

Patient Name : Mr.NAND LAL	Visit No : CHA250033348
Age/Gender : 62 Y/M	Registration ON : 24/Feb/2025 03: 13PM
Lab No : 10130644	Sample Collected ON : 24/Feb/2025 03: 15PM
Referred By : Dr.MOHD RIZWANUL HAQUE	Sample Received ON : 24/Feb/2025 03: 44PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 24/Feb/2025 04: 24PM
Doctor Advice : ECG,HBA1C (EDTA),LFT,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	20.00		0 - 20	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)	6.4	%	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

BLOOD UREA NITROGEN				
Blood Urea Nitrogen (BUN)	14.49	mg/dL	7-21	calculated

[Checked By]

Print.Date/Time: 24-02-2025 18:45:08

*Patient Identity Has Not Been Verified. Not For Medicolegal



Shadab Khan

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADABKHAN
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Refer Lab/Hosp : CHARAK NA	Report Generated ON : 24/Feb/2025 05: 12PM
Doctor Advice : ECG,HBA1C (EDTA),LFT,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	12.6	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.3	%	36 - 45	Pulse hieght detection
MCV	94.6	fL	80 - 96	calculated
MCH	31.1	pg	27 - 33	Calculated
MCHC	32.9	g/dL	30 - 36	Calculated
RDW	12.2	%	11 - 15	RBC histogram derivation
RETIC	1.0 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7220	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	283,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	283000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,476	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,166	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	289	/cmm	20-500	Calculated
Absolute Monocytes Count	289	/cmm	200-1000	Calculated
Mentzer Index	24			
Peripheral Blood Picture	:			

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



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
SERUM CREATININE				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.46	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.10	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.36	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	73.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT	23.0	U/L	5 - 40	UV without P5P

*** End Of Report ***

CHARAK



[Checked By]



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ECG -REPORT

RATE : 85 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : ST Depression in L2,L3,avF, V5-V6

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ST DEPRESSION IN L2,L3, avF,V5-V6 ? ISCHEMIC
(FINDING TO BE CORRELATED CLINICALLY)

[DR. RAJIV RASTOGI, MD, DM]



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SKIAGRAM CHEST PA VIEW

- Broncho-vascular markings are prominent in both lung fields.
- Borderline Cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

Clinical correlation and Cardiac evaluation is needed.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

