

Patient Name : Ms. VERSHA KASHYAP	Visit No : CHA250044995
Age/Gender : 27 Y/F	Registration ON : 13/Mar/2025 09:24AM
Lab No : 10142290	Sample Collected ON : 13/Mar/2025 09:25AM
Referred By : Dr. DINESH KUMAR BIND	Sample Received ON : 13/Mar/2025 09:35AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 13/Mar/2025 11:02AM
Doctor Advice : 25 OH vit. D, VIT B12, CBC+ESR, T3T4TSH, HBA1C (EDTA), PP, FASTING	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	36.00		0 - 15	Westergreen



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[Checked By]

Print.Date/Time: 13-03-2025 14:10:09

*Patient Identity Has Not Been Verified. Not For Medicolegal



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

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Referred By : Dr. DINESH KUMAR BIND	Sample Received ON : 13/Mar/2025 09: 36AM
Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 13/Mar/2025 10: 38AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.4	%	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

25 OH vit. D				
25 Hydroxy Vitamin D	28.39	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

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DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY (Cobas e 411, Unicel DxI600, vitros ECI)

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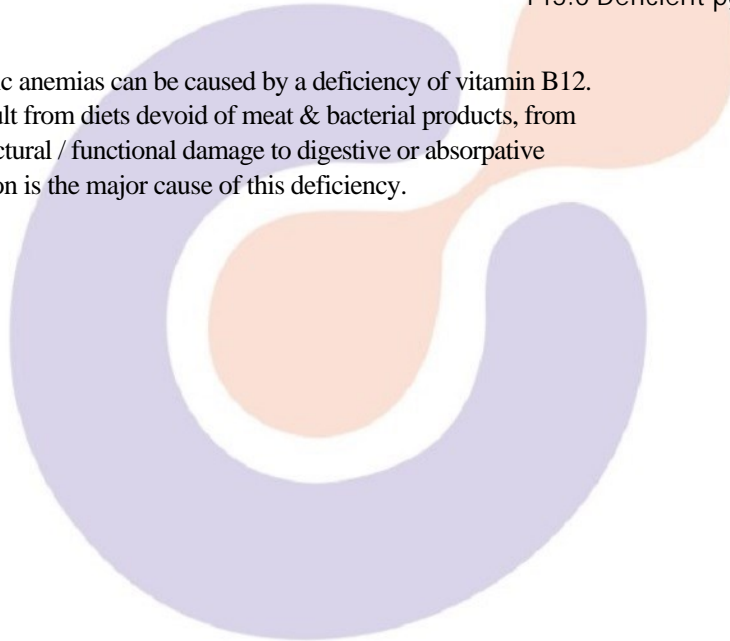
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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	105	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.



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Print.Date/Time: 13-03-2025 14:10:12

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.90	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	35.9	%	36 - 45	Pulse hieght detection
MCV	91.3	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	32.3	g/dL	30 - 36	Calculated
RDW	16.3	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8770	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	67	%	40 - 75	Flowcytometry
LYMPHOCYTE	26	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	258,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	258000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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



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Refer Lab/Hosp : CGHS (DEBIT)	Report Generated ON : 13/Mar/2025 01: 34PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	93.2	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	113.3	mg/dl	up to - 170	Hexokinase



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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	114.00	n mol/l	63 - 177	ECLIA
TSH	3.50	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 ***

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