

Patient Name : Mr.ASHOK KUMAR	Visit No : CHA250044007
Age/Gender : 72 Y/M	Registration ON : 11/Mar/2025 03:20PM
Lab No : 10141302	Sample Collected ON : 11/Mar/2025 03:26PM
Referred By : Dr.RAJIV RASTOGI	Sample Received ON : 11/Mar/2025 03:42PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 11/Mar/2025 04:37PM
Doctor Advice : T3T4TSH,URIC ACID,NA+K+,CREATININE,HBA1C (EDTA),RANDOM,CBC (WHOLE BLOOD)	



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

URIC ACID

Sample Type : SERUM

SERUM URIC ACID	5.1	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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CHARAK

[Checked By]

Print.Date/Time: 11-03-2025 18:35:57

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	13.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.9	%	36 - 45	Pulse hieght detection
MCV	106.3	fL	80 - 96	calculated
MCH	36.3	pg	27 - 33	Calculated
MCHC	34.2	g/dL	30 - 36	Calculated
RDW	13.8	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6800	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	77	%	40 - 75	Flowcytometry
LYMPHOCYTES	18	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	153,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	153000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	5,236	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,224	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	136	/cmm	20-500	Calculated
Absolute Monocytes Count	204	/cmm	200-1000	Calculated
Mentzer Index	29			
Peripheral Blood Picture	:			

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



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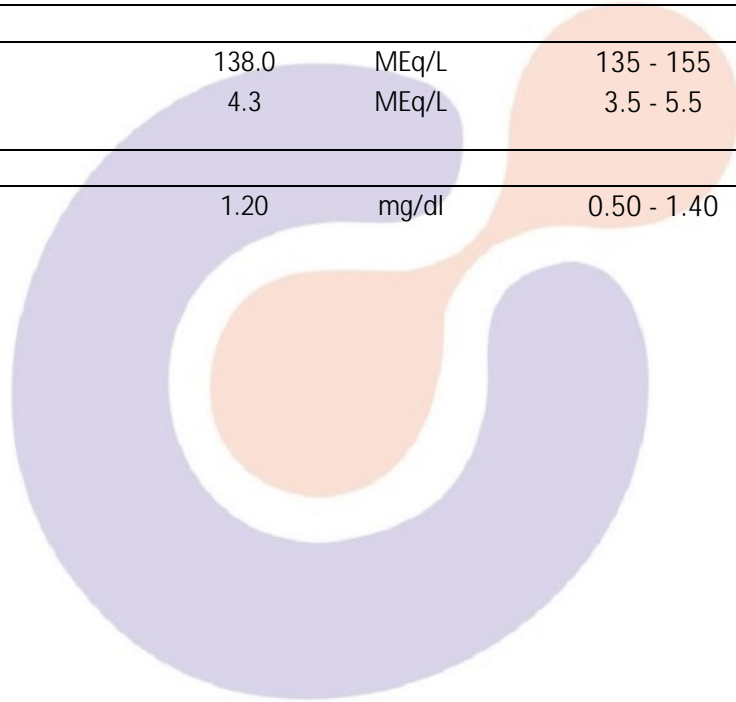


Shadab Khan

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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD SUGAR RANDOM				
BLOOD SUGAR RANDOM	114.5	mg/dl	70 - 170	Hexokinase
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.3	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	1.20	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic



CHARAK



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MC-2491

Print.Date/Time: 11-03-2025 18:36:04

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Agarwal
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.99	nmol/L	1.49-2.96	ECLIA
T4	157.01	n mol/l	63 - 177	ECLIA
TSH	3.06	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 TECHINIQUE BY ELECSYSYS -E411)

*** End Of Report ***

CHARAK



[Checked By]



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Signature
DR. ADITI D AGARWAL
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