

Patient Name : Ms.AMBREEN SALEEM	Visit No : CHA250043487
Age/Gender : 32 Y/F	Registration ON : 11/Mar/2025 07:13AM
<b>Lab No : 10140782</b>	Sample Collected ON : 11/Mar/2025 07:15AM
Referred By : Dr.LIMRA MEDICAL CENTRE	Sample Received ON : 11/Mar/2025 07:40AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 10:35AM
Doctor Advice : FASTING,HBA1C (EDTA),LIPID-PROFILE,T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>5.9</b>	%	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

**LIPID-PROFILE**

Cholesterol/HDL Ratio	4.03	Ratio	Calculated
LDL / HDL RATIO	2.79	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: 11-03-2025 11:41:23

\*Patient Identity Has Not Been Verified. Not For Medicolegal

*Sharma*

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

Patient Name : Ms.AMBREEN SALEEM	Visit No : CHA250043487
Age/Gender : 32 Y/F	Registration ON : 11/Mar/2025 07:13AM
<b>Lab No : 10140782</b>	Sample Collected ON : 11/Mar/2025 07:15AM
Referred By : Dr.LIMRA MEDICAL CENTRE	Sample Received ON : 11/Mar/2025 07:36AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 10:47AM
Doctor Advice : FASTING,HBA1C (EDTA),LIPID-PROFILE,T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	10.2	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	34.7	%	36 - 45	Pulse hieght detection
MCV	74.0	fL	80 - 96	calculated
MCH	21.7	pg	27 - 33	Calculated
MCHC	29.4	g/dL	30 - 36	Calculated
RDW	16.1	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4510	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	72	%	40 - 75	Flowcytometry
LYMPHOCYTES	26	%	25 - 45	Flowcytometry
EOSINOPHIL	0	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	194,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	194000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,247	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,173	/cmm	1000-3000	Calculated
Absolute Monocytes Count	90	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are macrocytic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



*Sham*

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

Patient Name : Ms.AMBREEN SALEEM	Visit No : CHA250043487
Age/Gender : 32 Y/F	Registration ON : 11/Mar/2025 07:13AM
<b>Lab No : 10140782</b>	Sample Collected ON : 11/Mar/2025 07:15AM
Referred By : Dr.LIMRA MEDICAL CENTRE	Sample Received ON : 11/Mar/2025 07:40AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 10:35AM
Doctor Advice : FASTING,HBA1C (EDTA),LIPID-PROFILE,T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	<b>119.2</b>	mg/dl	70 - 110	Hexokinase

<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	<b>221.00</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	65.20	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	54.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>153.06</b>	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	13.04	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



*Sharma*

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

Patient Name : Ms.AMBREEN SALEEM	Visit No : CHA250043487
Age/Gender : 32 Y/F	Registration ON : 11/Mar/2025 07:13AM
<b>Lab No : 10140782</b>	Sample Collected ON : 11/Mar/2025 07:15AM
Referred By : Dr.LIMRA MEDICAL CENTRE	Sample Received ON : 11/Mar/2025 07:40AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 10:36AM
Doctor Advice : FASTING,HBA1C (EDTA),LIPID-PROFILE,T3T4TSH,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	1.51	nmol/L	1.49-2.96	ECLIA
T4	113.00	n mol/l	63 - 177	ECLIA
TSH	1.80	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 Dxl-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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



[Checked By]



*Sham*

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