

Patient Name : Mr. VIJAY KUMAR LAL	Visit No : CHA250039444
Age/Gender : 64 Y/M	Registration ON : 05/Mar/2025 08:58AM
<b>Lab No : 10136739</b>	Sample Collected ON : 05/Mar/2025 08:59AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:36AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 10:53AM
Doctor Advice : URIC ACID,LIPID-PROFILE,T3T4TSH,FASTING,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	4.00		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 05-03-2025 15:05:09

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



*Sharma*

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

Patient Name : Mr. VIJAY KUMAR LAL	Visit No : CHA250039444
Age/Gender : 64 Y/M	Registration ON : 05/Mar/2025 08:58AM
<b>Lab No : 10136739</b>	Sample Collected ON : 05/Mar/2025 08:59AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:34AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 10:53AM
Doctor Advice : URIC ACID, LIPID-PROFILE, T3T4TSH, FASTING, HBA1C (EDTA), KIDNEY FUNCTION TEST - I, LFT, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	5.3	%	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

**URIC ACID**

Sample Type : SERUM

SERUM URIC ACID	<b>8.6</b>	mg/dL	2.40 - 5.70	Uricase, Colorimetric
-----------------	------------	-------	-------------	-----------------------

**LIPID-PROFILE**

Cholesterol/HDL Ratio	5.20	Ratio	Calculated
LDL / HDL RATIO	3.23	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 15:05:12

\*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. VIJAY KUMAR LAL	Visit No : CHA250039444
Age/Gender : 64 Y/M	Registration ON : 05/Mar/2025 08:58AM
<b>Lab No : 10136739</b>	Sample Collected ON : 05/Mar/2025 08:59AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:36AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 10:53AM
Doctor Advice : URIC ACID, LIPID-PROFILE, T3T4TSH, FASTING, HBA1C (EDTA), KIDNEY FUNCTION TEST - I, LFT, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	16.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	50.9	%	36 - 45	Pulse hieght detection
MCV	87.8	fL	80 - 96	calculated
MCH	28.8	pg	27 - 33	Calculated
MCHC	32.8	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7930	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	20	%	20-40	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	278,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	278000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	15			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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

Patient Name : Mr. VIJAY KUMAR LAL Visit No : CHA250039444  
Age/Gender : 64 Y/M Registration ON : 05/Mar/2025 08:58AM  
**Lab No : 10136739** Sample Collected ON : 05/Mar/2025 08:59AM  
Referred By : Dr. VISHAL SINGH NEGI Sample Received ON : 05/Mar/2025 09:34AM  
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 05/Mar/2025 02:31PM  
Doctor Advice : URIC ACID, LIPID-PROFILE, T3T4TSH, FASTING, HBA1C (EDTA), KIDNEY FUNCTION TEST - I, LFT, CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	108.0	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.86	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.73	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>124.20</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>299.00</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>279.50</b>	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	57.50	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>185.60</b>	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	<b>55.90</b>	mg/dL	10 - 40	Calculated



[Checked By]



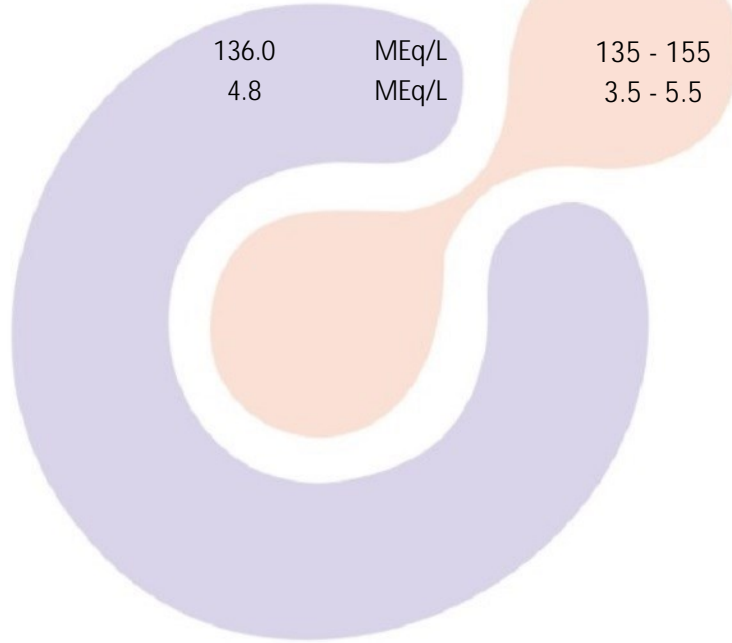
*Sham*

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

Patient Name : Mr. VIJAY KUMAR LAL	Visit No : CHA250039444
Age/Gender : 64 Y/M	Registration ON : 05/Mar/2025 08:58AM
<b>Lab No : 10136739</b>	Sample Collected ON : 05/Mar/2025 08:59AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:34AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 02:31PM
Doctor Advice : URIC ACID, LIPID-PROFILE, T3T4TSH, FASTING, HBA1C (EDTA), KIDNEY FUNCTION TEST - I, LFT, CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	35.10	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.8	MEq/L	3.5 - 5.5	ISE Direct



**CHARAK**



[Checked By]



*Sharma*

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

Patient Name : Mr. VIJAY KUMAR LAL	Visit No : CHA250039444
Age/Gender : 64 Y/M	Registration ON : 05/Mar/2025 08:58AM
<b>Lab No : 10136739</b>	Sample Collected ON : 05/Mar/2025 08:59AM
Referred By : Dr. VISHAL SINGH NEGI	Sample Received ON : 05/Mar/2025 09:34AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 05/Mar/2025 11:48AM
Doctor Advice : URIC ACID,LIPID-PROFILE,T3T4TSH,FASTING,HBA1C (EDTA),KIDNEY FUNCTION TEST - I,LFT,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	122.00	n mol/l	63 - 177	ECLIA
TSH	<b>6.26</b>	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 \*\*\*

CHARAK



[Checked By]



*Sham*

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