

Patient Name : Mr.HASNAIN RIZVI	Visit No : CHA250046754
Age/Gender : 28 Y/M	Registration ON : 17/Mar/2025 10:10AM
Lab No : 10144049	Sample Collected ON : 17/Mar/2025 10:19AM
Referred By : Dr.SHUBHCHINTAK MEDICAL CHEC	Sample Received ON : 17/Mar/2025 10:23AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 11:28AM
Doctor Advice : URIC ACID,CBC (WHOLE BLOOD),CREATININE,HBA1C (EDTA),LFT,LIPID-PROFILE,NA+K+,UREA,VIT B12,T3T4TSH,FASTING	



MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.9	%	4 - 5.7	HPLC (EDTA)

NOTE:-

Glycosylated Hemoglobin Test (HbA1c) is performed in this laboratory by 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

URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	6.2	mg/dL	2.40 - 5.70	Uricase, Colorimetric

LIPID-PROFILE				
Cholesterol/HDL Ratio	5.54	Ratio		Calculated
LDL / HDL RATIO	3.40	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: 17-03-2025 14:56:04

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

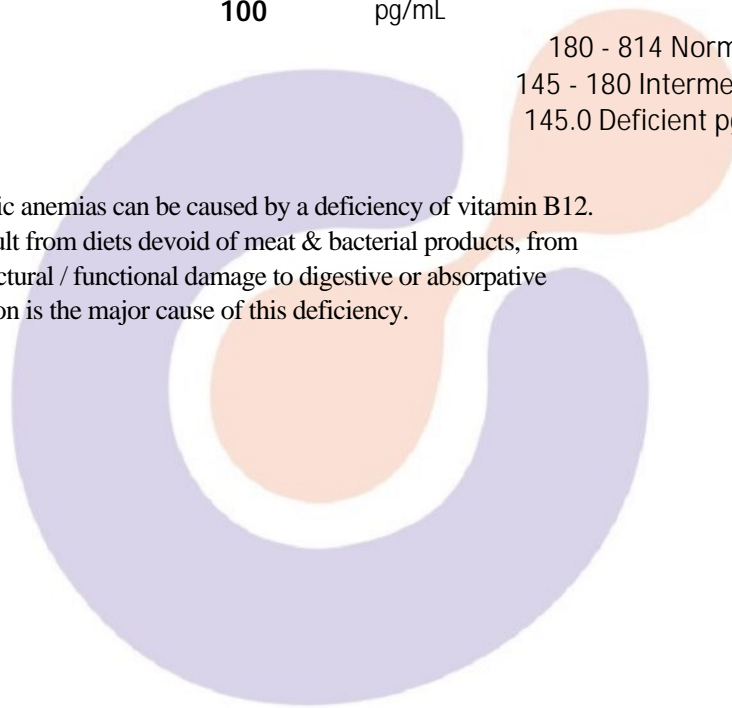
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MASTER HEALTH CHECKUP 3				
Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	100	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

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 absorptive processes. Malabsorption is the major cause of this deficiency.



CHARAK

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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
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CBC (COMPLETE BLOOD COUNT)				
Hb	15.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	44.8	%	36 - 45	Pulse height detection
MCV	87.5	fL	80 - 96	calculated
MCH	29.9	pg	27 - 33	Calculated
MCHC	34.2	g/dL	30 - 36	Calculated
RDW	13.1	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	10020	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTES	35	%	25 - 45	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	284,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	284000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	6,012	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,507	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	200	/cmm	20-500	Calculated
Absolute Monocytes Count	301	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	109.9	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.0	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	24.80	mg/dl	15 - 45	Urease, UV, Serum
SERUM CREATININE				
CREATININE	0.70	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	79.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	74.1	U/L	5 - 40	UV without P5P
SGOT	45.9	U/L	5 - 40	UV without P5P

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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	232.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	239.00	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	41.90	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	142.30	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	47.80	mg/dL	10 - 40	Calculated

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MASTER HEALTH CHECKUP 3

Test Name	Result	Unit	Bio. Ref. Range	Method
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T3T4TSH				
T3	2.20	nmol/L	1.49-2.96	ECLIA
T4	119.00	n mol/l	63 - 177	ECLIA
TSH	3.10	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 ***



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