97	harak dar			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			
IAGN	USIICS Pvt. Lt	td.		NABL Reg. No. M Certificate No. M	IC-2491 IS-2023-02	218	
Patient Name Age/Gender Lab No Referred By Refer Lab/Hosp Doctor Advice	: Ms.ANJALI : 37 Y/F : 10140907 : Dr.MOHD RIZWANUL HA : CHARAK NA : PP,FASTING,HBA1C (EDTA),	QUE ,SERUM IGE,IONIC CAL	Vis Re Sau Sau CIUM,CALCIUM,TS	it No gistration ON nple Collected ON nple Received ON port Generated ON H,FT4,TROPONIN-I (SI	: CHA2 : 11/Ma : 11/Ma : 11/Ma : 11/Ma ERUM),TMT	50043612 ar/2025 10:05AM ar/2025 10:07AM ar/2025 10:22AM ar/2025 10:59AM r,ECG,2D ECHO COLOUR,CHI	
	Taat Nama						
	i est ivame	Result	Unit	BIO. RET. Ra	inge	Iviethod	
HBA1C	d Homoglobin (UbA1a)	5.0	0/	<u>л с 7</u>			
Technology(H	High performance Liquid Ch	hromatography D10) from Bio-Rad	Laboratories.USA.			
Technology(F EXPECTED Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	 High performance Liquid Ch (RESULT) RANGE : Degree of normal Normal Value (OR) 1 Pre Diabetic Stage Diabetic (or) Diabetic Well Controlled Diab Unsatisfactory Control Poor Control and need 	hromatography D10 Non Diabetic c stage bet bl s treatment) from Bio-Rad	Laboratories.USA.			
Technology(I EXPECTED Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 %	High performance Liquid Ch (RESULT) RANGE : Degree of normal Normal Value (OR) I Pre Diabetic Stage Diabetic (or) Diabetic Well Controlled Diab Unsatisfactory Contro Poor Control and need	hromatography D10 Non Diabetic c stage bl s treatment 1.12) from Bio-Rad	Laboratories.USA.	33		
Technology(F EXPECTED Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 % IONIC CALCIU IONIC CALCIU IONIC CALCIU INTERPRETA -Calcium level multiple myelo -Calcium level diabetic Keto-a	High performance Liquid Ch (RESULT) RANGE : Degree of normal Normal Value (OR) I Pre Diabetic Stage Diabetic (or) Diabetic Well Controlled Diab Unsatisfactory Control Poor Control and need N IUM ATION: is increased in patients with h is decreased in patients with h acidosis, sepsis, acute myocar	hromatography D10 Non Diabetic c stage bet bl s treatment 1.12) from Bio-Rad	Laboratories.USA.	33	ilk-alkali syndrome, ciency, acute pancreatitis, s.	
Technology(F EXPECTED Bio system 4.0 - 5.7 % 5.8 - 6.4 % > 6.5 % 6.5 - 7.0 % 7.1 - 8.0 % > 8.0 % IONIC CALCIU IONIC CALCIU IONIC CALCIU INTERPRET/ -Calcium level multiple myelo -Calcium level diabetic Keto-a	High performance Liquid Ch (RESULT) RANGE : Degree of normal Normal Value (OR) I Pre Diabetic Stage Diabetic (or) Diabetic Well Controlled Diab Unsatisfactory Contro Poor Control and need M IUM ATION: is increased in patients with thoma, Paget's disease. Is decreased in patients with the acidosis, sepsis, acute myocar	hromatography D10 Non Diabetic c stage bet bl s treatment 1.12 hyperparathyroidism, V hemodialysis, hypopar dial infarction (AMI),) from Bio-Rad mmol/L /itamin D intoxic: rathyroidism (prir malabsorption, o	Laboratories.USA. 1.13 - 1.3 ation, metastatic bone hary, secondary), vita steomalacia, renal fail	33 e tumor, mi min D defic lure, rickets	ilk-alkali syndrome, ciency, acute pancreatitis, s.	



l'h

DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 1 of 4

[Checked By]

Print.Date/Time: 11-03-2025 17:08:22 *Patient Identity Has Not Been Verified. Not For Medicolegal

PR.

Ch DIAGN	arak IOSTICS Pvt. Ltd.	Phone : 0522-406 9415577933, 933 E-mail : charak19 CMO Reg. No. F NABL Reg. No. I Certificate No. N	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.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 01:31PM			
Doctor Advice	PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC (CALCIUM,CALCIUM,TSH,FT4,TROPONIN-I (S	SERUM),TMT,ECG,2D ECHO COLOUR,CHES	T P/		

292/05 Tulsidas Marg Resement Chowk Lucknow-226 003

	Test Name	Result	Unit	Bio. Ref. Range	Method
FT4					
FT4		17.8	pmol/L	7.86 - 14.42	CLIA

Note

PR.

(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.

CHARAK

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIS

DR. SHADAB Dr. SYED SAIF AHMAD PATHOLOGIST MD (MICROBIOLOGY) Page 2 of 4

[Checked By]

Print.Date/Time: 11-03-2025 17:08:25 *Patient Identity Has Not Been Verified. Not For Medicolegal

Charak dhar DIAGNOSTICS Pvt. Ltd.		292/05, Tulsidas Mar Phone : 0522-40622 9415577933, 93361 E-mail : charak19840 CMO Reg. No. RM NABL Reg. No. MC Certificate No. MIS	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.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 12:01PM		
Doctor Advice	PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC CALCIUM,	CALCIUM,TSH,FT4,TROPONIN-I (SER	UM),TMT,ECG,2D ECHO COLOUR,CHEST PA		

Test Name	Result	Unit	Bio. Ref. I	Range	Method
SERUM IGE					
SERUM IGE	341		0.10 - 1	100	CLIA
Age group	Va	alue (IU/ml)			
Neonates Infants in first year of life Children aged 1-5 Years Children aged 6-9 Years Children aged 10-15 Years	0.1 0.1 0.1 0.1	1 - 1.5 - 15.0 - 60.0 - 90.0 - 200.0			
Adults	0.	1 - 100.0			
TROPONIN-I (SERUM)					
TROPONIN-I (SERUM)	0.022	y	cut off volue	e : 0.120	

NOTE: -

PR.

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.



DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

Dr. SYED SAIF AHMAD MD (MICROBIOLOGY) Page 3 of 4

[Checked By]

Print.Date/Time: 11-03-2025 17:08:27 *Patient Identity Has Not Been Verified. Not For Medicolegal

Charak Phone: 0522-4062223, 9305548277, 84008888844 9415577933, 9336154100, Tollfree No.: 8688360360 E-mail : charak1984@gmail.com IAGNOSTICS Pvt. Ltd. CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218 Patient Name Visit No : CHA250043612 : Ms.ANJALI 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 11:34AM . PP,FASTING,HBA1C (EDTA),SERUM IGE,IONIC CALCIUM,CALCIUM,TSH,FT4,TROPONIN-I (SERUM),TMT,ECG,2D ECHO COLOUR,CHEST PA Doctor Advice

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

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

*** End Of Report ***





DR. NISHANT SHARMA DR. SHADAB PATHOLOGIST PATHOLOGIST

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

MC-2491 Print.Date/Time: 11-03-2025 17:08:29 *Patient Identity Has Not Been Verified. Not For Medicolega

[Checked By]