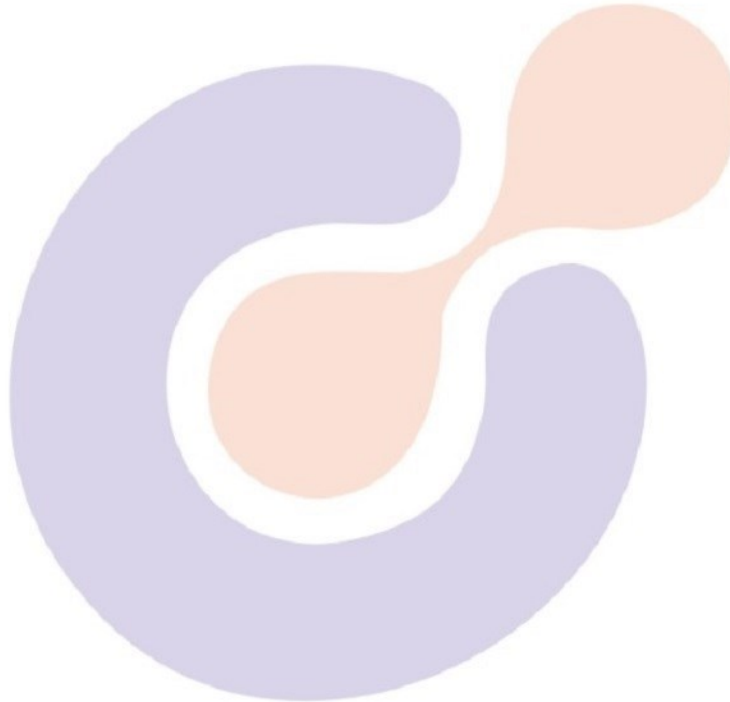


Patient Name : Mr. MERAJUDDIN  
Age/Gender : 63 Y O M O D /M  
Lab No : 10135216  
Referred By : Dr. NIRUPAM PRAKASH  
Refer Lab/Hosp : CGHS (BILLING)  
Doctor Advice : HBA1C (EDTA),FASTING,URIC ACID,PSA-TOTAL,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR  
Visit No : CHA250037921  
Registration ON : 03/Mar/2025 09:24AM  
Sample Collected ON : 03/Mar/2025 09:28AM  
Sample Received ON : 03/Mar/2025 09:54AM  
Report Generated ON : 03/Mar/2025 10:57AM



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



CHARAK

[Checked By]

Print.Date/Time: 03-03-2025 13:05:14

\*Patient Identity Has Not Been Verified. Not For Medicolegal



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

Patient Name : Mr. MERAJUDDIN	Visit No : CHA250037921
Age/Gender : 63 Y O M O D /M	Registration ON : 03/Mar/2025 09: 24AM
<b>Lab No : 10135216</b>	Sample Collected ON : 03/Mar/2025 09: 28AM
Referred By : Dr.NIRUPAM PRAKASH	Sample Received ON : 03/Mar/2025 09: 51AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 03/Mar/2025 10: 38AM
Doctor Advice : HBA1C (EDTA),FASTING,URIC ACID,PSA-TOTAL,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c )	5.6	%	4 - 5.7	HPLC (EDTA)

**NOTE:-**

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby 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	4.3	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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CHARAK

[Checked By]

Print.Date/Time: 03-03-2025 13:05:16

\*Patient Identity Has Not Been Verified. Not For Medicolegal



*Sharma*

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

Patient Name : Mr. MERAJUDDIN	Visit No : CHA250037921
Age/Gender : 63 Y O M O D /M	Registration ON : 03/Mar/2025 09: 24AM
<b>Lab No : 10135216</b>	Sample Collected ON : 03/Mar/2025 09: 28AM
Referred By : Dr. NIRUPAM PRAKASH	Sample Received ON : 03/Mar/2025 09: 54AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 03/Mar/2025 10: 57AM
Doctor Advice : HBA1C (EDTA),FASTING,URIC ACID,PSA-TOTAL,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.0	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.00	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	36.6	%	36 - 45	Pulse hieght detection
MCV	92.0	fL	80 - 96	calculated
MCH	30.2	pg	27 - 33	Calculated
MCHC	32.8	g/dL	30 - 36	Calculated
RDW	12.5	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	9410	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	60	%	40 - 75	Flowcytometry
LYMPHOCYTE	34	%	20-40	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	266,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	266000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	23			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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

Patient Name : Mr. MERAJUDDIN Visit No : CHA250037921  
Age/Gender : 63 Y O M O D /M Registration ON : 03/Mar/2025 09: 24AM  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FASTING</b>				
Blood Sugar Fasting	<b>116.8</b>	mg/dl	70 - 110	Hexokinase
<b>LIVER FUNCTION TEST</b>				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED ( D. Bilirubin)	0.13	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED ( I.D. Bilirubin)	0.27	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	51.40	U/L	30 - 120	PNPP, AMP Buffer
SGPT	20.5	U/L	5 - 40	UV without P5P
SGOT	24.1	U/L	5 - 40	UV without P5P
<b>KIDNEY FUNCTION TEST - I</b>				
Sample Type : SERUM				
BLOOD UREA	<b>57.10</b>	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	<b>1.50</b>	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.6	MEq/L	3.5 - 5.5	ISE Direct
FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY				

CHARAK



[Checked By]



*Sham*

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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>PSA-TOTAL</b>				
PROSTATE SPECIFIC ANTIGEN	3.31	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 \*\*\*

CHARAK



[Checked By]



*Sharma*

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