Charak dar		Phone : 0522-4 9415577933, 9 E-mail : charak	062223, 930554		
DIAGNOSTICS Pvt. Ltd.		NABLReg. N	o. MC-2491 MIS-2023-021		
Patient Name : Ms.INDRAWATI Age/Gender : 61 Y/F Lab No : 10140814 Referred By : Dr.NIRUPAM PRAKASH Refer Lab/Hosp : CGHS (BILLING) Doctor Advice : 25 OH vit. D,CALCIUM,URIC ACC	D,T3T4TSH,KIDNEY FUN	Visit No Registration ON Sample Collected ON Sample Received ON Report Generated ON CTION TEST - I,LFT,LIPID-PROI	: 11/Mar/2 : 11/Mar/2 : 11/Mar/2	2025 08:43AM 2025 08:48AM 2025 09:30AM 2025 11:03AM	ESR
Test Name CBC+ESR (COMPLETE BLOOD COUNT)	Result U	nit Bio. Ref. R	ange	Method	



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 7

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Charak dar			Phone: 0522-4062223,	
IAGNOSTICS Pvt. Ltd.			NABL Reg. No. MC-24 Certificate No. MIS-20	91
atient Name : Ms. INDRAWATI		Visit	No : CHA	250043519
ge/Gender : 61 Y/F		Regis	tration ON : 11/	Mar/2025 08:43AM
ab No : 10140814		-		Mar/2025 08:48AM
eferred By : Dr.NIRUPAM PRAKASH		-		Mar/2025 09:22AM
efer Lab/Hosp : CGHS (BILLING) octor Advice : 25 OH vit. D,CALCIUM,URIC AC	ID,T3T4TSH,KIDN			Mar/2025 10:53AM c (EDTA),PP,FASTING,CBC+ESE
Test Name	Result	Unit	Bio. Ref. Range	Method
НВА1С				
Glycosylated Hemoglobin (HbA1c)	5.6	%	4 - 5.7	HPLC (EDTA)
Glycosylated Hemoglobin Test (HbA1c)is p Technology(High performance Liquid Chro EXPECTED (RESULT) RANGE :				e method,ie:HPLC
Technology(High performance Liquid Chro	omatography D1 on Diabetic			e method,ie:HPLC
Technology(High performance Liquid ChroEXPECTED (RESULT) RANGE :Bio systemDegree of normal4.0- 5.7 %Normal Value (OR) No5.8- 6.4 %> 6.5 %Diabetic Stage> 6.5 - 7.0 %Well Controlled Diabetic7.1- 8.0 %Unsatisfactory Control	omatography D1 on Diabetic			e method,ie:HPLC
Technology(High performance Liquid Chro EXPECTED (RESULT) RANGE : Bio system Degree of normal 4.0 - 5.7 % Normal Value (OR) No 5.8 - 6.4 % Pre Diabetic Stage > 6.5 % Diabetic (or) Diabetic stage 6.5 - 7.0 % Well Controlled Diabetic 7.1 - 8.0 % Unsatisfactory Control > 8.0 % Poor Control and needs to	omatography D1 on Diabetic			e method,ie:HPLC
Technology(High performance Liquid Chro EXPECTED (RESULT) RANGE : Bio system Degree of normal 4.0 - 5.7 % Normal Value (OR) No 5.8 - 6.4 % Pre Diabetic Stage > 6.5 % Diabetic (or) Diabetic stage > 6.5 - 7.0 % Well Controlled Diabetic 7.1 - 8.0 % Unsatisfactory Control > 8.0 % Poor Control and needs to	omatography D1 on Diabetic			e method,ie:HPLC
Technology(High performance Liquid Chro EXPECTED (RESULT) RANGE : Bio system Degree of normal 4.0 - 5.7 % Normal Value (OR) No 5.8 - 6.4 % Pre Diabetic Stage > 6.5 % Diabetic (or) Diabetic stage > 6.5 % Unsatisfactory Control > 8.0 % Poor Control and needs to	omatography D1 on Diabetic stage reatment	0) from Bio-Rad	Laboratories.USA.	



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 7

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Patient Name: Ms.INDRAWATIAge/Gender: 61 Y/FLab No: 10140814Referred By: Dr.NIRUPAM PRAKASHRefer Lab/Hosp: CGHS (BILLING)Doctor Advice: 25 OH vit. D,CALCIUM,UR	IC ACID,T3T4TSH,KIDN	Sam Sam Repo	No : CHA25 stration ON : 11/Ma ple Collected ON : 11/Ma ple Received ON : 11/Ma	50043519 r/2025 08:43AM r/2025 08:48AM r/2025 09:22AM r/2025 10:53AM	
	1 1				
Test Name	Result	Unit	Bio. Ref. Range	Method	
Cholesterol/HDL Ratio	4.15	Ratio		Calculated	
LDL / HDL RATIO	2.61	Ratio		Calculated	
			Desirable / low risk - 0. -3.0 Low/ Moderate risk - 3. 6.0 Elevated / High risk - >6 Desirable / low risk - 0. -3.0 Low/ Moderate risk - 3. 6.0 Elevated / High risk - >6	.0- 5.0 .5 .0-	
25 OH vit. D					
25 Hydroxy Vitamin D	3 <mark>9.2</mark> 5	ng/ml		ECLIA	
Deficiency < 10 Insufficiency 10 - 30 Sufficiency 30 - 100 Toxicity > 100					

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





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 3 of 7

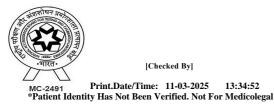
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		CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218			
Patient Name	: Ms.INDRAWATI	Visit No	: CHA250043519		
Age/Gender	: 61 Y/F	Registration ON	: 11/Mar/2025 08:43AM		
Lab No	: 10140814	Sample Collected ON	: 11/Mar/2025 08:48AM		
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 11/Mar/2025 09:30AM		
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 11/Mar/2025 11:03AM		
Doctor Advice	25 OH vit. D,CALCIUM,URIC ACID,T3T4TSH,KIDNEY FU	JNCTION TEST - I,LFT,LIPID-PROF	FILE,HBA1C (EDTA),PP,FASTING,CBC+ESR		
L					

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical
				Impedence
PCV	39.6	%	36 - 45	Pulse hieght
				detection
MCV	87.6	fL	80 - 96	calculated
МСН	28.1	pg	27 - 33	Calculated
MCHC	32.1	g/dL	30 - 36	Calculated
RDW	13.9	%	11 - 15	RBC histogram
				derivation
RETIC	<mark>0.8 %</mark>	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	<mark>9670</mark>	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	69	%	40 - 75	Flowcytrometry
LYMPHOCYTE	27	%	20-40	Flowcytrometry
EOSINOPHIL	2	%	1 - 6	Flowcytrometry
MONOCYTE	2	%	2 - 10	Flowcytrometry
BASOPHIL	0	%	00 - 01	Flowcytrometry
PLATELET COUNT	322,000	/cmm	150000 - 450000	Elect Imped
PLATELET COUNT (MANUAL)	322000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	GH/			

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





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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST

Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 4 of 7

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DIAGNOSTICS Pvt. Lto	I.		CMO Reg. No. RMEE 24 NABL Reg. No. MC-2491 Certificate No. MIS-2023	
Patient Name : Ms.INDRAWATI		Visi		50043519
Age/Gender : 61 Y/F Lab No : 10140814		-		r/2025 08:43AM
Referred By : Dr.NIRUPAM PRAKASH			-	r/2025 08:48AM r/2025 09:22AM
lefer Lab/Hosp : CGHS (BILLING)	CID,T3T4TSH,KIDNE	Rep	•	r/2025 11:59AM
Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	100.1	mg/dl	70 - 110	Hexokinase
РР				
Blood Sugar PP	144.9	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.41	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.31	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	133.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.8	U/L	5 - 40	UV without P5P
SGOT	27.3	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	191.00	mg/dL	Desirable: <200 mg/d	
			Borderline-high: 200-2 mg/dl	39
			High:>/=240 mg/dl	
TRIGLYCERIDES	124.00	mg/dL	Normal: <150 mg/dl	Serum, Enzymatic,
		J	Borderline-high:150 - 1	
			mg/dl	·
	011		High: 200 - 499 mg/d	
	CH/	AR/	Very high:>/=500 mg/	
H D L CHOLESTEROL	46.00	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	120.20	mg/dL	Optimal:<100 mg/dl	CO-PAP
			Near Optimal:100 - 12 mg/dl	7
			Borderline High: 130 - 1	59
			mg/dl	
			High: 160 - 189 mg/d	I
			Very High:>/= 190 mg/	ďl
VLDL	24.80	mg/dL	10 - 40	Calculated



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DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 5 of 7

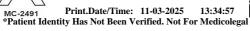
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			E-mail : charak1984@gma CMO Reg. No. RMEE 20 NABL Reg. No. MC-249 Certificate No. MIS-2023	445133 I
tient Name : Ms.INDRAWATI		Visit		50043519
ge/Gender : 61 Y/F		Regis	stration ON : 11/Ma	ar/2025 08:43AM
ab No : 10140814		Samp	ple Collected ON : 11/Ma	ar/2025 08:48AM
eferred By : Dr.NIRUPAM PRAKASH				ar/2025 09:22AM
fer Lab/Hosp : CGHS (BILLING) cotor Advice : 25 OH vit. D,CALCIUM,URI	C ACID,T3T4TSH,KIDNI		ort Generated ON : 11/Μa Γ - I,LFT,LIPID-PROFILE,HBA1C	ar/2025 11:59AM (EDTA),PP,FASTING,CBC+ES
Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I		·		
Sample Type : SERUM				
BLOOD UREA	23.10	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
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DR. NISHANT SHARMA DR. SHADAB

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		NABL Reg. No				
Patient Name	: Ms.INDRAWATI	Visit No	: CHA250043519			
Age/Gender	: 61 Y/F	Registration ON	: 11/Mar/2025 08:43AM			
Lab No	: 10140814	Sample Collected ON	: 11/Mar/2025 08:48AM			
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 11/Mar/2025 09:22AM			
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 11/Mar/2025 10:53AM			
Doctor Advice	25 OH vit. D,CALCIUM,URIC ACID,T3T4TSH,KII	DNEY FUNCTION TEST - I,LFT,LIPID-PROF	TILE,HBA1C (EDTA),PP,FASTING,CBC+ESR			

	Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH					
T3		2.50	nmol/L	1.49-2.96	ECLIA
Τ4		135.00	n mol/l	63 - 177	ECLIA
TSH		2.40	ulU/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)







DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 7 of 7

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