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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	: Ms.VIDYAWATI JAISWAL	Visit No	: CHA250041631
Age/Gender	: 67 Y/F	Registration ON	: 08/Mar/2025 10:06AM
Lab No	**: 10138926**	Sample Collected ON	: 08/Mar/2025 10:11AM
Referred By	: Dr.ROHAN BAJPAI	Sample Received ON	: 08/Mar/2025 10:11AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 08/Mar/2025 02:02PM
Doctor Advice	: HBA1C (EDTA),LIPID-PROFILE,T3T4TSH,URINE COM. EXMAMINATION,CRP (Quantitative),LFT,KIDNEY FUNCTION TEST - I,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.5	%	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

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DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
CRP-QUANTITATIVE				
CRP-QUANTITATIVE TEST	**19.1**	MG/L	0.1 - 6	

Method: Immunoturbidimetric

(Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurment of CRP represents a useful aboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparrently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

LIPID-PROFILE				
Cholesterol/HDL Ratio	3.02	Ratio		Calculated
LDL / HDL RATIO	1.40	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	

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Test Name	Result	Unit	Bio. Ref. Range	Method
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	20 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	PRESENT		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	12-15	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.2	%	36 - 45	Pulse hieght detection
MCV	90.1	fL	80 - 96	calculated
MCH	28.7	pg	27 - 33	Calculated
MCHC	31.8	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7970	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	59	%	40 - 75	Flowcytrometry
LYMPHOCYTE	33	%	20-40	Flowcytrometry
EOSINOPHIL	3	%	1 - 6	Flowcytrometry
MONOCYTE	5	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	233,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	230000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	20			
Peripheral Blood Picture	:			

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

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.85	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.69	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	95.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	38.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	133.40	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	136.30	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	44.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	61.94	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	27.26	mg/dL	10 - 40	Calculated
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	36.60	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.97	nmol/L	1.49-2.96	ECLIA
T4	160.00	n mol/l	63 - 177	ECLIA
TSH	2.84	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 *****

MC-2491

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