

Patient Name : Mr. RAKESH KUMAR	Visit No : CHA250042217
Age/Gender : 64 Y/M	Registration ON : 09/Mar/2025 08:29AM
Lab No : 10139512	Sample Collected ON : 09/Mar/2025 08:31AM
Referred By : Dr. SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 09/Mar/2025 09:21AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 10:54AM
Doctor Advice : 25 OH vit. D,CBC (WHOLE BLOOD),CREATININE,HBA1C (EDTA),LFT,LIPID-PROFILE,NA+K+,UREA,VIT B12,T3T4TSH,FASTING	



MASTER HEALTH CHECKUP 4				
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.7	%	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

LIPID-PROFILE

Cholesterol/HDL Ratio	4.48	Ratio	Calculated
LDL / HDL RATIO	2.65	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	

[Checked By]

Print.Date/Time: 09-03-2025 13:08:31

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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MASTER HEALTH CHECKUP 4				
Test Name	Result	Unit	Bio. Ref. Range	Method

25 OH vit. D

25 Hydroxy Vitamin D	7.78	ng/ml		ECLIA
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Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

VITAMIN B12				
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VITAMIN B12	242	pg/mL		CLIA
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180 - 814 Normal
145 - 180 Intermediate
145.0 Deficient pg/ml

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

CHARAK

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Print.Date/Time: 09-03-2025 13:08:32

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Referred By : Dr. SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 09/Mar/2025 09:37AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 11:12AM
Doctor Advice : 25 OH vit. D, CBC (WHOLE BLOOD), CREATININE, HBA1C (EDTA), LFT, LIPID-PROFILE, NA+K+, UREA, VIT B12, T3T4TSH, FASTING	



MASTER HEALTH CHECKUP 4

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	14.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.7	%	36 - 45	Pulse height detection
MCV	91.8	fL	80 - 96	calculated
MCH	31.6	pg	27 - 33	Calculated
MCHC	34.4	g/dL	30 - 36	Calculated
RDW	12.9	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7520	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	171,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	171000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,662	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,331	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	301	/cmm	20-500	Calculated
Absolute Monocytes Count	226	/cmm	200-1000	Calculated
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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MASTER HEALTH CHECKUP 4

Test Name	Result	Unit	Bio. Ref. Range	Method
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FASTING

Blood Sugar Fasting **175.0** mg/dl 70 - 110 Hexokinase

NA+K+

SODIUM Serum 140.0 MEq/L 135 - 155 ISE Direct
POTASSIUM Serum 4.7 MEq/L 3.5 - 5.5 ISE Direct

BLOOD UREA

BLOOD UREA 35.20 mg/dl 15 - 45 Urease, UV, Serum

SERUM CREATININE

CREATININE 0.80 mg/dl 0.50 - 1.40 Alkaline picrate-kinetic

LIVER FUNCTION TEST

TOTAL BILIRUBIN 0.60 mg/dl 0.4 - 1.1 Diazonium Ion
CONJUGATED (D. Bilirubin) 0.30 mg/dl 0.00-0.30 Diazotization
UNCONJUGATED (I.D. Bilirubin) 0.30 mg/dl 0.1 - 1.0 Calculated
ALK PHOS 107.00 U/L 30 - 120 PNPP, AMP Buffer
SGPT 26.5 U/L 5 - 40 UV without P5P
SGOT 23.5 U/L 5 - 40 UV without P5P

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MASTER HEALTH CHECKUP 4				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	198.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	183.00	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	117.20	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	36.60	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 4

Test Name	Result	Unit	Bio. Ref. Range	Method
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T3T4TSH				
T3	1.90	nmol/L	1.49-2.96	ECLIA
T4	112.00	n mol/l	63 - 177	ECLIA
TSH	3.52	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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