

Patient Name : Mr.RAJ KUMAR GAUR	Visit No : CHA250040271
Age/Gender : 76 Y/M	Registration ON : 06/Mar/2025 09:43AM
<b>Lab No : 10137566</b>	Sample Collected ON : 06/Mar/2025 09:44AM
Referred By : Dr.MADHULIKA SINGH	Sample Received ON : 06/Mar/2025 09:55AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 11:31AM
Doctor Advice : HBA1C (EDTA),URIC ACID,RF FACTOR,CRP (Quantitative),CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Erythrocyte Sedimentation Rate ESR	<b>24.00</b>		0 - 20	Westergreen



**CHARAK**

[Checked By]

Print.Date/Time: 06-03-2025 13:10:20

\*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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Referred By : Dr.MADHULIKA SINGH	Sample Received ON : 06/Mar/2025 11:10AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 12:34PM
Doctor Advice : HBA1C (EDTA),URIC ACID,RF FACTOR,CRP (Quantitative),CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>6.8</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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*Dr. Aditi D Agarwal*  
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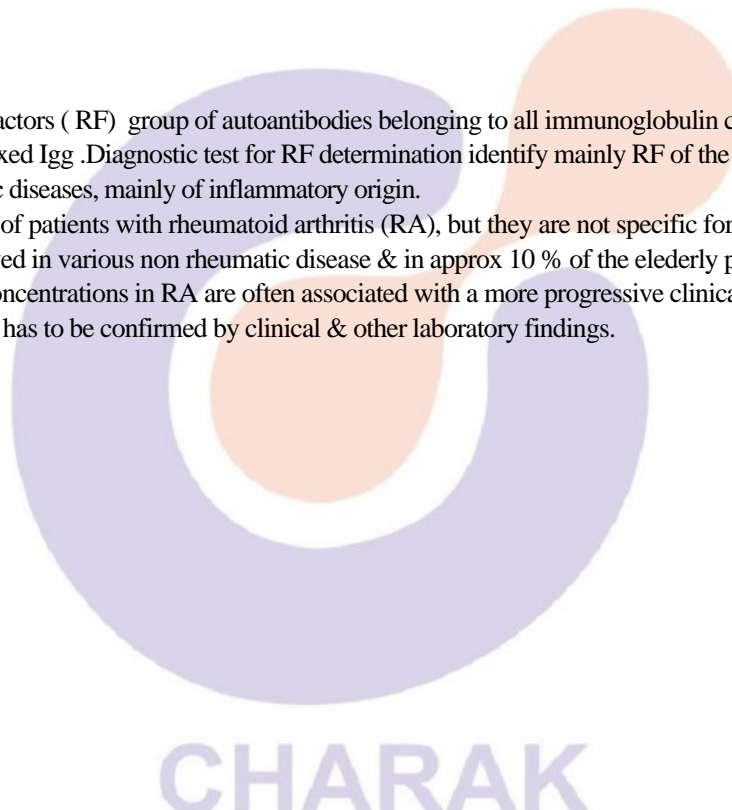
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<b>Lab No : 10137566</b>	Sample Collected ON : 06/Mar/2025 09:44AM
Referred By : Dr.MADHULIKA SINGH	Sample Received ON : 06/Mar/2025 09:58AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 12:08PM
Doctor Advice : HBA1C (EDTA),URIC ACID,RF FACTOR,CRP (Quantitative),CBC+ESR	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RF FACTOR</b>				
RHEUMATOID FACTOR	5.96	IU/ml	0 - 14	

**SUMMARY :** Rheumatoid factors ( RF) group of autoantibodies belonging to all immunoglobulin classes directed against the FC fragment of altered or complexed Igg .Diagnostic test for RF determination identify mainly RF of the IgM class which are detectable in several rheumatic diseases, mainly of inflammatory origin.

RF occur in approx 70 -80 % of patients with rheumatoid arthritis (RA), but they are not specific for RA as elevated concentrations are also observed in various non rheumatic disease & in approx 10 % of the elderly population without clinical symptoms of RA. High RF concentrations in RA are often associated with a more progressive clinical course of the disease .However,a positive RF value has to be confirmed by clinical & other laboratory findings.



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Referred By : Dr.MADHULIKA SINGH	Sample Received ON : 06/Mar/2025 09:58AM
Refer Lab/Hosp : CGHS (BILLING)	Report Generated ON : 06/Mar/2025 11:04AM
Doctor Advice : HBA1C (EDTA),URIC ACID,RF FACTOR,CRP (Quantitative),CBC+ESR	



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

CRP-QUANTITATIVE TEST	1.10	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 measurment of CRP represents a useful aboratory 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 apparrently 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	7.0	mg/dL	2.40 - 5.70	Uricase,Colorimetric
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC+ESR (COMPLETE BLOOD COUNT)</b>				
Hb	12.3	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	38.5	%	36 - 45	Pulse hieght detection
MCV	92.3	fL	80 - 96	calculated
MCH	29.5	pg	27 - 33	Calculated
MCHC	31.9	g/dL	30 - 36	Calculated
RDW	13.3	%	11 - 15	RBC histogram derivation
RETIC	0.8 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6760	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTE	30	%	20-40	Flowcytometry
EOSINOPHIL	4	%	1 - 6	Flowcytometry
MONOCYTE	3	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	179,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	179000	/cmm	150000 - 450000	Microscopy .
Mentzer Index	22			
Peripheral Blood Picture	:			

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

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



[Checked By]



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