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	: Mr.ANIL KUMAR SRIVASTAVA	Visit No	: CHA250040245
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:14AM
Lab No	**: 10137540**	Sample Collected ON	: 06/Mar/2025 09:16AM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 06/Mar/2025 09:16AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 10:50AM
Doctor Advice	: TIBC,Iron,FERRITIN,UACR,URINE FOR MICRO,URINE COM. EXMAMINATION,TSH,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,HBA1C (EDTA),PP,FASTING		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	**6.0**	%	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

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE FOR MICRO ALBUMIN				
URINE FOR MICRO ALBUMIN	15.0	MG/L	< 20 MG/L	
LIPID-PROFILE				
Cholesterol/HDL Ratio	2.48	Ratio		Calculated
LDL / HDL RATIO	1.17	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: 06-03-2025 13:50:18
*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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	: Mr.ANIL KUMAR SRIVASTAVA	Visit No	: CHA250040245
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:14AM
Lab No	**: 10137540**	Sample Collected ON	: 06/Mar/2025 09:16AM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 06/Mar/2025 09:16AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 10:50AM
Doctor Advice	: TIBC,Iron,FERRITIN,UACR,URINE FOR MICRO,URINE COM. EXMAMINATION,TSH,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,HBA1C (EDTA),PP,FASTING		

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	54.10	ug/ dl	59 - 148	Ferrozine-no deproteinization
TIBC				
TIBC	308.00	ug/ml	265 - 497	calculated
URINE ALBUMIN CREATININE RATIO				
URINE FOR MICRO ALBUMIN	15	MG/L	< 20 MG/L	
URINARY CREATININE	78	mg/dL	20-320 mg/dL	
URINE ALBUMIN CREATININE RATIO	19.2	mg/g		calculated
FERRITIN				
FERRITIN	67.2	ng/mL	13 - 400	CLIA

INTERPRETATION:
Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:
Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.
For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

[Checked By]

Print.Date/Time: 06-03-2025 13:50:19
*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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	: Mr.ANIL KUMAR SRIVASTAVA	Visit No	: CHA250040245
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:14AM
Lab No	**: 10137540**	Sample Collected ON	: 06/Mar/2025 09:16AM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 06/Mar/2025 09:16AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 10:50AM
Doctor Advice	: TIBC,Iron,FERRITIN,UACR,URINE FOR MICRO,URINE COM. EXMAMINATION,TSH,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,HBA1C (EDTA),PP,FASTING		

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	**Light yellow**		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	**1.010**		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	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	

[Checked By]

Print.Date/Time: 06-03-2025 13:50:20
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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	: Mr.ANIL KUMAR SRIVASTAVA	Visit No	: CHA250040245
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:14AM
Lab No	**: 10137540**	Sample Collected ON	: 06/Mar/2025 09:16AM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 06/Mar/2025 09:34AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 10:51AM
Doctor Advice	: TIBC,Iron,FERRITIN,UACR,URINE FOR MICRO,URINE COM. EXMAMINATION,TSH,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,HBA1C (EDTA),PP,FASTING		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	107.0	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	**194.4**	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	**1.30**	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	**0.60**	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.70	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	101.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	17.6	U/L	5 - 40	UV without P5P
SGOT	18.7	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	130.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	81.20	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	52.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	61.36	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	16.24	mg/dL	10 - 40	Calculated

MC-2491

[Checked By]

Print.Date/Time: 06-03-2025 13:50:25

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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	: Mr.ANIL KUMAR SRIVASTAVA	Visit No	: CHA250040245
Age/Gender	: 64 Y/M	Registration ON	: 06/Mar/2025 09:14AM
Lab No	**: 10137540**	Sample Collected ON	: 06/Mar/2025 09:16AM
Referred By	: Dr.ANUPAM SINHA **	Sample Received ON	: 06/Mar/2025 09:34AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 06/Mar/2025 10:51AM
Doctor Advice	: TIBC,Iron,FERRITIN,UACR,URINE FOR MICRO,URINE COM. EXMAMINATION,TSH,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,HBA1C (EDTA),PP,FASTING		

Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	29.20	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	140.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.8	MEq/L	3.5 - 5.5	ISE Direct
TSH				
TSH	2.30	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 TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

[Checked By]

Print.Date/Time: 06-03-2025 13:50:26

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA PATHOLOGIST

DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY)