

Patient Name : Mr.MADHAV	Visit No : CHA250040255
Age/Gender : 48 Y/M	Registration ON : 06/Mar/2025 09:25AM
Lab No : 10137550	Sample Collected ON : 06/Mar/2025 09:26AM
Referred By : SELF	Sample Received ON : 06/Mar/2025 09:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 11:03AM
Doctor Advice : CHLORIDE,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
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LIPID-PROFILE

Cholesterol/HDL Ratio	3.91	Ratio		Calculated
LDL / HDL RATIO	2.41	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

CHLORIDE

CHLORIDE	102.00	mmol/l	98 - 107	ISE Indirect
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CHARAK

[Checked By]



Sharma

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

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Referred By : SELF	Sample Received ON : 06/Mar/2025 09:34AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 11:29AM
Doctor Advice : CHLORIDE,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.8	%	36 - 45	Pulse hieght detection
MCV	84.6	fL	80 - 96	calculated
MCH	24.7	pg	27 - 33	Calculated
MCHC	29.2	g/dL	30 - 36	Calculated
RDW	15.8	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5760	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	32	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	260,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	260,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,456	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,843	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	230	/cmm	20-500	Calculated
Absolute Monocytes Count	230	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	106.9	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	23.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.08	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.32	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	117.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	31.0	U/L	5 - 40	UV without P5P
SGOT	43.0	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	151.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	97.40	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	38.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	92.92	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	19.48	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

T3T4TSH				
T3	1.94	nmol/L	1.49-2.96	ECLIA
T4	102.90	n mol/l	63 - 177	ECLIA
TSH	6.43	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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