

Patient Name : Ms.RUBEENA	Visit No : CHA250045020
Age/Gender : 49 Y/F	Registration ON : 13/Mar/2025 10:00AM
Lab No : 10142315	Sample Collected ON : 13/Mar/2025 10:01AM
Referred By : SELF	Sample Received ON : 13/Mar/2025 10:01AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 13/Mar/2025 08:20PM
Doctor Advice : LIPID-PROFILE,T3T4TSH,URINE C/S,URINE COM. EXMAMINATION,UACR,HBA1C (EDTA)	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.9	%	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

LIPID-PROFILE

Cholesterol/HDL Ratio	4.20	Ratio	Calculated
LDL / HDL RATIO	2.50	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

URINE ALBUMIN CREATININE RATIO

URINE FOR MICRO ALBUMIN	25	MG/L	< 20 MG/L
URINARY CREATININE	89	mg/dL	20-320 mg/dL
URINE ALBUMIN CREATININE RATIO	28.1	mg/g	calculated



[Checked By]

Print.Date/Time: 13-03-2025 20:55:10

*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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URINE EXAMINATION REPORT

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.015		1.005 - 1.025	
pH-Urine	Absent		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	1.0 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
MICROSCOPIC EXAMINATION				
Pus cells / hpf	4-6	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

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Shadab Khan

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Doctor Advice : LIPID-PROFILE,T3T4TSH,URINE C/S,URINE COM. EXMAMINATION,UACR,HBA1C (EDTA)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	173.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	145.00	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	41.20	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	102.80	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	29.00	mg/dL	10 - 40	Calculated

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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.51	nmol/L	1.49-2.96	ECLIA
T4	133.00	n mol/l	63 - 177	ECLIA
TSH	2.00	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



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