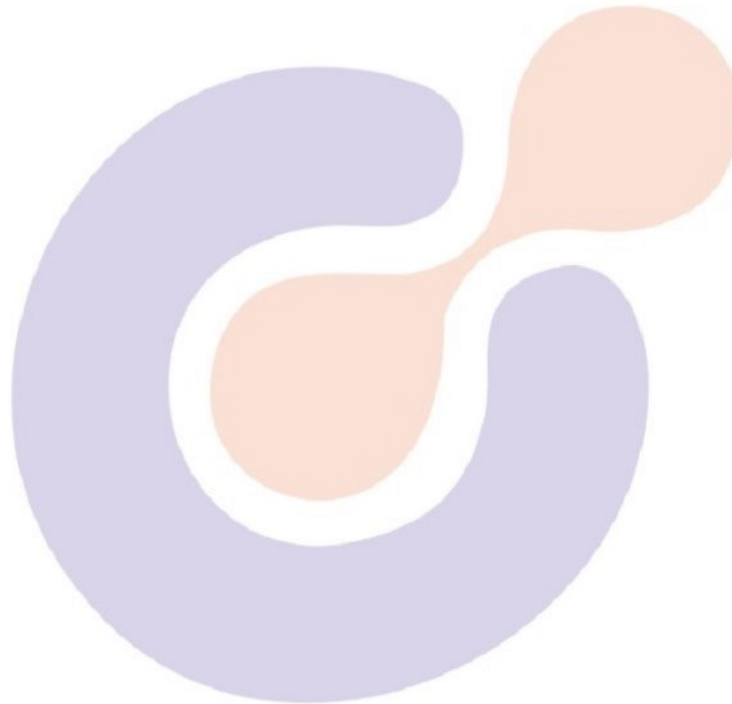


Patient Name : Mr. DEVI SHANKAR SHARMA	Visit No : CHA250035278
Age/Gender : 79 Y 5 M 6 D/M	Registration ON : 27/Feb/2025 10:41AM
Lab No : 10132574	Sample Collected ON : 27/Feb/2025 10:44AM
Referred By : Dr.A KATIYAR	Sample Received ON : 27/Feb/2025 10:48AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 11:30AM
Doctor Advice : ECG,2D ECHO,25 OH vit. D,VIT B12,PP,FASTING,URIC ACID,UACR,URINE COM. EXMAMINATION,USG WHOLE ABDOMEN,PSA-TOTAL,HBA1C (EDTA),CBC+ESR,KIDNEY FUNCTION TEST - LLFT,LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	30.00		0 - 20	Westergreen



CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 18:34:05

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Dr. SYED SAIF AHMAD
MD (MICROBIOLOGY)

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Referred By : Dr. A KATIYAR	Sample Received ON : 27/Feb/2025 10:44AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 02:07PM
Doctor Advice : ECG, 2D ECHO, 25 OH vit. D, VIT B12, PP, FASTING, URIC ACID, UACR, URINE COM. EXAMINATION, USG WHOLE ABDOMEN, PSA-TOTAL, HBA1C (EDTA), CBC+ESR, KIDNEY FUNCTION TEST - LLFT, LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.3	%	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	6.7	mg/dL	2.40 - 5.70	Uricase, Colorimetric
-----------------	-----	-------	-------------	-----------------------

LIPID-PROFILE

Cholesterol/HDL Ratio	4.01	Ratio	Calculated
LDL / HDL RATIO	2.69	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



[Checked By]

Print.Date/Time: 27-02-2025 18:34:11

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Sharma

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

Patient Name : Mr. DEVI SHANKAR SHARMA	Visit No : CHA250035278
Age/Gender : 79 Y 5 M 6 D/M	Registration ON : 27/Feb/2025 10:41AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE ALBUMIN CREATININE RATIO				
URINE FOR MICRO ALBUMIN	10	MG/L	< 20 MG/L	
URINARY CREATININE	22	mg/dL	20-320 mg/dL	
URINE ALBUMIN CREATININE RATIO	45.5	mg/g		calculated

25 OH vit. D				
25 Hydroxy Vitamin D	71.90	ng/ml		ECLIA
Deficiency	< 10			
Insufficiency	10 - 30			
Sufficiency	30 - 100			
Toxicity	> 100			

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

VITAMIN B12				
VITAMIN B12	551	pg/mL		CLIA
			180 - 814 Normal	
			145 - 180 Intermediate	
			145.0 Deficient pg/ml	

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.



[Checked By]

Print.Date/Time: 27-02-2025 18:34:12

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Sharma

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

Patient Name : Mr. DEVI SHANKAR SHARMA	Visit No : CHA250035278
Age/Gender : 79 Y 5 M 6 D/M	Registration ON : 27/Feb/2025 10:41AM
Lab No : 10132574	Sample Collected ON : 27/Feb/2025 10:44AM
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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.005		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	Absent			
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	Occasional	/hpf	< 5/hpf	
Epithelial Cells	Occasional	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

CHARAK

[Checked By]

Print.Date/Time: 27-02-2025 18:34:13

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Sharma

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	11.9	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.9	%	36 - 45	Pulse hieght detection
MCV	87.1	fL	80 - 96	calculated
MCH	27.4	pg	27 - 33	Calculated
MCHC	31.4	g/dL	30 - 36	Calculated
RDW	14.9	%	11 - 15	RBC histogram derivation
RETIC	0.7 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	5080	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	62	%	40 - 75	Flowcytometry
LYMPHOCYTE	32	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	159,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	159000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	20			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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

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Referred By : Dr. A KATIYAR	Sample Received ON : 27/Feb/2025 10:50AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 27/Feb/2025 12:26PM
Doctor Advice : ECG, 2D ECHO, 25 OH vit. D, VIT B12, PP, FASTING, URIC ACID, UACR, URINE COM. EXAMINATION, USG WHOLE ABDOMEN, PSA-TOTAL, HBA1C (EDTA), CBC+ESR, KIDNEY FUNCTION TEST - LLFT, LIPID-PROFILE	



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	87.2	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	135.3	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.67	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.15	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.52	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	70.20	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.0	U/L	5 - 40	UV without P5P
SGOT	24.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	170.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	69.40	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	42.50	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	114.12	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	13.88	mg/dL	10 - 40	Calculated



[Checked By]



MC-2491 Print.Date/Time: 27-02-2025 18:34:22
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DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Signature
DR. ADITI D AGARWAL
PATHOLOGIST

Patient Name : Mr. DEVI SHANKAR SHARMA	Visit No : CHA250035278
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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	21.40	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.4	MEq/L	3.5 - 5.5	ISE Direct
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.29	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential measurement is the most sensitive measure of monitoring treatment of disseminated CA prostate with its shorter half life (half life of 2.2 days only) it is superior to prostatic acid phosphatase (PAP). PSA is elevated in nearly all patients with stage D carcinoma whereas PAP is elevated in only 45 % of patient. Mild PSA elevation are also reported in some patients of BHP.

2. Blood samples should be obtained before prostate biopsy or prostatectomy or prostatic massage or digital pre rectal examination as it may result in transient elevation of PSA value for few days.

NOTE :- PSA values obtained in different types of PSA assay methods cannot be used interchangeably as the PSA value in a given sample varies with assays from different manufactures due to difference in assay methodology and reagent specificity. If in the course of monitoring a patient the assay method used for determination is changed, additional sequential testing should be carried out to confirm baseline value.

DONE BY;
Enhanced Chemiluminescence "VITROS ECI"

*** End Of Report ***



Patient Name : Mr.DEVI SHANKAR SHARMA
Age/Gender : 79 Y 5 M 6 D/M
Lab No : 10132574
Referred By : Dr.A KATIYAR
Refer Lab/Hosp : CGHS (BILLING)

Visit No : CHA250035278
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Sample Collected ON : 27/Feb/2025 10:41AM
Sample Received ON :
Report Generated ON : 27/Feb/2025 12:51PM

ECG -REPORT

RATE : 68 bpm

* RHYTHM : Normal

* P wave : Normal

* PR interval : Normal

* QRS Axis : Normal

Duration : Normal

Configuration : Normal

* ST-T Changes : None

* QT interval :

* QTc interval : Sec.

* Other :

OPINION: ECG WITH IN NORMAL LIMITS

(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



Patient Name : Mr.DEVI SHANKAR SHARMA Visit No : CHA250035278
Age/Gender : 79 Y 5 M 6 D/M Registration ON : 27/Feb/2025 10:41AM
Lab No : 10132574 Sample Collected ON : 27/Feb/2025 10:41AM
Referred By : Dr.A KATIYAR Sample Received ON :
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 27/Feb/2025 12:24PM

2D- ECHO & COLOR DOPPLER REPORT

1. **MITRAL VALVE STUDY** : MVOA - Normal (perimetry) cm² (PHT)

Anterior Mitral Leaflet:

- (a) **Motion**: Normal (b) **Thickness** : Normal (c) **DE** : 1.9 cm.
(d) **EF** 135 mm/sec (e) **EPSS** : 06 mm (f) **Vegetation** : -
(g) **Calcium** : -

Posterior mitral leaflet : Normal

- (a). **Motion** : Normal (b) **Calcium**: - (c) **Vegetation** : -

Valve Score : Mobility /4 **Thickness** /4 **SVA** /4
Calcium /4 **Total** /16

2. **AORTIC VALVE STUDY**

- (a) **Aortic root** :3.3cms (b) **Aortic Opening** 1.9cms (c) **Closure**: Central
(d) **Calcium** : - (e) **Eccentricity Index** : 1 (f) **Vegetation** : -

(g) **Valve Structure** : Tricuspid,

3. **PULMONARY VALVE STUDY** Normal

- (a) **EF Slope** : - (b) **A Wave** : + (c) **MSN** : -

(D) **Thickness** : (e) **Others** :

4. **TRICUSPID VALVE** : Normal

5. **SEPTAL AORTIC CONTINUITY** 6. **AORTIC MITRAL CONTINUITY**

Left Atrium : 3.7 cms **Clot** : - **Others** :
Right Atrium : Normal **Clot** : - **Others** : -

Contd.....



Patient Name	: Mr.DEVI SHANKAR SHARMA	Visit No	: CHA250035278
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VENTRICLES

RIGHT VENTRICLE : Normal

RVD (D)

RVOT

LEFT VENTRICLE :

LVIVS (D) 0.8 cm (s)1.5 cm

Motion : normal

LVPW (D) 1.0cm (s) 1.5 cm

Motion : Normal

LVID (D) 4.7cm (s) 3.0 cm

Ejection Fraction :65%

Fractional Shortening : 35 %

TOMOGRAPHIC VIEWS

Parasternal Long axis view :

NORMAL LV RV DIMENSION
GOOD LV CONTRACTILITY.

Short axis view

Aortic valve level :

AOV - NORMAL
PV - NORMAL
TV - NORMAL

MV - NORMAL

Mitral valve level :

Papillary Muscle Level :

NO RWMA

Apical 4 chamber View :

No LV CLOT



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PERICARDIUM

Normal

DOPPLER STUDIES

	Velocity (m/sec)	Flow pattern (/4)	Regurgitation	Gradient (mm Hg)	Valve area (cm 2)
MITRAL	e = 0.5 a = 0.6	a > e	-	-	-
AORTIC	1.0	Normal	-	-	-
TRICUSPID	0.4	Normal	-	-	-
PULMONARY	0.7	Normal	-	-	-

OTHER HAEMODYNAMIC DATA

COLOUR DOPPLER

NO REGURGITATION OR TURBULENCE ACROSS ANY VALVE

CONCLUSIONS :

- NORMAL LV RV DIMENSION
- GOOD LV SYSTOLIC FUNCTION
- LVEF = 65 %
- NO RWMA
- a > e
- NO CLOT / VEGETATION
- NO PERICARDIAL EFFUSION

DR. PANKAJ RASTOGI, MD,DM



Patient Name : Mr.DEVI SHANKAR SHARMA

Age/Gender : 79 Y 5 M 6 D/M

Lab No : 10132574

Referred By : Dr.A KATIYAR

Refer Lab/Hosp : CGHS (BILLING)

Visit No : CHA250035278

Registration ON : 27/Feb/2025 10:41AM

Sample Collected ON : 27/Feb/2025 10:41AM

Sample Received ON :

Report Generated ON : 27/Feb/2025 12:52PM

PR.



Patient Name	: Mr.DEVI SHANKAR SHARMA	Visit No	: CHA250035278
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Lab No	: 10132574	Sample Collected ON	: 27/Feb/2025 10:41AM
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ULTRASOUND STUDY OF WHOLE ABDOMEN

- **Liver** is mildly enlarged in size (~ 150 mm) and shows homogenous echotexture of liver parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows anechoic lumen. No calculus / mass lesion is seen. GB walls are not thickened.
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous echotexture of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous echotexture of parenchyma. No SOL is seen.
- No retroperitoneal adenopathy is seen.
- No ascites is seen.
- **Both kidneys** are normal in size and position. No hydronephrosis is seen. Tiny concretion measures ~ 1.7 mm is seen in left kidney. No mass lesion is seen. Cortico-medullary differentiation is well maintained. Parenchymal thickness is normal. No scarring is seen. Right kidney measures 91 x 42 mm in size. Left kidney measures 86 x 40 mm in size.
- **Ureters** Both ureters are not dilated. UVJ are seen normally.
- **Urinary bladder** is normal in contour with anechoic lumen. No calculus or mass lesion is seen. Circumferential UB wall is thickened (3.6 mm).
- Bilateral seminal vesicles are seen normally.
- **Prostate** is normal in size, measures 31 x 36 x 33 mm with weight of 19gms and shows homogenous echotexture of parenchyma. No mass lesion is seen.
- Pre void urine volume approx 379cc.
- Post void residual urine volume approx 105 cc (significant).

OPINION:

- **Mild hepatomegaly.**
- **Circumferential thickened UB wall -- ? chronic cystitis with significant post void residual urine volume.**

Clinical correlation is necessary.

[DR. R.K. SINGH, MD]

Transcribed By: Priyanka

*** End Of Report ***



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