

Patient Name : Ms. VAKEELA BEGUM	Visit No : CHA250045330
Age/Gender : 62 Y 4 M 28 D /F	Registration ON : 13/Mar/2025 03: 50PM
Lab No : 10142625	Sample Collected ON : 13/Mar/2025 03: 52PM
Referred By : Dr.ROHAN BAJPAI	Sample Received ON : 13/Mar/2025 04: 07PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 13/Mar/2025 06: 14PM
Doctor Advice : CBC+ESR,T3T4TSH,LFT,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	8.1	%	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

CHARAK

[Checked By]

Print.Date/Time: 13-03-2025 18:50:18

*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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Referred By : Dr.ROHAN BAJPAI Sample Received ON : 13/Mar/2025 04:08PM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 13/Mar/2025 05:34PM
Doctor Advice : CBC+ESR,T3T4TSH,LFT,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.8	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.30	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	40.0	%	36 - 45	Pulse hieght detection
MCV	75.8	fL	80 - 96	calculated
MCH	24.2	pg	27 - 33	Calculated
MCHC	32	g/dL	30 - 36	Calculated
RDW	19.9	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6890	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	58	%	40 - 75	Flowcytometry
LYMPHOCYTE	34	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	7	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	182,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	182000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	14			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with microcytic hypochromic,anisocytosis+. Platelets are adequate. No parasite seen.



[Checked By]



Shadab Khan

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Referred By : Dr.ROHAN BAJPAI Sample Received ON : 13/Mar/2025 04:07PM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 13/Mar/2025 04:41PM
Doctor Advice : CBC+ESR,T3T4TSH,LFT,KIDNEY FUNCTION TEST - I,HBA1C (EDTA),PP



Test Name	Result	Unit	Bio. Ref. Range	Method
PP				
Blood Sugar PP	116.2	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.56	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	83.60	U/L	30 - 120	PNPP, AMP Buffer
SGPT	25.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	18.70	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct

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Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 13/Mar/2025 05:47PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	175.22	n mol/l	63 - 177	ECLIA
TSH	1.17	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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Signature