

Patient Name : Mr. AJAY KAMAL	Visit No : CHA250035107
Age/Gender : 67 Y/M	Registration ON : 27/Feb/2025 06: 48AM
Lab No : 10132403	Sample Collected ON : 27/Feb/2025 06: 49AM
Referred By : Dr. RK SETH	Sample Received ON : 27/Feb/2025 06: 49AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 27/Feb/2025 10: 22AM
Doctor Advice : C SPINE AP /LAT, URINE COM. EXMAMINATION, SGPT, SGOT, LIPID-PROFILE, HBA1C (EDTA), FASTING, GBP, ESR, DLC, TLC, HB	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	4.00		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)	7.0	%	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



[Checked By]

Print.Date/Time: 27-02-2025 13:45:31

*Patient Identity Has Not Been Verified. Not For Medicolegal

Sharma

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

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LIPID-PROFILE

Cholesterol/HDL Ratio	3.27	Ratio		Calculated
LDL / HDL RATIO	1.69	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

URINE EXAMINATION REPORT

Colour-U	YELLOW		Light Yellow
Appearance (Urine)	CLEAR		Clear
Specific Gravity	1.015		1.005 - 1.025
pH-Urine	Acidic (6.0)		4.5 - 8.0
PROTEIN	10 mg/dl	mg/dl	ABSENT Dipstick
Glucose	0.5 gm/dl		
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

MICROSCOPIC EXAMINATION

Pus cells / hpf	Nil	/hpf	< 5/hpf
Epithelial Cells	1-2	/hpf	0 - 5
RBC / hpf	Nil		< 3/hpf

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Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN				
Hb	16.1	g/dl	12 - 15	Non Cyanide

Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC				
TOTAL LEUCOCYTES COUNT	6750	/cmm	4000 - 10000	Floctometry

DLC				
NEUTROPHIL	56	%	40 - 75	Flowcytometry
LYMPHOCYTE	35	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	6	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry

GENERAL BLOOD PICTURE (GBP)

Peripheral Blood Picture :

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

FASTING				
Blood Sugar Fasting	150.9	mg/dl	70 - 110	Hexokinase

SGPT				
SGPT	32.0	U/L	5 - 40	UV without P5P

SGOT				
SGOT	26.0	U/L	5 - 40	UV without P5P



[Checked By]



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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	133.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	118.40	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	40.70	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	68.82	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	23.68	mg/dL	10 - 40	Calculated

*** End Of Report ***

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SKIAGRAM CERVICAL SPINE AP AND LATERAL VIEW

- Anterior and posterior osteophytes are seen arising from C4-C7 vertebrae.
- Intervertebral disc space is reduced between C6-C7 with endplate sclerosis .
- Posterior elements are seen normally.
- No cervical rib is seen.
- No CVJ anomaly is seen.

OPINION:

- **CERVICAL SPONDYLOSIS WITH DEGENERATIVE DISC DISEASE.**

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed By: anuip

*** End Of Report ***

