

Patient Name : Dr.ROHAN BAJPAI	Visit No : CHA250037028
Age/Gender : 36 Y/M	Registration ON : 01/Mar/2025 12: 57PM
<b>Lab No : 10134324</b>	Sample Collected ON : 01/Mar/2025 01: 03PM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 01/Mar/2025 01: 17PM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 01/Mar/2025 02: 45PM
Doctor Advice : CBC+ESR,FASTING,URIC ACID,CRP (Quantitative),LIPID-PROFILE,KIDNEY FUNCTION TEST - I,LFT,HBA1C (EDTA)	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	10.00		0 - 15	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 01-03-2025 16:56:27

\*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
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>5.8</b>	%	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

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Test Name	Result	Unit	Bio. Ref. Range	Method
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**CRP-QUANTITATIVE**

CRP-QUANTITATIVE TEST	6.4	MG/L	0.1 - 6	
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Method: Immunoturbidimetric

( Method: Immunoturbidimetric on photometry system)

SUMMARY : C - reactive protien (CRP) is the best known among the acute phase protiens, a group of protien whose concentration increases in blood as a response to inflammatory disorders.CRP is normally present in low concentration in blood of healthy individuals (< 1mg/L). It is elevated up to 500 mg/L in acute inflammatory processes associated with bacterial infections, post operative conditions tissue damage already after 6 hours reaching a peak at 48 hours.. The measurement of CRP represents a useful laboratory test for detection of acute infection as well as for monitoring inflammtory proceses also in acute rheumatic & gastrointestinal disease. In recent studies it has been shows that in apparently healthy subjects there is a direct orrelation between CRP concentrations & the risk of developing oronary heart disease (CHD).

hsCRP cut off for risk assessment as per CDC/AHA

Level	Risk
<1.0	Low
1.0-3.0	Average
>3.0	High

All reports to be clinically corelated

**URIC ACID**

Sample Type : SERUM

SERUM URIC ACID	4.8	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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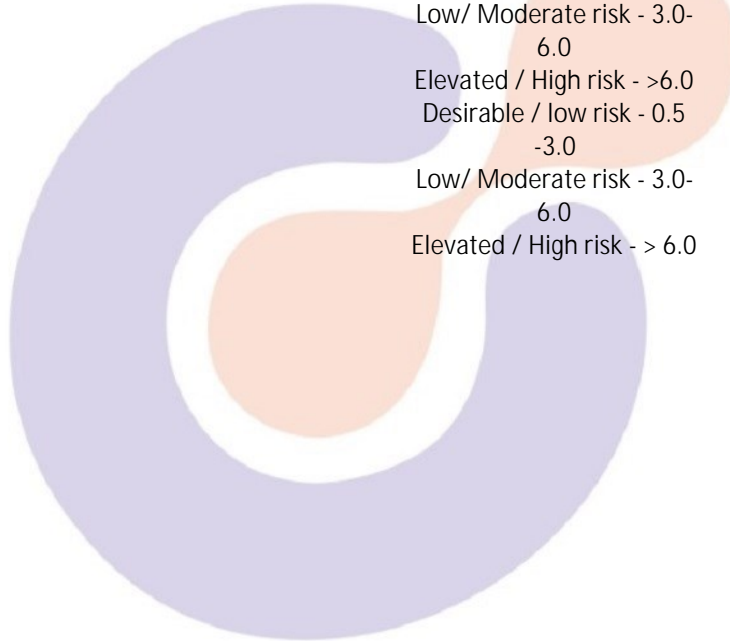


Test Name	Result	Unit	Bio. Ref. Range	Method
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**LIPID-PROFILE**

Cholesterol/HDL Ratio	4.00	Ratio	Calculated
LDL / HDL RATIO	1.92	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



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	<b>5.50</b>	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	42.5	%	36 - 45	Pulse hieght detection
MCV	<b>77.3</b>	fL	80 - 96	calculated
MCH	<b>22.0</b>	pg	27 - 33	Calculated
MCHC	<b>28.5</b>	g/dL	30 - 36	Calculated
RDW	<b>15.7</b>	%	11 - 15	RBC histogram derivation
RETIC	1.5 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9460	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	73	%	40 - 75	Flowcytometry
LYMPHOCYTE	22	%	20-40	Flowcytometry
EOSINOPHIL	1	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	<b>0</b>	%	00 - 01	Flowcytometry
PLATELET COUNT	369,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	369000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	14			
Peripheral Blood Picture	:			

Red blood cells are microcytic hypochromic with anisocytosis+. Platelets are adequate. No immature cells or parasite seen.



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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	108.3	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.49	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.12	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.37	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	<b>52.0</b>	U/L	5 - 40	UV without P5P
SGOT	<b>42.0</b>	U/L	5 - 40	UV without P5P
<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	165.00	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>223.30</b>	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	41.30	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	79.10	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	<b>44.60</b>	mg/dL	10 - 40	Calculated



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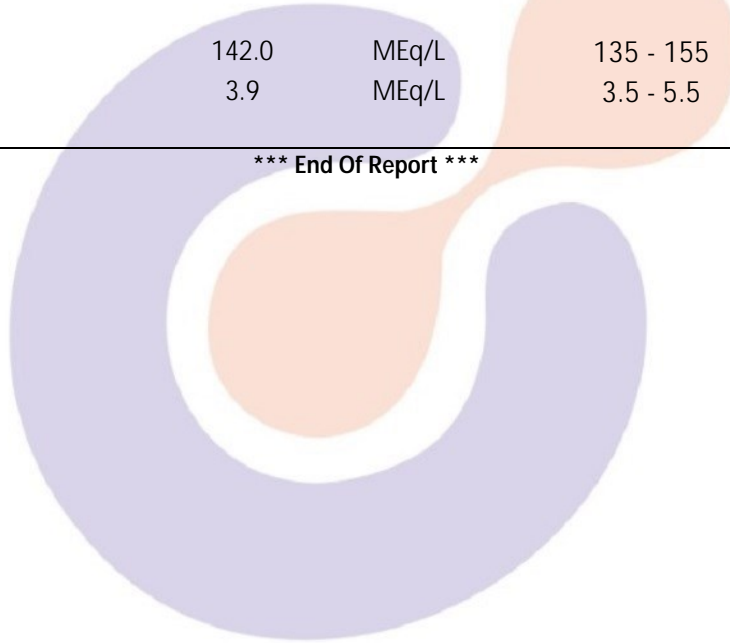
*Dr. Aditi D Agarwal*  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>KIDNEY FUNCTION TEST - I</b>				
<b>Sample Type : SERUM</b>				
BLOOD UREA	16.30	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	0.70	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	142.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct

\*\*\* End Of Report \*\*\*



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