

Patient Name : Ms.ARTI SINGH	Visit No : CHA250044385
Age/Gender : 42 Y/F	Registration ON : 12/Mar/2025 09:42AM
<b>Lab No : 10141680</b>	Sample Collected ON : 12/Mar/2025 09:44AM
Referred By : Dr.AJAY KUMAR VERMA	Sample Received ON : 12/Mar/2025 09:48AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 12/Mar/2025 10:51AM
Doctor Advice : CBC+ESR,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>38.00</b>		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 12-03-2025 12:05:50

\*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 : CGHS (BILLING)	Report Generated ON : 12/Mar/2025 11:07AM
Doctor Advice : CBC+ESR,LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	4.76	Ratio		Calculated
LDL / HDL RATIO	2.40	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



**CHARAK**

[Checked By]

Print.Date/Time: 12-03-2025 12:05:53

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<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	9.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	29.0	%	36 - 45	Pulse height detection
MCV	84.3	fL	80 - 96	calculated
MCH	26.5	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	15.2	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7220	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTE	26	%	20-40	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	116,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	120,000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	25			
Peripheral Blood Picture	:			

Red blood cells show cytopenia + with normocytic normochromic, anisocytosis+. Platelets are reduced. No immature cells or parasite seen.



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Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 12/Mar/2025 10:50AM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.56	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.07	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.49	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	94.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	13.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P

**LIPID-PROFILE**

TOTAL CHOLESTEROL	<b>213.50</b>	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>305.10</b>	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	44.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	<b>107.58</b>	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	<b>61.02</b>	mg/dL	10 - 40	Calculated

**KIDNEY FUNCTION TEST - I**

Sample Type : SERUM

BLOOD UREA	24.00	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.90	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct



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Test Name	Result	Unit	Bio. Ref. Range	Method
TSH	9.49	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 myxedema 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 catabolic state and may revert to normal when the patient recovers.
- (7) There are many drugs for eg. Glucocorticoids, dopamine, Lithium, iodides, oral radiographic dyes, etc. 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-CHEMILUMINESCENCE TECHNIQUE BY ELECSYS -E411 )

\*\*\* End Of Report \*\*\*

CHARAK



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