

Patient Name : Mr.AMAN	Visit No : CHA250042323
Age/Gender : 27 Y/M	Registration ON : 09/Mar/2025 10: 25AM
Lab No : 10139618	Sample Collected ON : 09/Mar/2025 10: 27AM
Referred By : Dr.AK RAO	Sample Received ON : 09/Mar/2025 10: 41AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 11: 47AM
Doctor Advice : RANDOM,CHEST PA,TSH,ECG,CBC (WHOLE BLOOD),NA+K+,CREATININE,UREA,LFT,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	3.19	Ratio		Calculated
LDL / HDL RATIO	1.70	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 14:32:37

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Referred By : Dr.AK RAO	Sample Received ON : 09/Mar/2025 10:33AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 09/Mar/2025 12:15PM
Doctor Advice : RANDOM,CHEST PA,TSH,ECG,CBC (WHOLE BLOOD),NA+K+,CREATININE,UREA,LFT,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	16.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	48.5	%	36 - 45	Pulse height detection
MCV	89.2	fL	80 - 96	calculated
MCH	30.1	pg	27 - 33	Calculated
MCHC	33.8	g/dL	30 - 36	Calculated
RDW	11.9	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8280	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTES	31	%	25 - 45	Flowcytometry
EOSINOPHIL	10	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	160,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,637	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,567	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	828	/cmm	20-500	Calculated
Absolute Monocytes Count	248	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs show mild eosinophilia. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	110.5	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	27.20	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.02	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.19	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.83	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	97.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	98.0	U/L	5 - 40	UV without P5P
SGOT	64.0	U/L	5 - 40	UV without P5P

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MC-2491 Print.Date/Time: 09-03-2025 14:32:46
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	183.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	142.30	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	57.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	97.24	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	28.46	mg/dL	10 - 40	Calculated

CHARAK



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.08	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 ***

CHARAK



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ECG -REPORT

RATE : 75 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

- NO ACTIVE LUNG PARENCHYMAL LESION IS DISCERNIBLE.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

