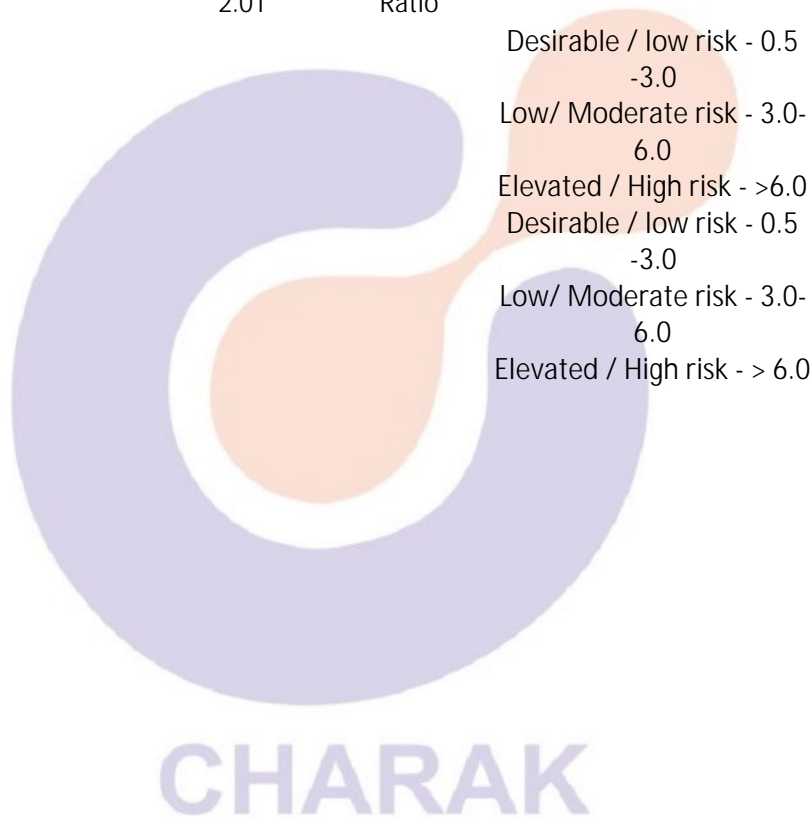


Patient Name : Mr.AGAM SRIVASTAVA	Visit No : CHA250042236
Age/Gender : 27 Y/M	Registration ON : 09/Mar/2025 08:53AM
Lab No : 10139531	Sample Collected ON : 09/Mar/2025 08:55AM
Referred By : Dr.SAMIR GUPTA	Sample Received ON : 09/Mar/2025 09:20AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 10:56AM
Doctor Advice : LIPID-PROFILE,FASTING,HB,TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.48	Ratio		Calculated
LDL / HDL RATIO	2.01	Ratio		Calculated



CHARAK

[Checked By]

Print.Date/Time: 09-03-2025 11:30:45

*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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Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	16.3	g/dl	12 - 15	Non Cyanide
Comment: Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.				
FASTING				
Blood Sugar Fasting	107.0	mg/dl	70 - 110	Hexokinase
LIPID-PROFILE				
TOTAL CHOLESTEROL	154.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	104.70	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	44.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	89.16	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	20.94	mg/dL	10 - 40	Calculated



[Checked By]



Sharma

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	1.32	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 Dxl-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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