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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	: Mr.NAIM AHMAD KHAN	Visit No	: CHA250046420
Age/Gender	: 58 Y 14 D/M	Registration ON	: 16/Mar/2025 02:07PM
Lab No	**: 10143715**	Sample Collected ON	: 16/Mar/2025 02:09PM
Referred By	: SELF	Sample Received ON	: 16/Mar/2025 02:26PM
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 03:46PM
Doctor Advice	: CBC (WHOLE BLOOD),25 OH vit. D,CREATININE,FERRITIN,HBA1C (EDTA),Iron,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH,VIT B12,FASTING,TIBC		

PR.

MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.2	%	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

LIPID-PROFILE				
Cholesterol/HDL Ratio	4.99	Ratio		Calculated
LDL / HDL RATIO	3.46	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - >6.0	Calculated
			Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0-6.0 Elevated / High risk - > 6.0	

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DR. SHADAB PATHOLOGIST
DR. ADITI D AGARWAL PATHOLOGIST

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
IRON				
IRON	79.50	ug/ dl	59 - 148	Ferrozine-no deproteinization

Interpretation:

Disease	Iron	TIBC	UIBC	%Transferrin Saturation	Ferritin
Iron Deficiency	Low	High	High	Low	Low
Hemochromatosis	High	Low	Low	High	High
Chronic Illness	Low	Low	Low/Normal	Low	Normal/High
Hemolytic Anemia	High	Normal/Low	Low/Normal	High	High
Sideroblastic Anemia	Normal/High	Normal/Low	Low/Normal	High	High
Iron Poisoning	High	Normal	Low	High	Normal

TIBC				
TIBC	**259.00**	ug/ml	265 - 497	calculated
25 OH vit. D				
25 Hydroxy Vitamin D	25.93	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	**142**	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

Summary :-

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorpative processes. Malabsorption is the major cause of this deficiency.

FERRITIN				
FERRITIN	238	ng/mL	13 - 400	CLIA

INTERPRETATION:

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

LIMITATIONS:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.

For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	**15.7**	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	**5.30**	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	**48.0**	%	36 - 45	Pulse hieght detection
MCV	90.2	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	32.7	g/dL	30 - 36	Calculated
RDW	13.2	%	11 - 15	RBC histogram derivation
RETIC	0.6 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7140	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	66	%	40 - 75	Flowcytrometry
LYMPHOCYTES	26	%	25 - 45	Flowcytrometry
EOSINOPHIL	4	%	1 - 6	Flowcytrometry
MONOCYTE	4	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**72,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**120000**	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,712	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	1,856	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	286	/cmm	20-500	Calculated
Absolute Monocytes Count	286	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. Platelets are reduced. No immature cells or parasite seen.

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	**110.9**	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.8	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	24.70	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.50	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.20	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.30	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.9	U/L	5 - 40	UV without P5P
SGOT	25.9	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	**252.00**	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	135.00	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	50.50	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	**174.50**	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	27.00	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 5

Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.10	nmol/L	1.49-2.96	ECLIA
T4	120.00	n mol/l	63 - 177	ECLIA
TSH	3.70	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 TECHINIQUE BY ELECSYSYS -E411)

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

MC-2491

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