

Patient Name : Ms.ANJALI	Visit No : CHA250043612
Age/Gender : 37 Y/F	Registration ON : 11/Mar/2025 10:05AM
Lab No : 10140907	Sample Collected ON : 11/Mar/2025 10:07AM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 11/Mar/2025 10:22AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 10:59AM
Doctor Advice : PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC CALCIUM,CALCIUM,TSH,FT4,TROPONIN-I (SERUM),TMT,ECG,2D ECHO COLOUR,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.0	%	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

IONIC CALCIUM				
IONIC CALCIUM	1.12	mmol/L	1.13 - 1.33	

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

SERUM CALCIUM				
CALCIUM	9.2	mg/dl	8.8 - 10.2	dapta / arsenazo III

[Checked By]

Print.Date/Time: 11-03-2025 17:08:22

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:31PM
Doctor Advice : PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC CALCIUM,CALCIUM,TSH,FT4,TROPONIN-I (SERUM),TMT,ECG,2D ECHO COLOUR,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	17.8	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)

CHARAK

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Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 11/Mar/2025 10:22AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 12:01PM
Doctor Advice : PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC CALCIUM,CALCIUM,TSH,FT4,TROPONIN-I (SERUM),TMT,ECG,2D ECHO COLOUR,CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IGE				
SERUM IGE	341		0.10 - 100	CLIA

Age group

Value (IU/ml)

Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0

TROPONIN-I (SERUM)

TROPONIN-I (SERUM)	0.022	cut off value : 0.120
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NOTE: -

Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin.1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle.The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium.Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB.

Done by: Vitros ECI (Johnson & Johnson)



Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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Refer Lab/Hosp : CHARAK NA Report Generated ON : 11/Mar/2025 11:34AM
Doctor Advice : PP, FASTING, HBA1C (EDTA), SERUM IGE, IONIC CALCIUM, CALCIUM, TSH, FT4, TROPONIN-I (SERUM), TMT, ECG, 2D ECHO COLOUR, CHEST PA



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	87.7	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	110.0	mg/dl	up to - 170	Hexokinase
TSH				
TSH	9.50	uIU/ml	0.47 - 4.52	ECLIA

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(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411)

*** End Of Report ***



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