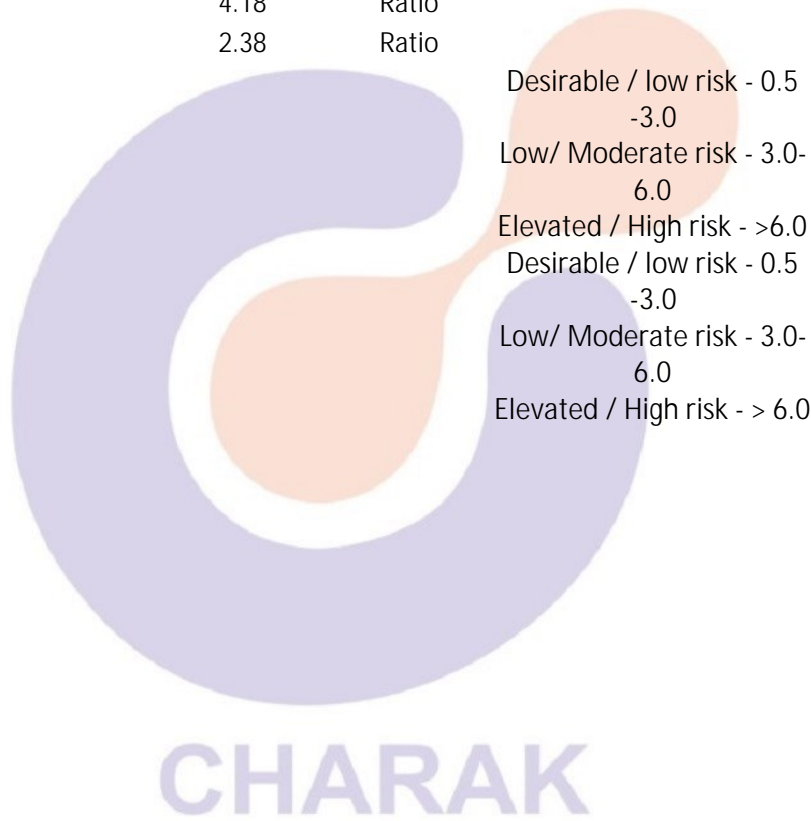


Patient Name : Mr.ADITYA KUMAR	Visit No : CHA250047268
Age/Gender : 45 Y/M	Registration ON : 17/Mar/2025 03:02PM
Lab No : 10144563	Sample Collected ON : 17/Mar/2025 03:03PM
Referred By : SELF	Sample Received ON : 17/Mar/2025 03:13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 04:21PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
Cholesterol/HDL Ratio	4.18	Ratio	Desirable / low risk - 0.5 -3.0	Calculated
LDL / HDL RATIO	2.38	Ratio	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	



Patient Name : Mr.ADITYA KUMAR	Visit No : CHA250047268
Age/Gender : 45 Y/M	Registration ON : 17/Mar/2025 03:02PM
Lab No : 10144563	Sample Collected ON : 17/Mar/2025 03:03PM
Referred By : SELF	Sample Received ON : 17/Mar/2025 03:09PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 05:02PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	14.4	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.70	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	43.3	%	36 - 45	Pulse height detection
MCV	92.3	fL	80 - 96	calculated
MCH	30.7	pg	27 - 33	Calculated
MCHC	33.3	g/dL	30 - 36	Calculated
RDW	14.4	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	8580	/cmm	4000 - 10000	Floctometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	57	%	40 - 75	Flowcytometry
LYMPHOCYTES	33	%	25 - 45	Flowcytometry
EOSINOPHIL	6	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	160,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	160,000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,891	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,831	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	515	/cmm	20-500	Calculated
Absolute Monocytes Count	343	/cmm	200-1000	Calculated
Mentzer Index	20			
Peripheral Blood Picture	:			

Red blood cells are normocytic normochromic. WBCs are within normal limits. Platelets are adequate. No immature cells or parasite seen.



[Checked By]



Shadab Khan

Patient Name : Mr.ADITYA KUMAR Visit No : CHA250047268
Age/Gender : 45 Y/M Registration ON : 17/Mar/2025 03:02PM
Lab No : 10144563 Sample Collected ON : 17/Mar/2025 03:03PM
Referred By : SELF Sample Received ON : 17/Mar/2025 03:13PM
Refer Lab/Hosp : CHARAK NA Report Generated ON : 17/Mar/2025 04:21PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH



MASTER HEALTH CHECKUP 1

Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	100.7	mg/dl	70 - 110	Hexokinase
NA+K+				
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.2	MEq/L	3.5 - 5.5	ISE Direct
BLOOD UREA				
BLOOD UREA	28.00	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	0.60	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.48	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	96.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	35.0	U/L	5 - 40	UV without P5P
SGOT	37.0	U/L	5 - 40	UV without P5P

CHARAK



[Checked By]



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr.ADITYA KUMAR	Visit No : CHA250047268
Age/Gender : 45 Y/M	Registration ON : 17/Mar/2025 03:02PM
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MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method

LIPID-PROFILE				
TOTAL CHOLESTEROL	223.40	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	214.40	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	53.40	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	127.12	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	42.88	mg/dL	10 - 40	Calculated

CHARAK



[Checked By]

MC-2491 Print.Date/Time: 17-03-2025 18:06:18
*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

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Dr. Aditi D Agarwal
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PATHOLOGIST

Patient Name : Mr.ADITYA KUMAR	Visit No : CHA250047268
Age/Gender : 45 Y/M	Registration ON : 17/Mar/2025 03:02PM
Lab No : 10144563	Sample Collected ON : 17/Mar/2025 03:03PM
Referred By : SELF	Sample Received ON : 17/Mar/2025 03:13PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 17/Mar/2025 04:39PM
Doctor Advice : CBC (WHOLE BLOOD),CREATININE,FASTING,LFT,LIPID-PROFILE,NA+K+,UREA,T3T4TSH	



MASTER HEALTH CHECKUP 1				
Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	1.91	nmol/L	1.49-2.96	ECLIA
T4	89.05	n mol/l	63 - 177	ECLIA
TSH	2.47	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 ***



[Checked By]



DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL
PATHOLOGIST PATHOLOGIST PATHOLOGIST

Signature