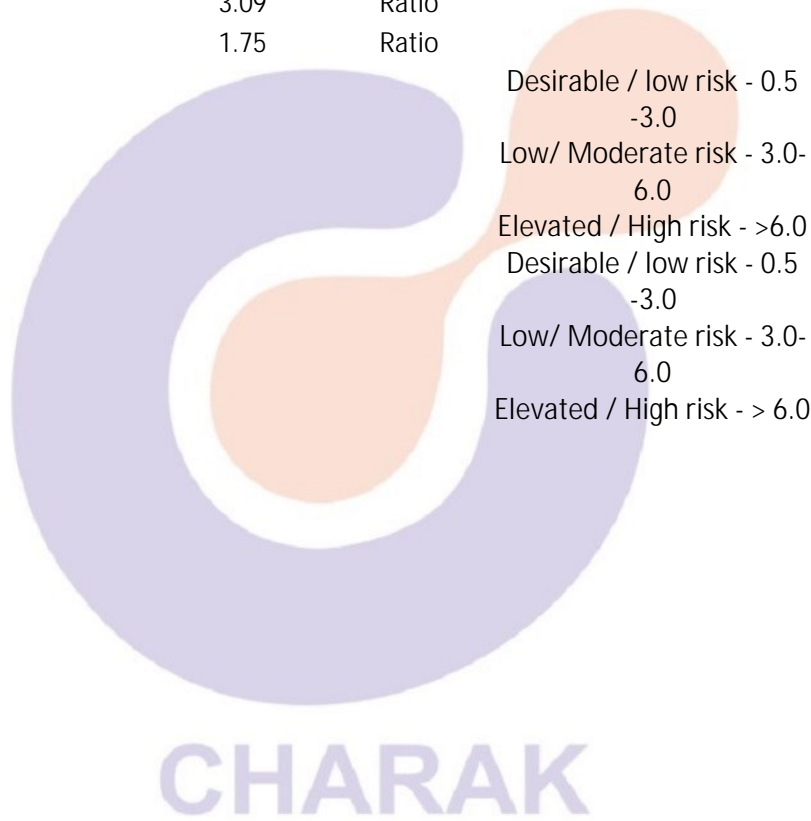


Patient Name : Ms.KALPANA MAURYA	Visit No : CHA250045680
Age/Gender : 43 Y/F	Registration ON : 15/Mar/2025 10:58AM
<b>Lab No : 10142975</b>	Sample Collected ON : 15/Mar/2025 10:59AM
Referred By : SELF	Sample Received ON : 15/Mar/2025 11:45AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 15/Mar/2025 12:15PM
Doctor Advice : PP,CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
Cholesterol/HDL Ratio	3.09	Ratio		Calculated
LDL / HDL RATIO	1.75	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

[Checked By]

Print.Date/Time: 15-03-2025 14:25:58

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



*Sharma*

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

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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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**CBC (COMPLETE BLOOD COUNT)**

Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>3.30</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	<b>35.4</b>	%	36 - 45	Pulse height detection
MCV	<b>108.3</b>	fL	80 - 96	calculated
MCH	<b>37.0</b>	pg	27 - 33	Calculated
MCHC	34.2	g/dL	30 - 36	Calculated
RDW	<b>15.9</b>	%	11 - 15	RBC histogram derivation
RETIC	1.2 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4700	/cmm	4000 - 10000	Floctometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTES	25	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	<b>117,000</b>	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	<b>140000</b>	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	3,243	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,175	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	141	/cmm	20-500	Calculated
Absolute Monocytes Count	141	/cmm	200-1000	Calculated
Mentzer Index	33			
Peripheral Blood Picture	:			

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



[Checked By]



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Aditi D Agarwal*  
DR. ADITI D AGARWAL  
PATHOLOGIST

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**MASTER HEALTH CHECKUP 1**

Test Name	Result	Unit	Bio. Ref. Range	Method
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FASTING				
Blood Sugar Fasting	94.1	mg/dl	70 - 110	Hexokinase

PP				
Blood Sugar PP	117.0	mg/dl	up to - 170	Hexokinase

NA+K+				
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct

BLOOD UREA				
BLOOD UREA	22.90	mg/dl	15 - 45	Urease, UV, Serum

SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	1.39	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.24	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	1.15	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	55.70	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	28.0	U/L	5 - 40	UV without P5P



[Checked By]



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

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	163.70	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	91.50	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	52.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	92.50	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	18.30	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]



*Sharma*

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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>T3T4TSH</b>				
T3	2.14	nmol/L	1.49-2.96	ECLIA
T4	131.83	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 TECHNIQUE BY ELECSYSYS -E411 )

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



*Signature*