

| | |
|---|--|
| Patient Name : Mr.RAJ KUMAR | Visit No : CHA250037196 |
| Age/Gender : 51 Y/M | Registration ON : 01/Mar/2025 03: 47PM |
| Lab No : 10134492 | Sample Collected ON : 01/Mar/2025 04: 00PM |
| Referred By : Dr.MANISH MAURYA | Sample Received ON : 01/Mar/2025 04: 03PM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 01/Mar/2025 05: 03PM |
| Doctor Advice : ECG,VIT B12,25 OH vit. D,KIDNEY FUNCTION TEST - I,LFT,LIPID-PROFILE,CBC+ESR | |



| Test Name | Result | Unit | Bio. Ref. Range | Method |
|---------------------------------------|--------|------|-----------------|-------------|
| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Erythrocyte Sedimentation Rate ESR | 20.00 | | 0 - 20 | Westergreen |



CHARAK

[Checked By]

Print.Date/Time: 01-03-2025 19:10:12

*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
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Aditi D Agarwal
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| Referred By : Dr.MANISH MAURYA | Sample Received ON : 01/Mar/2025 04: 13PM |
| Refer Lab/Hosp : CGHS (DEBIT) | Report Generated ON : 01/Mar/2025 06: 34PM |
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|-----------|--------|------|-----------------|--------|
|-----------|--------|------|-----------------|--------|

LIPID-PROFILE

| | | | | |
|-----------------------|------|-------|--|------------|
| Cholesterol/HDL Ratio | 3.99 | Ratio | | Calculated |
| LDL / HDL RATIO | 1.60 | 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

25 OH vit. D

| | | | | |
|----------------------|------|-------|--|-------|
| 25 Hydroxy Vitamin D | 9.39 | 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 | 266 | 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.



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| CBC+ESR (COMPLETE BLOOD COUNT) | | | | |
| Hb | 13.2 | g/dl | 12 - 15 | Non Cyanide |
| R.B.C. COUNT | 4.50 | mil/cmm | 3.8 - 4.8 | Electrical Impedence |
| PCV | 41.0 | % | 36 - 45 | Pulse height detection |
| MCV | 91.7 | fL | 80 - 96 | calculated |
| MCH | 29.5 | pg | 27 - 33 | Calculated |
| MCHC | 32.2 | g/dL | 30 - 36 | Calculated |
| RDW | 13.6 | % | 11 - 15 | RBC histogram derivation |
| RETIC | 0.5 % | % | 0.5 - 2.5 | Microscopy |
| TOTAL LEUCOCYTES COUNT | 7720 | /cmm | 4000 - 10000 | Flocytometry |
| DIFFERENTIAL LEUCOCYTE COUNT | | | | |
| NEUTROPHIL | 55 | % | 40 - 75 | Flowcytometry |
| LYMPHOCYTE | 35 | % | 20-40 | Flowcytometry |
| EOSINOPHIL | 5 | % | 1 - 6 | Flowcytometry |
| MONOCYTE | 5 | % | 2 - 10 | Flowcytometry |
| BASOPHIL | 0 | % | 00 - 01 | Flowcytometry |
| PLATELET COUNT | 161,000 | /cmm | 150000 - 450000 | Elect Imped.. |
| PLATELET COUNT (MANUAL) | 161000 | /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]



MC-2491

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|--------------------------------|---------------|-------|--|----------------------------|
| LIVER FUNCTION TEST | | | | |
| TOTAL BILIRUBIN | 1.04 | mg/dl | 0.4 - 1.1 | Diazonium Ion |
| CONJUGATED (D. Bilirubin) | 0.16 | mg/dL | 0.00-0.30 | Diazotization |
| UNCONJUGATED (I.D. Bilirubin) | 0.88 | mg/dL | 0.1 - 1.0 | Calculated |
| ALK PHOS | 92.60 | U/L | 30 - 120 | PNPP, AMP Buffer |
| SGPT | 46.0 | U/L | 5 - 40 | UV without P5P |
| SGOT | 33.0 | U/L | 5 - 40 | UV without P5P |
| LIPID-PROFILE | | | | |
| TOTAL CHOLESTEROL | 210.80 | mg/dL | Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >=240 mg/dl | CHOD-PAP |
| TRIGLYCERIDES | 367.40 | 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 | 52.80 | mg/dL | 30-70 mg/dl | CHER-CHOD-PAP |
| L D L CHOLESTEROL | 84.60 | 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 | 73.40 | mg/dL | 10 - 40 | Calculated |



[Checked By]



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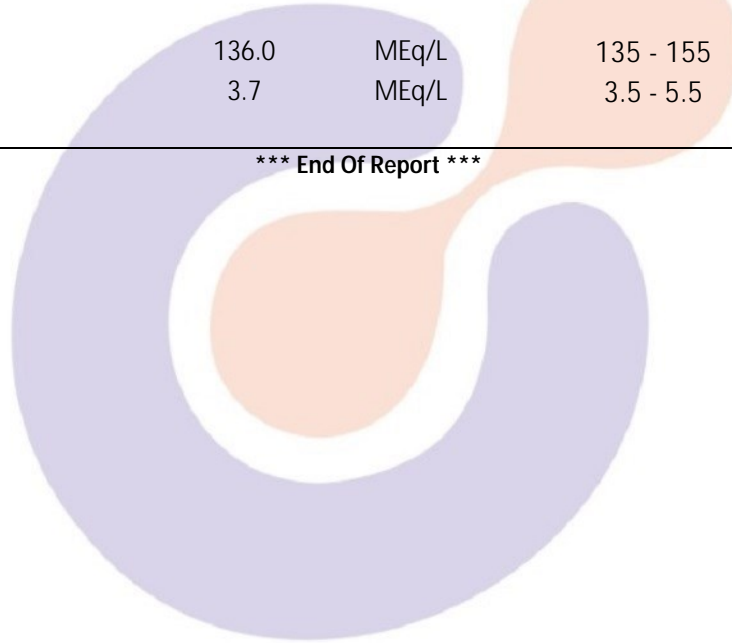
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| KIDNEY FUNCTION TEST - I | | | | |
| Sample Type : SERUM | | | | |
| BLOOD UREA | 32.70 | mg/dl | 15 - 45 | Urease, UV, Serum |
| CREATININE | 0.60 | mg/dl | 0.50 - 1.40 | Alkaline picrate-kinetic |
| SODIUM Serum | 136.0 | MEq/L | 135 - 155 | ISE Direct |
| POTASSIUM Serum | 3.7 | MEq/L | 3.5 - 5.5 | ISE Direct |

*** End Of Report ***



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ECG -REPORT

RATE : 92 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. RAJIV RASTOGI, MD, DM]

*** End Of Report ***

