

Patient Name : Mr.YN PANDEY	Visit No : CHA250040187
Age/Gender : 56 Y 3 M 21 D/M	Registration ON : 06/Mar/2025 07:39AM
Lab No : 10137482	Sample Collected ON : 06/Mar/2025 07:40AM
Referred By : Dr.DEEPAK DEEWAN	Sample Received ON : 06/Mar/2025 07:40AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 10:49AM
Doctor Advice : URIC ACID,LIPID-PROFILE,CALCIUM,URINE COM. EXMAMINATION,LFT,TSH,NA+K+,CREATININE,BUN,HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	14.11	mg/dL	7-21	calculated

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6.2	mg/dL	2.40 - 5.70	Uricase,Colorimetric

SERUM CALCIUM				
CALCIUM	9.1	mg/dl	8.8 - 10.2	dapta / arsenazo III

LIPID-PROFILE				
Cholesterol/HDL Ratio	2.66	Ratio		Calculated
LDL / HDL RATIO	0.99	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	

CHARAK

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Print.Date/Time: 06-03-2025 11:25:20

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		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	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	13.9	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

NA+K+				
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.6	MEq/L	3.5 - 5.5	ISE Direct

SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.90	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.40	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.50	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	123.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	34.4	U/L	5 - 40	UV without P5P
SGOT	39.2	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	98.70	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	124.00	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	37.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	36.80	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	24.80	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.08	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 ***

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