

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABL Reg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms. RUBEENA PERWEEN Visit No : CHA250038389

Age/Gender : 32 Y/F Registration ON : 03/Mar/2025 04:11PM Lab No : 10135684 Sample Collected ON : 03/Mar/2025 04:13PM Referred By : 03/Mar/2025 04:29PM : Dr.MOHD RIZWANUL HAQUE Sample Received ON Refer Lab/Hosp : CHARAK NA Report Generated ON : 03/Mar/2025 05:24PM

Doctor Advice : HBA1C (EDTA),TSH,FT4,NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA

Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	96.00		0 - 15	Westergreen

Note:

P.R.

- 1. Test conducted on EDTA whole blood at 37°C.
- 2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
- It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever. It is also increased in multiple myeloma, hypothyroidism.

HBA1C	(A					
Glycosylated Hemoglobin ((HbA1c)	5.0	%	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	ADAL
7.1 - 8.0 %	Unsatisfactory Control	
> 8.0 %	Poor Control and needs treatment	

BLOOD UREA NITROGEN					
Blood Urea Nitrogen (BUN)	12.52	mg/dL	7-21	calculated	•



- Shoulk



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Test Name	Test Name Result Unit Bio.		Bio. Ref. Range	Method	
CBC (COMPLETE BLOOD COUNT)					
Hb	8.6	g/dl	12 - 15	Non Cyanide	
R.B.C. COUNT	3.50	mil/cmm	3.8 - 4.8	Electrical	
				Impedence	
PCV	28.5	%	36 - 45	Pulse hieght	
				detection	
MCV	82.4	fL	80 - 96	calculated	
MCH	24.9	pg	27 - 33	Calculated	
MCHC	30.2	g/dL	30 - 36	Calculated	
RDW	15.9	%	11 - 15	RBC histogram	
				derivation	
RETIC	0.9 %	%	0.5 - 2.5	Microscopy	
TOTAL LEUCOCYTES COUNT	6250	/cmm	4000 - 10000	Flocytrometry	
DIFFERENTIAL LEUCOCYTE COUNT					
NEUTROPHIL	79	%	40 - 75	Flowcytrometry	
LYMPHOCYTES	17	%	25 - 45	Flowcytrometry	
EOSINOPHIL	1	%	1 - 6	Flowcytrometry	
MONOCYTE	3	%	2 - 10	Flowcytrometry	
BASOPHIL	0	%	00 - 01	Flowcytrometry	
PLATELET COUNT	264,000	/cmm	150000 - 450000	Elect Imped	
PLATELET COUNT (MANUAL)	264000	/cmm	150000 - 450000	Microscopy.	
Absolute Neutrophils Count	4,938	/cmm	2000 - 7000	Calculated	
Absolute Lymphocytes Count	1,062	/cmm	1000-3000	Calculated	
Absolute Eosinophils Count	62	/cmm	20-500	Calculated	
Absolute Monocytes Count	188	/cmm	200-1000	Calculated	
Mentzer Index	24				
Peripheral Blood Picture	:				

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







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Patient Name : Ms.RUBEENA PERWEEN

Age/Gender : 32 Y/F

P.R.

Lab No : 10135684

Referred By : Dr.MOHD RIZWANUL HAQUE

Refer Lab/Hosp : CHARAK NA

. HBA1C (EDTA),TSH,FT4,NA+K+,BUN,CREATININE,ESR,CBC (WHOLE BLOOD),CHEST PA Doctor Advice

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Test Name	Result	Unit	Bio. Ref. Range	Method
NA+K+				
SODIUM Serum	135.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	3.9	MEq/L	3.5 - 5.5	ISE Direct
SERUM CREATININE				
CREATININE	0.60	mg/dl	0.50 - 1.40	Alkaline picrate- kinetic

*** End Of Report ***

CHARAK



Patient Name

: Ms.RUBEENA PERWEEN

Age/Gender : 32 Y/F

: 10135684

Referred By

Lab No

: Dr.MOHD RIZWANUL HAQUE

Refer Lab/Hosp : CHARAK NA

Visit No : CHA250038389

Registration ON : 03/Mar/2025 04:11PM

Sample Collected ON : 03/Mar/2025 04:11PM Sample Received ON :

Report Generated ON : 03/Mar/2025 04:31PM

SKIAGRAM CHEST PA VIEW

- Both lung fields are clear.
- Bilateral hilar shadows are prominent.
- Cardiac shadow is within normal limits.
- Left CP angle is obliterated.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

IMPRESSION:

• PLEURAL EFFUSION LEFT.

Clinical correlation is necessary.

[DR. RAJESH KUMAR SHARMA, MD]

Transcribed by Gausiya

*** End Of Report ***

