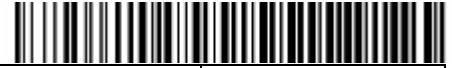


Patient Name : Ms.MUNNI BEGUM	Visit No : CHA250044678
Age/Gender : 70 Y/F	Registration ON : 12/Mar/2025 02: 12PM
<b>Lab No : 10141973</b>	Sample Collected ON : 12/Mar/2025 02: 15PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 12/Mar/2025 02: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 04: 29PM
Doctor Advice : 2D ECHO,HBA1C (EDTA),USG WHOLE WITH CP ANGLE,ECG,TSH,FT4,LFT,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>ESR</b>				
Erythrocyte Sedimentation Rate ESR	<b>89.00</b>		0 - 20	Westergreen

**Note:**

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	<b>7.1</b>	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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



[Checked By]

Print.Date/Time: 12-03-2025 20:00:09

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

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

Patient Name : Ms.MUNNI BEGUM	Visit No : CHA250044678
Age/Gender : 70 Y/F	Registration ON : 12/Mar/2025 02: 12PM
<b>Lab No : 10141973</b>	Sample Collected ON : 12/Mar/2025 02: 15PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 12/Mar/2025 02: 35PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 07: 26PM
Doctor Advice : 2D ECHO,HBA1C (EDTA),USG WHOLE WITH CP ANGLE,ECG,TSH,FT4,LFT,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	<b>23.7</b>	pmol/L	7.86 - 14.42	CLIA

**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 TSH levels.

( ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010 )

**CHARAK**

[Checked By]

Print.Date/Time: 12-03-2025 20:00:11

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



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADABKHAN  
PATHOLOGIST

Dr. SYED SAIF AHMAD  
MD (MICROBIOLOGY)

Patient Name : Ms.MUNNI BEGUM	Visit No : CHA250044678
Age/Gender : 70 Y/F	Registration ON : 12/Mar/2025 02: 12PM
<b>Lab No : 10141973</b>	Sample Collected ON : 12/Mar/2025 02: 15PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 12/Mar/2025 02: 18PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 12/Mar/2025 03: 53PM
Doctor Advice : 2D ECHO,HBA1C (EDTA),USG WHOLE WITH CP ANGLE,ECG,TSH,FT4,LFT,NA+K+,ESR,CBC (WHOLE BLOOD),DIGITAL 1	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	8.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	29.3	%	36 - 45	Pulse hieght detection
MCV	76.3	fL	80 - 96	calculated
MCH	21.6	pg	27 - 33	Calculated
MCHC	28.3	g/dL	30 - 36	Calculated
RDW	23.6	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9770	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	74	%	40 - 75	Flowcytometry
LYMPHOCYTES	20	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	367,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	367000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	7,230	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,954	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	195	/cmm	20-500	Calculated
Absolute Monocytes Count	391	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST



Patient Name : Ms.MUNNI BEGUM	Visit No : CHA250044678
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>NA+K+</b>				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct

<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.90	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.22	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.68	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	93.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	24.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P

<b>TSH</b>				
TSH	1.40	uIU/ml	0.47 - 4.52	ECLIA

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( 1 Beckman Dxi-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411 )

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



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Signature*  
DR. ADITI D AGARWAL  
PATHOLOGIST