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|---------------------------------------|---|
| Patient Name : Ms. REETU YADAV | Visit No : CHA250042714 |
| Age/Gender : 45 Y/F | Registration ON : 10/Mar/2025 08:30AM |
| Lab No : 10140009 | Sample Collected ON : 10/Mar/2025 08:31AM |
| Referred By : Dr. KALYAN MULLICK | Sample Received ON : 10/Mar/2025 09:04AM |
| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 10/Mar/2025 10:41AM |
| Doctor Advice : LIPID-PROFILE,T3T4TSH | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-----------------------|--------|-------|-----------------|------------|
| LIPID-PROFILE | | | | |
| Cholesterol/HDL Ratio | 3.22 | Ratio | | Calculated |
| LDL / HDL RATIO | 1.84 | 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: 10-03-2025 11:52:44

*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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| Test Name | Result | Unit | Bio. Ref. Range | Method |
|-------------------|--------|-------|--|----------------------------|
| TOTAL CHOLESTEROL | 112.00 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 66.40 | 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 | 34.80 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 63.92 | 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 | 13.28 | mg/dL | 10 - 40 | Calculated |

CHARAK



[Checked By]



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| Refer Lab/Hosp : CHARAK NA | Report Generated ON : 10/Mar/2025 11:18AM |
| Doctor Advice : LIPID-PROFILE,T3T4TSH | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|----------------|---------------|---------|-----------------|--------|
| T3T4TSH | | | | |
| T3 | 3.07 | nmol/L | 1.49-2.96 | ECLIA |
| T4 | 209.80 | n mol/l | 63 - 177 | ECLIA |
| TSH | 1.59 | uIU/ml | 0.47 - 4.52 | ECLIA |

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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