

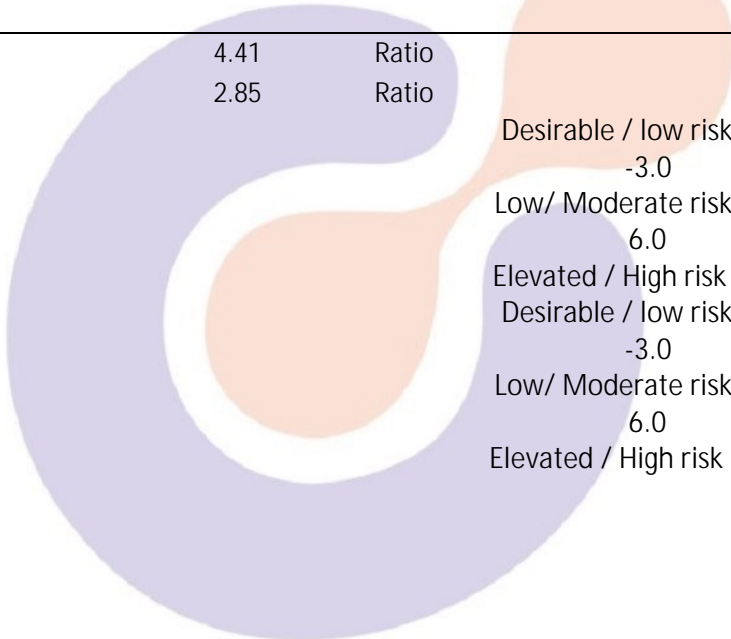
Patient Name : Ms. ZAREEN	Visit No : CHA250041778
Age/Gender : 29 Y/F	Registration ON : 08/Mar/2025 12:12PM
Lab No : 10139073	Sample Collected ON : 08/Mar/2025 12:13PM
Referred By : Dr. M RAHMAN	Sample Received ON : 08/Mar/2025 12:21PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 08/Mar/2025 01:39PM
Doctor Advice : URIC ACID,RANDOM,CBC (WHOLE BLOOD),T3T4TSH,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	5.3	mg/dL	2.40 - 5.70	Uricase,Colorimetric

LIPID-PROFILE				
Cholesterol/HDL Ratio	4.41	Ratio		Calculated
LDL / HDL RATIO	2.85	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



CHARAK

[Checked By]

Print.Date/Time: 08-03-2025 18:18:17

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	10.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.0	%	36 - 45	Pulse height detection
MCV	86.4	fL	80 - 96	calculated
MCH	26.9	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	15.9	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8310	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTES	39	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	218,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	218000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,737	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,241	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	166	/cmm	20-500	Calculated
Absolute Monocytes Count	166	/cmm	200-1000	Calculated
Mentzer Index	22			
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
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	119.1	mg/dl	70 - 170	Hexokinase

LIPID-PROFILE				
TOTAL CHOLESTEROL	242.80	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	154.20	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	55.10	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	156.86	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	30.84	mg/dL	10 - 40	Calculated

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MC-2491 Print.Date/Time: 08-03-2025 18:18:25
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.85	nmol/L	1.49-2.96	ECLIA
T4	147.02	n mol/l	63 - 177	ECLIA
TSH	3.62	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 ***



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