

Patient Name : Ms.KEERTI KUMARI	Visit No : CHA250046211
Age/Gender : 20 Y/F	Registration ON : 16/Mar/2025 10: 22AM
<b>Lab No : 10143506</b>	Sample Collected ON : 16/Mar/2025 10: 23AM
Referred By : Dr.VARADA ARORA	Sample Received ON : 16/Mar/2025 11: 52AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 16/Mar/2025 12: 39PM
Doctor Advice : HBA1C (EDTA),BLOOD GROUP,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION,URINE C/S,PP,FASTING,FT4,TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP</b>				
Blood Group	"O"			
Rh (Anti -D)	<b>POSITIVE</b>			

<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	5.0	%	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

**CHARAK**

[Checked By]

Print.Date/Time: 16-03-2025 18:00:33

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



DR. NISHANT SHARMA  
PATHOLOGIST

DR. SHADAB  
PATHOLOGIST

*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
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Referred By : Dr.VARADA ARORA	Sample Received ON : 16/Mar/2025 10: 38AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 16/Mar/2025 05: 28PM
Doctor Advice : HBA1C (EDTA),BLOOD GROUP,CBC (WHOLE BLOOD),URINE COM. EXMAMINATION,URINE C/S,PP,FASTING,FT4,TSH	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FT4</b>				
FT4	17.6	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 02: 23PM
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Test Name	Result	Unit	Bio. Ref. Range	Method
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**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.005</b>		1.005 - 1.025	
pH-Urine	Neutral (7.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
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	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Occasional	/hpf	< 5/hpf	
Epithelial Cells	4-5	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	12.5	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	3.80	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.2	%	36 - 45	Pulse hieght detection
MCV	<b>101.9</b>	fL	80 - 96	calculated
MCH	<b>33.3</b>	pg	27 - 33	Calculated
MCHC	32.7	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6870	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	69	%	40 - 75	Flowcytometry
LYMPHOCYTES	28	%	25 - 45	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	2	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	211,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	211000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,740	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,924	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	69	/cmm	20-500	Calculated
Absolute Monocytes Count	137	/cmm	200-1000	Calculated
Mentzer Index	27			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic with few macrocytes. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	92.4	mg/dl	70 - 110	Hexokinase
<b>PP</b>				
Blood Sugar PP	115.0	mg/dl	up to - 170	Hexokinase
<b>TSH</b>				
TSH	<b>0.52</b>	uIU/ml	0.7 - 6.4	ECLIA

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

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



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)