05/Mar/2025 10:53AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	13.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.00</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.3	%	36 - 45	Pulse height detection
MCV	82.1	fL	80 - 96	calculated
MCH	<b>26.2</b>	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>11150</b>	/cmm	4000 - 10000	Floctometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	331,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	331000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,913	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,456	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	446	/cmm	20-500	Calculated
Absolute Monocytes Count	334	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**FASTING**

Blood Sugar Fasting 102.0 mg/dl 70 - 110 Hexokinase

**NA+K+**

SODIUM Serum 138.0 MEq/L 135 - 155 ISE Direct  
POTASSIUM Serum 4.3 MEq/L 3.5 - 5.5 ISE Direct

**BLOOD UREA**

BLOOD UREA 26.00 mg/dl 15 - 45 Urease, UV, Serum

**SERUM CREATININE**

CREATININE 0.60 mg/dl 0.50 - 1.40 Alkaline picrate-kinetic

**LIVER FUNCTION TEST**

TOTAL BILIRUBIN 0.41 mg/dl 0.4 - 1.1 Diazonium Ion  
CONJUGATED ( D. Bilirubin) 0.20 mg/dl 0.00-0.30 Diazotization  
UNCONJUGATED ( I.D. Bilirubin) 0.21 mg/dl 0.1 - 1.0 Calculated  
ALK PHOS **127.00** U/L 30 - 120 PNPP, AMP Buffer  
SGPT 18.6 U/L 5 - 40 UV without P5P  
SGOT 19.3 U/L 5 - 40 UV without P5P

CHARAK



[Checked By]



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Patient Name : Ms.SHAZIYA	Visit No : CHA250039412
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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	221.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	218.00	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	45.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	131.50	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	43.60	mg/dL	10 - 40	Calculated

**CHARAK**



[Checked By]



*Sham*

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

Patient Name : Ms.SHAZIYA	Visit No : CHA250039412
Age/Gender : 42 Y/F	Registration ON : 05/Mar/2025 07: 51AM
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Referred By : SELF	Sample Received ON : 05/Mar/2025 08: 34AM
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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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T3T4TSH				
T3	1.50	nmol/L	1.49-2.96	ECLIA
T4	99.00	n mol/l	63 - 177	ECLIA
TSH	3.60	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 TECHNIQUE BY ELECSYSYS -E411 )

\*\*\* End Of Report \*\*\*



[Checked By]



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