

Patient Name : Ms.DIVYA VERMA	Visit No : CHA250042775
Age/Gender : 38 Y/F	Registration ON : 10/Mar/2025 09:45AM
Lab No : 10140070	Sample Collected ON : 10/Mar/2025 09:47AM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 10/Mar/2025 10:05AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 10:42AM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



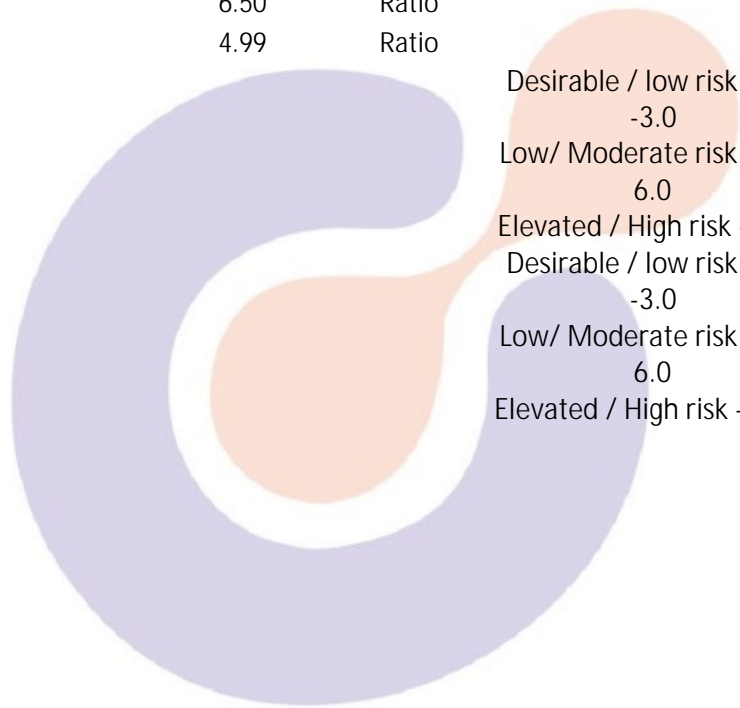
MASTER HEALTH CHECKUP 1

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

Cholesterol/HDL Ratio	6.50	Ratio		Calculated
LDL / HDL RATIO	4.99	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 13:21:52

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 10/Mar/2025 10:08AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 10/Mar/2025 12:46PM
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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CBC (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.60	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.8	%	36 - 45	Pulse height detection
MCV	87.3	fL	80 - 96	calculated
MCH	27.9	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	13.5	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6760	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	70	%	40 - 75	Flowcytometry
LYMPHOCYTES	24	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	309,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	309000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,732	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,622	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	135	/cmm	20-500	Calculated
Absolute Monocytes Count	270	/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.



[Checked By]




 DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL
 PATHOLOGIST PATHOLOGIST PATHOLOGIST

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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	100.3	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	21.60	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.57	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.45	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	81.30	U/L	30 - 120	PNPP, AMP Buffer
SGPT	27.0	U/L	5 - 40	UV without P5P
SGOT	25.0	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	374.60	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	148.80	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	57.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	287.24	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	29.76	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

T3T4TSH				
T3	2.27	nmol/L	1.49-2.96	ECLIA
T4	134.66	n mol/l	63 - 177	ECLIA
TSH	2.03	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 TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



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