

Patient Name : Ms.CHHAYA PANDEY	Visit No : CHA250043054
Age/Gender : 55 Y/F	Registration ON : 10/Mar/2025 01:12PM
Lab No : 10140349	Sample Collected ON : 10/Mar/2025 01:39PM
Referred By : Dr.RDSO LUCKNOW	Sample Received ON : 10/Mar/2025 01:52PM
Refer Lab/Hosp : RDSO LUCKNOW	Report Generated ON : 10/Mar/2025 03:11PM
Doctor Advice : HBA1C (EDTA),T3T4TSH,25 OH vit. D,VIT B12	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.4	%	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

25 OH vit. D

25 Hydroxy Vitamin D	35.44	ng/ml	ECLIA
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Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

CHARAK

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

[Checked By]



Print.Date/Time: 10-03-2025 16:42:35

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

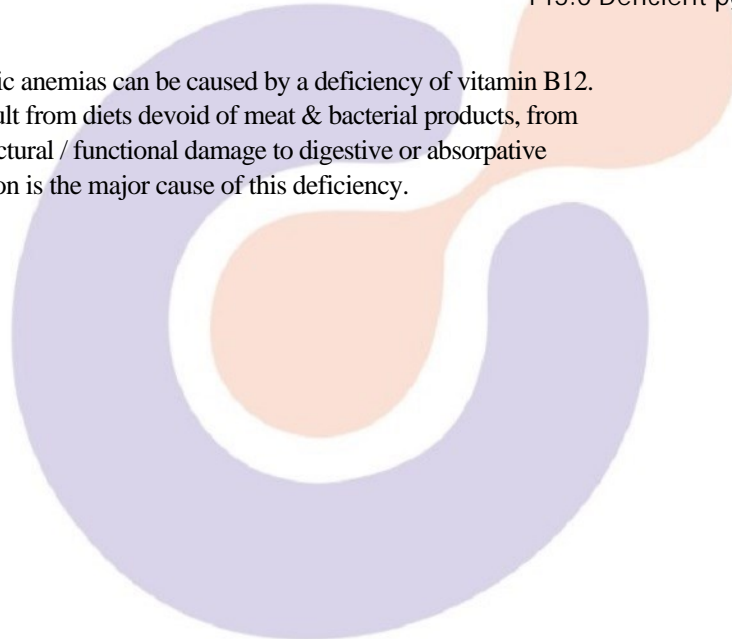
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	313	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.



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PATHOLOGIST

DR. SHADAB
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Aditi D Agarwal
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.01	nmol/L	1.49-2.96	ECLIA
T4	111.01	n mol/l	63 - 177	ECLIA
TSH	1.70	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 ***

CHARAK



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