

Patient Name : Mr.PRAVEEN	Visit No : CHA250042255
Age/Gender : 38 Y/M	Registration ON : 09/Mar/2025 09:13AM
<b>Lab No : 10139550</b>	Sample Collected ON : 09/Mar/2025 09:15AM
Referred By : SELF	Sample Received ON : 09/Mar/2025 09:29AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 10:58AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



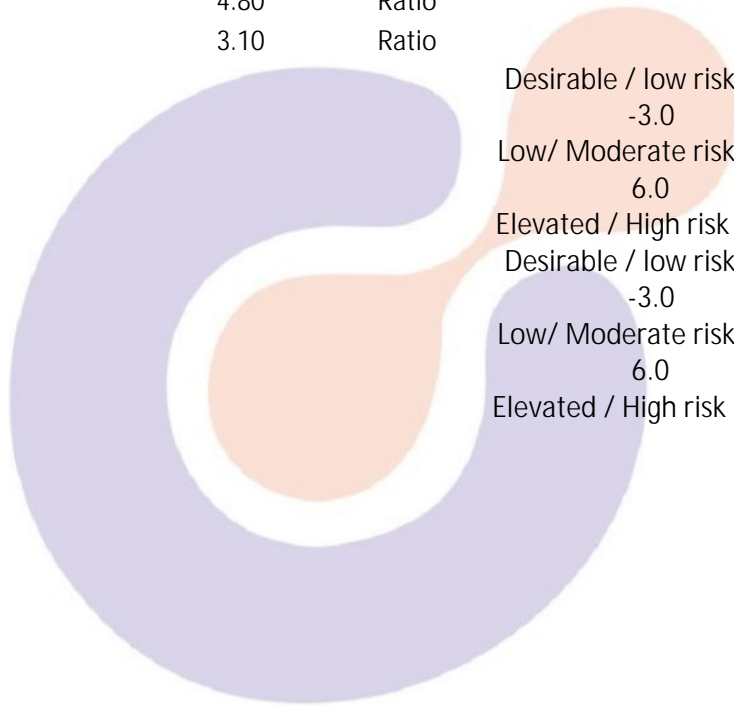
**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	4.80	Ratio		Calculated
LDL / HDL RATIO	3.10	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: 09-03-2025 12:32:09

\*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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Referred By : SELF	Sample Received ON : 09/Mar/2025 09:38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 11:45AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	13.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.20</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	41.8	%	36 - 45	Pulse height detection
MCV	81.0	fL	80 - 96	calculated
MCH	<b>25.2</b>	pg	27 - 33	Calculated
MCHC	31.1	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7660	/cmm	4000 - 10000	Floctometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	61	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	253,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	253000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,673	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,298	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	460	/cmm	20-500	Calculated
Absolute Monocytes Count	230	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

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



[Checked By]



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**MASTER HEALTH CHECKUP 1**

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**FASTING**

Blood Sugar Fasting	109.8	mg/dl	70 - 110	Hexokinase
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**NA+K+**

SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct

**BLOOD UREA**

BLOOD UREA	19.30	mg/dl	15 - 45	Urease, UV, Serum
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**SERUM CREATININE**

CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
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**LIVER FUNCTION TEST**

TOTAL BILIRUBIN	0.86	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.73	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	<b>141.40</b>	U/L	30 - 120	PNPP, AMP Buffer
SGPT	31.0	U/L	5 - 40	UV without P5P
SGOT	27.0	U/L	5 - 40	UV without P5P

CHARAK



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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>241.40</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>176.30</b>	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	50.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>155.84</b>	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	35.26	mg/dL	10 - 40	Calculated

**CHARAK**



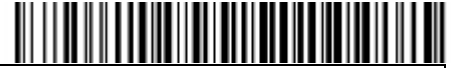
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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.28	nmol/L	1.49-2.96	ECLIA
T4	163.79	n mol/l	63 - 177	ECLIA
TSH	2.09	uIU/ml	0.47 - 4.52	ECLIA

**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 ELECSYS -E411 )

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



[Checked By]



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