

Patient Name : Ms.SADHANA Visit No : CHA250044346  
Age/Gender : 60 Y/F Registration ON : 12/Mar/2025 09:02AM  
**Lab No : 10141641** Sample Collected ON : 12/Mar/2025 09:03AM  
Referred By : SELF Sample Received ON : 12/Mar/2025 09:30AM  
Refer Lab/Hosp : CHARAK NA Report Generated ON : 12/Mar/2025 11:06AM  
Doctor Advice : GFR,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH



**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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Glomerular filtration rate (GFR)				
Glomerular filtration rate (GFR)	85.00	ml/min	60 - 89	calculated

**INTERPRETATION:**  
**NOTE:**

- National Kidney Disease Education program recommends the use of MDRD equation to estimate or predict GFR in adults (≥20 years) with Chronic Kidney Disease (CKD).
- MDRD equation is most accurate for GFR ≤60 mL/min/1.73m<sup>2</sup>.

CKD stage	Description	GFR	Associated findings
0	Normal kidney function	>90	No proteinuria
1	Kidney damage with normal or high GFR	>90	Presence of Protein, albumin, cells or casts in urine
2	Mild decrease in GFR	60-89	-
3	Moderate decrease in GFR	30-59	-
4	Severe decrease in GFR	15-29	-
5	Kidney failure	<15	-

**LIPID-PROFILE**

Cholesterol/HDL Ratio	3.53	Ratio	Calculated
LDL / HDL RATIO	2.27	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: 12-03-2025 12:05:08

\*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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CBC (COMPLETE BLOOD COUNT)				
Hb	12.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	39.1	%	36 - 45	Pulse height detection
MCV	81.5	fL	80 - 96	calculated
MCH	<b>25.8</b>	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9690	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	29	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	366,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	366000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,105	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,810	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	484	/cmm	20-500	Calculated
Absolute Monocytes Count	291	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	97.8	mg/dl	70 - 110	Hexokinase
<b>NA+K+</b>				
SODIUM Serum	137.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
<b>BLOOD UREA</b>				
BLOOD UREA	40.20	mg/dl	15 - 45	Urease, UV, Serum
<b>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.83	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.67	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	87.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	15.0	U/L	5 - 40	UV without P5P
SGOT	19.0	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID-PROFILE				
TOTAL CHOLESTEROL	235.10	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	87.20	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	66.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	151.06	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	17.44	mg/dL	10 - 40	Calculated

CHARAK



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**MASTER HEALTH CHECKUP 1**

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T3T4TSH				
T3	1.87	nmol/L	1.49-2.96	ECLIA
T4	93.40	n mol/l	63 - 177	ECLIA
TSH	<b>15.20</b>	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]



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