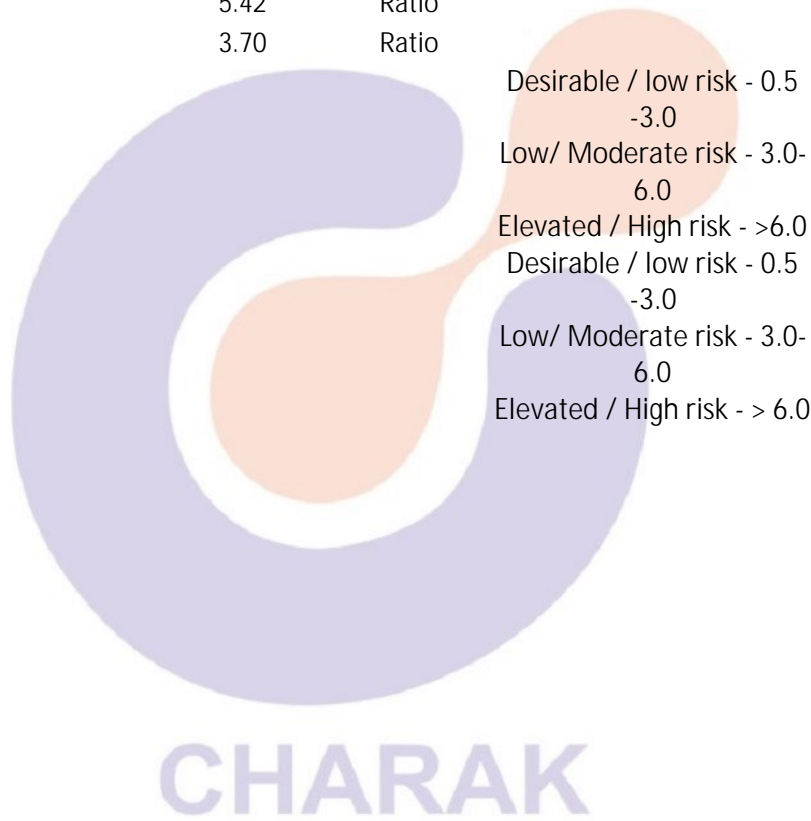


Patient Name : Mr.SYED ASHRAF	Visit No : CHA250043749
Age/Gender : 45 Y/M	Registration ON : 11/Mar/2025 11:48AM
Lab No : 10141044	Sample Collected ON : 11/Mar/2025 11:50AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:00PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	5.42	Ratio		Calculated
LDL / HDL RATIO	3.70	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 14:35:15

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST
DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

Patient Name : Mr.SYED ASHRAF	Visit No : CHA250043749
Age/Gender : 45 Y/M	Registration ON : 11/Mar/2025 11:48AM
Lab No : 10141044	Sample Collected ON : 11/Mar/2025 11:50AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 11:59AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:44PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.1	%	36 - 45	Pulse height detection
MCV	94.4	fL	80 - 96	calculated
MCH	31.0	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	12.6	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7670	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	236,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	236000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,062	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,301	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	153	/cmm	20-500	Calculated
Absolute Monocytes Count	153	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. 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 : Mr.SYED ASHRAF	Visit No : CHA250043749
Age/Gender : 45 Y/M	Registration ON : 11/Mar/2025 11:48AM
Lab No : 10141044	Sample Collected ON : 11/Mar/2025 11:50AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:00PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	108.5	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	139.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	33.50	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.58	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	101.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	65.0	U/L	5 - 40	UV without P5P
SGOT	36.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.SYED ASHRAF	Visit No : CHA250043749
Age/Gender : 45 Y/M	Registration ON : 11/Mar/2025 11:48AM
Lab No : 10141044	Sample Collected ON : 11/Mar/2025 11:50AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:00PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	305.70	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	203.80	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	56.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	208.54	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	40.76	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



DR. NISHANT SHARMA PATHOLOGIST DR. SHADAB PATHOLOGIST DR. ADITI D AGARWAL PATHOLOGIST

Signature

Patient Name : Mr.SYED ASHRAF	Visit No : CHA250043749
Age/Gender : 45 Y/M	Registration ON : 11/Mar/2025 11:48AM
Lab No : 10141044	Sample Collected ON : 11/Mar/2025 11:50AM
Referred By : SELF	Sample Received ON : 11/Mar/2025 12:07PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 01:43PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
-----------	--------	------	-----------------	--------

T3T4TSH				
T3	2.21	nmol/L	1.49-2.96	ECLIA
T4	157.07	n mol/l	63 - 177	ECLIA
TSH	1.43	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 DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHNIQUE BY ELECSYSYS -E411)

*** End Of Report ***



[Checked By]



Sham

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