

Patient Name : Ms.MITHU DEY	Visit No : CHA250040256
Age/Gender : 44 Y/F	Registration ON : 06/Mar/2025 09:27AM
<b>Lab No : 10137551</b>	Sample Collected ON : 06/Mar/2025 09:29AM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 06/Mar/2025 09:35AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 11:40AM
Doctor Advice : SERUM IGE,PP,FASTING,HBA1C (EDTA),TSH,FT4,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>31.00</b>		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.

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>8.1</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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

<b>BLOOD UREA NITROGEN</b>				
Blood Urea Nitrogen (BUN)	12.9	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 06-03-2025 14:15:09

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	<b>7.78</b>	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.
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- (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 )

**CHARAK**

[Checked By]

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DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

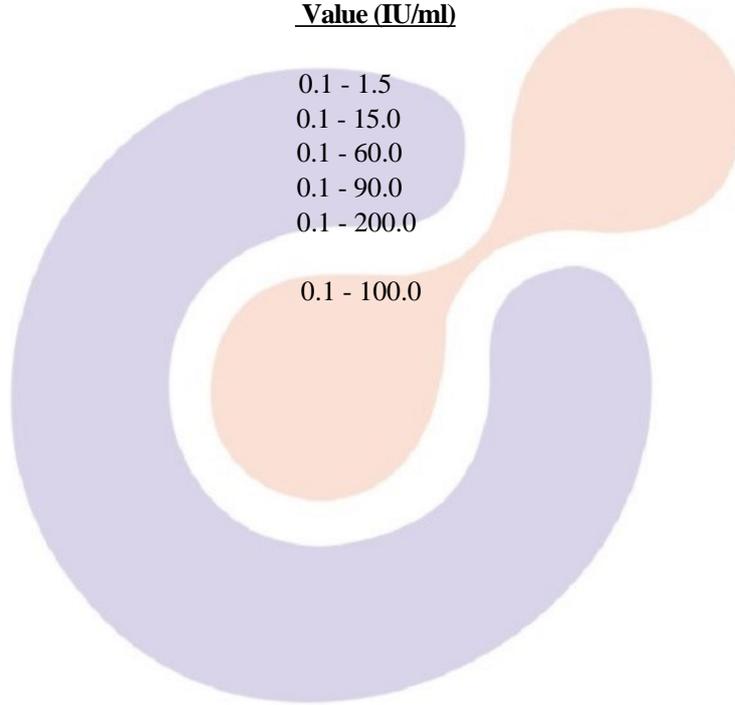
Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>SERUM IGE</b>				
SERUM IGE	317		0.10 - 100	CLIA

<u>Age group</u>	<u>Value (IU/ml)</u>
Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0



**CHARAK**

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	<b>10.9</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.60</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.0	%	36 - 45	Pulse hieght detection
MCV	<b>66.3</b>	fL	80 - 96	calculated
MCH	<b>19.5</b>	pg	27 - 33	Calculated
MCHC	<b>29.5</b>	g/dL	30 - 36	Calculated
RDW	<b>16.8</b>	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<b>12300</b>	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	75	%	40 - 75	Flowcytometry
LYMPHOCYTES	<b>21</b>	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	339,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	339000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	<b>9,225</b>	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,583	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	246	/cmm	20-500	Calculated
Absolute Monocytes Count	246	/cmm	200-1000	Calculated
Mentzer Index	12			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. WBCs show neutrophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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
<b>FASTING</b>				
Blood Sugar Fasting	<b>146.9</b>	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	<b>198.0</b>	mg/dl	up to - 170	Hexokinase
<b>SERUM CREATININE</b>				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>TSH</b>				
TSH	4.00	uIU/ml	0.47 - 4.52	ECLIA

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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHNIQUE BY ELECSYSYS -E411 )

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



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**SKIAGRAM CHEST PA VIEW**

- Patchy parenchymal opacities are seen in left mid and lower zones .....?  
Infective.
- Cardiac shadow is within normal limits.
- Left CP angle is not sharply defined.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**Adv: Repeat X-ray after a course of antibiotics.**

[DR. RAJESH KUMAR SHARMA, MD]

TRANSCRIBED BY: ANUP

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

