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	: Ms.AFSARI	Visit No	: CHA250039500
Age/Gender	: 35 Y/F	Registration ON	: 05/Mar/2025 09:56AM
Lab No	**: 10136795**	Sample Collected ON	: 05/Mar/2025 09:57AM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 05/Mar/2025 10:15AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 05/Mar/2025 11:28AM
Doctor Advice	: FT4,TSH,RANDOM,HBA1C (EDTA),BUN,CREATININE,IONIC CALCIUM,CALCIUM,LFT,ESR,CBC (WHOLE BLOOD),USG WHOLE WITH CP ANGLE,CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	**96.00**		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.0	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

IONIC CALCIUM				
IONIC CALCIUM	1.25	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

[Checked By]

Print.Date/Time: 05-03-2025 13:39:31
*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	7.8	mg/dL	7-21	calculated
SERUM CALCIUM				
CALCIUM	**10.3**	mg/dl	8.8 - 10.2	dapta / arsenazo III

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	9.65	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**9.8**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**31.1**	%	36 - 45	Pulse hieght detection
MCV	82.1	fL	80 - 96	calculated
MCH	**25.9**	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7640	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**22**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	303,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	303000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,577	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,681	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	76	/cmm	20-500	Calculated
Absolute Monocytes Count	306	/cmm	200-1000	Calculated
Mentzer Index	22			
Peripheral Blood Picture	:			

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

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	100.9	mg/dl	70 - 170	Hexokinase
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.57	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.47	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	101.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	26.0	U/L	5 - 40	UV without P5P
SGOT	21.0	U/L	5 - 40	UV without P5P
TSH				
TSH	3.10	uIU/ml	0.47 - 4.52	ECLIA

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method

MC-2491

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PR.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is **borderline enlarged in size (~157mm)** and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 90 x 37 mm in size. Left kidney measures 87 x 46 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. UB walls are not thickened.
- **Uterus** is normal in size, measures 78 x 39 mm and shows homogenous myometrial echotexture. Endometrial thickness measures 6.4 mm. No endometrial collection is seen. No mass lesion is seen.
- **Cervix** is normal.
- **Both ovaries** are normal in size and echotexture. Right ovary measuring 21 x 18 x 13mm with volume 2.6cc. Left ovary measuring 24 x 23 x 14mm with volume 4.3cc.
- No adnexal mass lesion is seen.
- No free fluid is seen in Cul-de-Sac.
- ***Bilateral Cp angles are normal.***

OPINION:

- **BORDERLINE HEPATOMEGALY.**

Clinical correlation is necessary.

DR. NISMA WAHEED
MD, RADIODIAGNOSIS

Transcribed By: Gausiya

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PR.

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Mild cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- **MILD CARDIOMEGALY.**

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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