Charak dhar DIAGNOSTICS Pvt. Ltd.

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003
Phone : 0522-4062223, 9305548277, 8400888844
9415577933, 9336154100, **Tollfree No.**: 8688360360
E-mail : charak1984@gmail.com
CMO Reg. No. RMEE 2445133
NABL Reg. No. MC-2491
Certificate No. MIS-2023-0218

Patient Name	: Ms.BITTAN	Visit No	: CHA250043124
Age/Gender	: 60 Y/F	Registration ON	: 10/Mar/2025 01:52PM
Lab No	**: 10140419**	Sample Collected ON	: 10/Mar/2025 01:54PM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 10/Mar/2025 02:06PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 03:44PM
Doctor Advice	: ECG,TSH,FT4,LFT,HBA1C (EDTA),BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 20	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	**11.5**	%	4 - 5.7	HPLC (EDTA)

NOTE – Findings checked twice. Please correlate clinically.

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	8.32	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 10-03-2025 20:17:00
*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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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 04:45PM
Doctor Advice	: ECG,TSH,FT4,LFT,HBA1C (EDTA),BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	8.25	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

[Checked By]

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Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 10/Mar/2025 02:08PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 03:47PM
Doctor Advice	: ECG,TSH,FT4,LFT,HBA1C (EDTA),BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**11.8**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.4	%	36 - 45	Pulse hieght detection
MCV	82.6	fL	80 - 96	calculated
MCH	**26.0**	pg	27 - 33	Calculated
MCHC	31.6	g/dL	30 - 36	Calculated
RDW	14.3	%	11 - 15	RBC histogram derivation
RETIC	0.4 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7160	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytrometry
LYMPHOCYTES	34	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**1**	%	00 - 01	Flowcytrometry
PLATELET COUNT	180,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	180000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,296	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,434	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	72	/cmm	20-500	Calculated
Absolute Monocytes Count	286	/cmm	200-1000	Calculated
Absolute Basophils Count	71.6	/cmm	20-100	Calculated
Mentzer Index	18			
Peripheral Blood Picture	:			

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

MC-2491

[Checked By]

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.67	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.54	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	97.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	40.0	U/L	5 - 40	UV without P5P
SGOT	**44.0**	U/L	5 - 40	UV without P5P
TSH				
TSH	**10.27**	ulU/ml	0.47 - 4.52	ECLIA

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

Note

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

***** End Of Report *****

MC-2491

[Checked By]

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 07:39PM

PR.

ECG REPORT

* RATE : 95 bpm.

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Increased LV Voltages

* ST-T Changes : ST-T Changes L1, avL ,V6

* QT interval :

* QTc interval : Sec.

Other

OPINION: **LEFT VENTRICULAR HYPERTROPHY WITH STRAIN**

(Finding to be correlated clinically)

DR. RAJIV RASTOGI ,MD.DM

Patient Name	: Ms.BITTAN	Visit No	: CHA250043124
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Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 10/Mar/2025 02:58PM

PR.

SKIAGRAM CHEST PA VIEW

- Rotation + .
- Heterogenous radio opacities are seen in right upper and mid zones.
- Predominently homogeneous opacity is seen in right parahilar region .
- 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 outlined.

OPINION:

- **INFECTIVE ……? KOCH'S CHEST.**

Adv: CECT THORAX TO RULE OUT ANY MASS LESION .

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

transcribed by: anup

***** End Of Report *****