Charak dhar DIAGNOSTICS Pvt. Ltd.

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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.TABASSUM	Visit No	: CHA250046208
Age/Gender	: 35 Y/F	Registration ON	: 16/Mar/2025 10:21AM
Lab No	**: 10143503**	Sample Collected ON	: 16/Mar/2025 10:25AM
Referred By	: Dr.MOHD RIZWANUL HAQUE	Sample Received ON	: 16/Mar/2025 10:43AM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 11:33AM
Doctor Advice	: PP,FASTING,HBA1C (EDTA),TSH,FT4,SERUM IGE,IONIC CALCIUM,CALCIUM,NA+K+,2D ECHO COLOUR,TROPONIN-I (SERUM),ECG,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	6.00		0 - 15	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C				
Glycosylated Hemoglobin (HbA1c)	**7.2**	%	4 - 5.7	HPLC (EDTA)

NOTE:-
Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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

IONIC CALCIUM			
IONIC CALCIUM	**1.12**	mmol/L	1.13 - 1.33

INTERPRETATION:

-Calcium level is increased in patients with hyperparathyroidism, Vitamin D intoxication, metastatic bone tumor, milk-alkali syndrome, multiple myeloma, Paget's disease.
-Calcium level is decreased in patients with hemodialysis, hypoparathyroidism (primary, secondary), vitamin D deficiency, acute pancreatitis, diabetic Keto-acidosis, sepsis, acute myocardial infarction (AMI), malabsorption, osteomalacia, renal failure, rickets.

[Checked By]

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DR. SHADAB
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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CALCIUM				
CALCIUM	9.2	mg/dl	8.8 - 10.2	dapta / arsenazo III

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 05:28PM
Doctor Advice	: PP,FASTING,HBA1C (EDTA),TSH,FT4,SERUM IGE,IONIC CALCIUM,CALCIUM,NA+K+,2D ECHO COLOUR,TROPONIN-I (SERUM),ECG,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FT4				
FT4	**26.1**	pmol/L	7.86 - 14.42	CLIA

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 TSH levels.

(ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -2010)

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Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 01:13PM
Doctor Advice	: PP,FASTING,HBA1C (EDTA),TSH,FT4,SERUM IGE,IONIC CALCIUM,CALCIUM,NA+K+,2D ECHO COLOUR,TROPONIN-I (SERUM),ECG,ESR,CBC (WHOLE BLOOD),CHEST PA		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM IGE				
SERUM IGE	**1851**		0.10 - 100	CLIA

Age group	Value (IU/ml)
Neonates	0.1 - 1.5
Infants in first year of life	0.1 - 15.0
Children aged 1-5 Years	0.1 - 60.0
Children aged 6-9 Years	0.1 - 90.0
Children aged 10-15 Years	0.1 - 200.0
Adults	0.1 - 100.0

Test Name	Result	Unit	Bio. Ref. Range	Method
TROPONIN-I (SERUM)				
TROPONIN-I (SERUM)	0.054		cut off volue : 0.120	

NOTE: -
Troponin I (TnI) is a protein normally found in muscle tissue that, in conjunction with Troponin T and Troponin C, regulates the calcium dependent interaction of actin and myosin.1 Three isotypes of TnI have been identified: one associated with fast-twitch skeletal muscle, one with slow-twitch skeletal muscle and one with cardiac muscle.The cardiac form has an additional 31 amino acid residues at the N terminus and is the only troponin isoform present in the myocardium.Clinical studies have demonstrated that cardiac Troponin I (cTnI) is detectable in the bloodstream 4–6 hours after an acute myocardial infarct (AMI) and remains elevated for several days thereafter Thus, cTnI elevation covers the diagnostic windows of both creatine kinase-MB (CK-MB) and lactate dehydrogenase.3 Further studies have indicated that cTnI has a higher clinical specificity for myocardial injury than does CK-MB.
Done by: Vitros ECI (Johnson & Johnson)

Other conditions resulting in myocardial cell damage can contribute to elevated cTnI levels. Published studies have documented that these conditions include, but are not limited to, sepsis, congestive heart failure, hypertension with left ventricular hypertrophy, hemodynamic compromise, myocarditis, mechanical injury including cardiac surgery, defibrillation and cardiac toxins such as anthracyclines. Factors such as these should be considered when interpreting results from any cTnI test method.

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.60**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**49.1**	%	36 - 45	Pulse hieght detection
MCV	87.1	fL	80 - 96	calculated
MCH	**24.8**	pg	27 - 33	Calculated
MCHC	**28.5**	g/dL	30 - 36	Calculated
RDW	**18.1**	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	**13020**	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	**81**	%	40 - 75	Flowcytrometry
LYMPHOCYTES	**15**	%	25 - 45	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	3	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	286,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	286000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	**10,546**	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,953	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	130	/cmm	20-500	Calculated
Absolute Monocytes Count	391	/cmm	200-1000	Calculated
Mentzer Index	16			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with microcytic hypochromic. WBCs show neutrophilic leucocytosis. Platelets are adequate. No immature cells or parasite seen.

MC-2491

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PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	**125.9**	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	**214.8**	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
TSH				
TSH	3.50	uIU/ml	0.47 - 4.52	ECLIA

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

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

MC-2491

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