

Patient Name : Mr.CL DIXIT	Visit No : CHA250042724
Age/Gender : 64 Y/M	Registration ON : 10/Mar/2025 08: 44AM
Lab No : 10140019	Sample Collected ON : 10/Mar/2025 08: 46AM
Referred By : Dr.HEMALI JHA	Sample Received ON : 10/Mar/2025 08: 57AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 09: 51AM
Doctor Advice : TSH,TYPHOID IGG& IGM,URIC ACID,LIPID-PROFILE,URINE COM. EXMAMINATION,HBA1C (EDTA),PP,FASTING,SGPT,SGOT,NA+K+,CREATININE,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.3	%	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

URIC ACID

Sample Type : SERUM

SERUM URIC ACID	5.3	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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LIPID-PROFILE

Cholesterol/HDL Ratio	2.51	Ratio	Calculated
LDL / HDL RATIO	1.05	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: 10-03-2025 15:06:20

*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
TYPHOID IGG& IGM				
TYPHOID IgG	Negative		NEGATIVE	
TYPHOID IGM	POSITIVE		NEGATIVE	



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Referred By : Dr.HEMALI JHA	Sample Received ON : 10/Mar/2025 08:46AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 11:19AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	0.5 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	11.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.2	%	36 - 45	Pulse hieght detection
MCV	85.1	fL	80 - 96	calculated
MCH	26.8	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6290	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 75	Flowcytrometry
LYMPHOCYTES	18	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	186,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	186000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,843	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,132	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	63	/cmm	20-500	Calculated
Absolute Monocytes Count	252	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



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Referred By : Dr. HEMALI JHA	Sample Received ON : 10/Mar/2025 08:57AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 10:41AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	135.7	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	276.0	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.8	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SGPT				
SGPT	22.0	U/L	5 - 40	UV without P5P
SGOT				
SGOT	27.0	U/L	5 - 40	UV without P5P

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	102.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	93.90	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	40.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	42.62	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	18.78	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH				
TSH	2.28	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 ***

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