			Phone: 0522-4062223, 93), Tollfree No.: 8688360360 il.com 145133	
Patient Name : Mr.YN PANDEY Age/Gender : 56 Y 3 M 21 D/M				A250040187 Mar/2025 07:39AM	
Lab No : 10137482			-	Mar/2025 07: 39AM	
			ample Received ON : 06/Mar/2025 07:40AM		
•			Report Generated ON : 06/Mar/2025 10:49AM		
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,Colorimetri	
SERUM CALCIUM					
CALCIUM	9.1	mg/dl	8.8 - 10.2	dapta / arsenazo III	
LIPID-PROFILE		1			
Cholesterol/HDL Ratio	2.66	Ratio		Calculated	
LDL / HDL RATIO	0.99	Ratio		Calculated	
			Desirable / low risk - 0	0.5	
			-3.0 Low/ Moderate risk - 3	0	
			6.0	.0-	
			Elevated / High risk - >6	6.0	
			Desirable / low risk - 0		
			-3.0		
			Low/ Moderate risk - 3	.0-	
			6.0		
	011		Elevated / High risk - >	6.0	
	CH/				

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 5

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©h	arak	Phone: 0522-406 9415577933, 933	292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003 Phone : 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No. : 8688360360 E-mail : charak1984@gmail.com			
DIAGN	OSTICS Pvt. Ltd.	CMO Reg. No. I NABL Reg. No. I Certificate No. M	MC-2491			
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 Doctor Advice	: CHARAK NA . URIC ACID,LIPID-PROFILE,CALCIUM,URI	Report Generated ON INE COM. EXMAMINATION,LFT,TSH,NA+K+,CREAT	: 06/Mar/2025 10:49AM TININE,BUN,HB			

Test Name	Result	Unit	Bio. Ref. Range	Method
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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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

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Charak dhar			E-mail : charak1984@gma CMO Reg. No. RMEE 2 NABL Reg. No. MC-249	445133	
			Certificate No. MIS-2023		
Patient Name : Mr.YN PANDEY		Visit I		A250040187	
Age/Gender : 56 Y 3 M 21 D/M				Mar/2025 07:39AM	
Lab No : 10137482			Sample Collected ON : 06/Mar/2025 07:40AM		
Referred By : Dr.DEEPAK DEEWAN				/Mar/2025 08:09AM	
Refer Lab/Hosp : CHARAK NA Doctor Advice : URIC ACID,LIPID-PROFILE,CAI	CIUM,URINE COM. E	Report EXMAMINATION,LFT,	rt Generated ON : 06/ TSH,NA+K+,CREATININE,B	'Mar/2025 10:07AM UN,HB	
Test Name	Result	Unit	Bio. Ref. Range	Method	
HAEMOGLOBIN					
Hb Comment:	13.9	g/dl	12 - 15	Non Cyanide	
Comment: Hemoglobin screening helps to diagnose on NA+K+	conditions that af	fect RBCs such as	s anemia or polycythem	ia.	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum	conditions that af	fect RBCs such as	s anemia or polycythem 135 - 155	ia. ISE Direct	
Comment: Hemoglobin screening helps to diagnose on NA+K+	conditions that af	fect RBCs such as	s anemia or polycythem	ia.	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum	conditions that af	fect RBCs such as	s anemia or polycythem 135 - 155	ia. ISE Direct	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum	conditions that af	fect RBCs such as	s anemia or polycythem 135 - 155	ia. ISE Direct	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE	conditions that af 135.0 3.6	fect RBCs such as MEq/L MEq/L	anemia or polycythem 135 - 155 3.5 - 5.5	ia. ISE Direct ISE Direct Alkaline picrate-	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE	conditions that af 135.0 3.6	fect RBCs such as MEq/L MEq/L	anemia or polycythem 135 - 155 3.5 - 5.5	ia. ISE Direct ISE Direct Alkaline picrate-	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE	conditions that af 135.0 3.6 0.80	fect RBCs such as MEq/L MEq/L mg/dl	anemia or polycythem 135 - 155 3.5 - 5.5 0.50 - 1.40	ia. ISE Direct ISE Direct Alkaline picrate- kinetic	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE LIVER FUNCTION TEST TOTAL BILIRUBIN	conditions that af 135.0 3.6 0.80 0.90	fect RBCs such as MEq/L MEq/L mg/dl	anemia or polycythem 135 - 155 3.5 - 5.5 0.50 - 1.40 0.4 - 1.1	ia. ISE Direct ISE Direct Alkaline picrate- kinetic Diazonium Ion	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE LIVER FUNCTION TEST TOTAL BILIRUBIN CONJUGATED (D. Bilirubin)	conditions that af 135.0 3.6 0.80 0.90 0.90 0.40	fect RBCs such as MEq/L MEq/L mg/dl mg/dl	anemia or polycythem 135 - 155 3.5 - 5.5 0.50 - 1.40 0.4 - 1.1 0.00-0.30	ia. ISE Direct ISE Direct Alkaline picrate- kinetic Diazonium Ion Diazotization	
Comment: Hemoglobin screening helps to diagnose of NA+K+ SODIUM Serum POTASSIUM Serum SERUM CREATININE CREATININE LIVER FUNCTION TEST TOTAL BILIRUBIN CONJUGATED (D. Bilirubin) UNCONJUGATED (I.D. Bilirubin)	conditions that af 135.0 3.6 0.80 0.90 0.90 0.40 0.50	fect RBCs such as MEq/L MEq/L mg/dl mg/dL mg/dL	a nemia or polycythem 135 - 155 3.5 - 5.5 0.50 - 1.40 0.4 - 1.1 0.00-0.30 0.1 - 1.0	ia. ISE Direct ISE Direct Alkaline picrate- kinetic Diazonium Ion Diazotization Calculated	

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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 5

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		NABLReg. No.	CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
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 08:09AM			
Refer Lab/Hosp		Report Generated ON	: 06/Mar/2025 10:07AM			
Doctor Advice	URIC ACID, LIPID-PROFILE, CALCIUM, URINE COM	I. EXMAMINATION,LF1,15H,NA+K+,CREA1	ININE,BUN,HB			

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





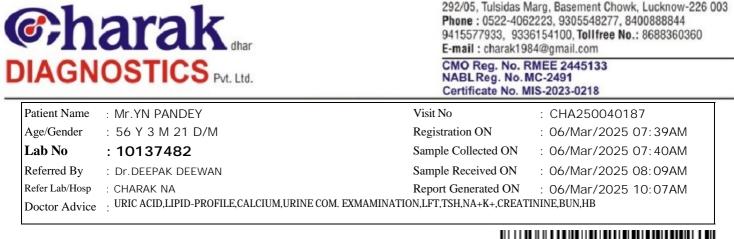
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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 5



	Test Name	Result	Unit	Bio. Ref. Range	Method
TSH					
TSH		2.08	ulU/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 TECHINIQUE

BY ELECSYSYS -E411)

*** End Of Report ***

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