Charak dhar
DIAGNOSTICS Pvt. Ltd.

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	: Mr.RAM HET NISHAD	Visit No	: CHA250039497
Age/Gender	: 61 Y/M	Registration ON	: 05/Mar/2025 09:53AM
Lab No	**: 10136792**	Sample Collected ON	: 05/Mar/2025 09:54AM
Referred By	: Dr.NIRUPAM PRAKASH	Sample Received ON	: 05/Mar/2025 10:13AM
Refer Lab/Hosp	: CGHS (BILLING)	Report Generated ON	: 05/Mar/2025 11:46AM
Doctor Advice	: 25 OH vit. D,PSA-TOTAL,VIT B12,HBA1C (EDTA),PP,FASTING,URIC ACID,LFT,KIDNEY FUNCTION TEST - I,CBC+ESR		

PR.

Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Erythrocyte Sedimentation Rate ESR	**28.00**		0 - 20	Westergreen

[Checked By]

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

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Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	**6.0**	%	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

Test Name	Result	Unit	Bio. Ref. Range	Method
URIC ACID				
Sample Type : SERUM				
SERUM URIC ACID	**6.5**	mg/dL	2.40 - 5.70	Uricase,Colorimetric

Test Name	Result	Unit	Bio. Ref. Range	Method
25 OH vit. D				
25 Hydroxy Vitamin D	21.55	ng/ml		ECLIA

Deficiency < 10
Insufficiency 10 - 30
Sufficiency 30 - 100
Toxicity > 100

DONE BY: ELECTROCHEMILUMINESCENCE IMMUNOASSAY(Cobas e 411,Unicel DxI600,vitros ECI)

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Test Name	Result	Unit	Bio. Ref. Range	Method
VITAMIN B12				
VITAMIN B12	350	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

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 absorpative processes. Malabsorption is the major cause of this deficiency.

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Test Name	Result	Unit	Bio. Ref. Range	Method
CBC+ESR (COMPLETE BLOOD COUNT)				
Hb	12.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.50	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.8	%	36 - 45	Pulse hieght detection
MCV	86.2	fL	80 - 96	calculated
MCH	27.3	pg	27 - 33	Calculated
MCHC	31.7	g/dL	30 - 36	Calculated
RDW	13.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	4930	/cmm	4000 - 10000	Flocytrometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	64	%	40 - 75	Flowcytrometry
LYMPHOCYTE	28	%	20-40	Flowcytrometry
EOSINOPHIL	1	%	1 - 6	Flowcytrometry
MONOCYTE	7	%	2 - 10	Flowcytrometry
BASOPHIL	**0**	%	00 - 01	Flowcytrometry
PLATELET COUNT	**106,000**	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	**120,000**	/cmm	150000 - 450000	Microscopy .
Mentzer Index	19			
Peripheral Blood Picture	:			

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

MC-2491

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Test Name	Result	Unit	Bio. Ref. Range	Method
FASTING				
Blood Sugar Fasting	88.5	mg/dl	70 - 110	Hexokinase
PP				
Blood Sugar PP	123.1	mg/dl	up to - 170	Hexokinase
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.40	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.18	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.22	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	91.50	U/L	30 - 120	PNPP, AMP Buffer
SGPT	19.0	U/L	5 - 40	UV without P5P
SGOT	35.9	U/L	5 - 40	UV without P5P
KIDNEY FUNCTION TEST - I				
Sample Type : SERUM				
BLOOD UREA	44.90	mg/dl	15 - 45	Urease, UV, Serum
CREATININE	1.10	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
SODIUM Serum	138.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.9	MEq/L	3.5 - 5.5	ISE Direct

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Test Name	Result	Unit	Bio. Ref. Range	Method
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	2.50	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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