

Patient Name : Mr.INDRA JEET SINGH	Visit No : CHA250041000
Age/Gender : 67 Y/M	Registration ON : 07/Mar/2025 10:02AM
<b>Lab No : 10138295</b>	Sample Collected ON : 07/Mar/2025 10:05AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 07/Mar/2025 10:12AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 07/Mar/2025 11:39AM
Doctor Advice : URINE COM. EXMAMINATION,TSH,LIPID-PROFILE,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR,FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>30.00</b>		0 - 20	Westergreen



[Checked By]

Print.Date/Time: 07-03-2025 14:40:17

\*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
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	3.36	Ratio		Calculated
LDL / HDL RATIO	1.84	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

**URINE EXAMINATION REPORT**

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.020		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	mg/dl	ABSENT	Dipstick
Glucose	PRESENT IN TRACE			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	PRESENT		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	

**MICROSCOPIC EXAMINATION**

Pus cells / hpf	Occasional	/hpf	< 5/hpf
Epithelial Cells	Occasional	/hpf	0 - 5
RBC / hpf	Occasional		< 3/hpf



[Checked By]

Print.Date/Time: 07-03-2025 14:40:22

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DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL  
PATHOLOGIST PATHOLOGIST PATHOLOGIST

*Aditi D Agarwal*

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<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	<b>10.9</b>	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>34.4</b>	%	36 - 45	Pulse hieght detection
MCV	80.0	fL	80 - 96	calculated
MCH	<b>25.3</b>	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	<b>16.3</b>	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4770	/cmm	4000 - 10000	Flocytrometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTE	32	%	20-40	Flowcytometry
EOSINOPHIL	<b>0</b>	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	208,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	208000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	173.7	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.82	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.17	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.65	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	92.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	17.0	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	146.30	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	113.20	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	43.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	80.06	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	22.64	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	29.80	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.5	MEq/L	3.5 - 5.5	ISE Direct

<b>TSH</b>				
TSH	<b>5.00</b>	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 ELECSYSYS -E411 )

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



[Checked By]



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