

Patient Name : Mr.RAMESH RAM	Visit No : CHA250035932
Age/Gender : 70 Y/M	Registration ON : 28/Feb/2025 09:13AM
Lab No : 10133228	Sample Collected ON : 28/Feb/2025 09:17AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 28/Feb/2025 09:44AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 28/Feb/2025 11:16AM
Doctor Advice : CHEST PA,ECG,NA+K+,URIC ACID,URINE COM. EXMAMINATION,PSA-TOTAL,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



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



[Checked By]

Print.Date/Time: 28-02-2025 15:10:10

*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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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	6.3	%	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	11.2	mg/dL	2.40 - 5.70	Uricase, Colorimetric
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LIPID-PROFILE

Cholesterol/HDL Ratio	3.29	Ratio	Calculated
LDL / HDL RATIO	1.75	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]

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Test Name	Result	Unit	Bio. Ref. Range	Method
URINE EXAMINATION REPORT				
Colour-U	Light yellow		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	1.010		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	10 mg/dl	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	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
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.10	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.8	%	36 - 45	Pulse hieght detection
MCV	91.5	fL	80 - 96	calculated
MCH	29.1	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9140	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	73	%	40 - 75	Flowcytometry
LYMPHOCYTE	21	%	20-40	Flowcytometry
EOSINOPHIL	2	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	205,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	205000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

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



[Checked By]



Sham

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

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Referred By : Dr.NIRUPAM PRAKASH Sample Received ON : 28/Feb/2025 09:28AM
Refer Lab/Hosp : CGHS (BILLING) Report Generated ON : 28/Feb/2025 11:42AM
Doctor Advice : CHEST PA,ECG,NA+K+,URIC ACID,URINE COM. EXMAMINATION,PSA-TOTAL,HBA1C (EDTA),PP,FASTING,LIPID-PROFILE,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR



Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	110.6	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	128.0	mg/dl	up to - 170	Hexokinase
NA+K+				
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.8	MEq/L	3.5 - 5.5	ISE Direct
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.11	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.59	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	123.90	U/L	30 - 120	PNPP, AMP Buffer
SGPT	33.0	U/L	5 - 40	UV without P5P
SGOT	40.0	U/L	5 - 40	UV without P5P
LIPID-PROFILE				
TOTAL CHOLESTEROL	199.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	162.90	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	60.70	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	106.30	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	32.50	mg/dL	10 - 40	Calculated



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Test Name	Result	Unit	Bio. Ref. Range	Method
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	67.90	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.60	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	5.8	MEq/L	3.5 - 5.5	ISE Direct
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.19	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its equential 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 acis 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 prostatecomy or prostatic massage or digital pre rectal examination as it may result intrasient levation 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 ***



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ECG -REPORT

RATE : 60 bpm
* RHYTHM : Normal
* P wave : -
* PR interval : -
* QRS Axis : Left axis
Duration : 140 m sec
Configuration : Normal
* ST-T Changes : None
* QT interval :
* QTc interval : Sec.
* Other :

OPINION: REGULAR RV PACED RHYTHM
(FINDING TO BE CORRELATED CLINICALLY)

[DR. PANKAJ RASTOGI, MD, DM]



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SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are normal.
- Cardiac shadow is within normal limits.
- Both CP angles are clear.
- Pacemaker is seen on left side chest.
- Both domes of diaphragm are sharply defined.

To be correlated with previous records.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by R R...

*** End Of Report ***

