

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. TUMUL Visit No : CHA250045793

Registration ON Age/Gender : 38 Y/F : 15/Mar/2025 12:44PM Lab No : 10143088 Sample Collected ON : 15/Mar/2025 12:47PM Referred By : 15/Mar/2025 12:52PM : Dr.RP SHARMA Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 15/Mar/2025 01:47PM

Doctor Advice : FASTING,USG WHOLE ABDOMEN,LIPID-PROFILE,FT4,FT3,T3T4TSH



Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	2.75	Ratio		Calculated
LDL / HDL RATIO	1.58	Ratio		Calculated



Desirable / low risk - 0.5

Elevated / High risk - > 6.0









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Test Name	Result	Unit	Bio. Ref. Range	Method
FT3				
FT3	6.17	pmol/l	3.8 - 6.18	CLIA

## Note

PR.

- (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)





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DR. NISHANT SHARMA DR. SHADAB
PATHOLOGIST PATHOLOGIST



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Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	13.95	pmol/L	7.86 - 14.42	CLIA

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**PATHOLOGIST** 

DR. ADITI D AGARWAL



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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	96.6	mg/dl	70 - 110	Hexokinase
LIPID-PROFILE				
TOTAL CHOLESTEROL	204.30	mg/dL	Desirable: <200 mg/dl	CHOD-PAP
			Borderline-high: 200-239	9
			mg/dl	
			High:>/=240 mg/dl	
TRIGLYCERIDES	64.60	mg/dL	Normal: <150 mg/dl	Serum, Enzymatic,
			Borderline-high:150 - 19	9 endpoint
			mg/dl	
			High: 200 - 499 mg/dl	
			Very high:>/=500 mg/dl	
H D L CHOLESTEROL	74.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	1 <mark>17.08</mark>	mg/dL	Optimal:<100 mg/dl	CO-PAP
			Near Optimal: 100 - 129	
			mg/dl	
			Borderline High: 130 - 15	9
			mg/dl	
			High: 160 - 189 mg/dl	
			Very High:>/= 190 mg/d	1
VLDL	12.92	mg/dL	10 - 40	Calculated









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Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.25	nmol/L	1.49-2.96	ECLIA
T4	139.63	n mol/l	63 - 177	ECLIA
TSH	8.20	ulU/ml	0.47 - 4.52	ECLIA

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Refer Lab/Hosp

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

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





