

Patient Name : Mr. VIKAS MISHRA	Visit No : CHA250040342
Age/Gender : 33 Y/M	Registration ON : 06/Mar/2025 11:02AM
Lab No : 10137637	Sample Collected ON : 06/Mar/2025 11:07AM
Referred By : Dr. ESIC HOSPITAL LUCKNOW	Sample Received ON : 06/Mar/2025 11:07AM
Refer Lab/Hosp : ESIC HOSPITAL LUCKNOW	Report Generated ON : 06/Mar/2025 01:35PM
Doctor Advice : PT/PC/INR,HCV,CRP (Quantitative),VIT B12,HBA1C (EDTA),FAECAL CALPROTECTIN ,O/B,STOOL R/M,CT WHOLE ABDOMEN	



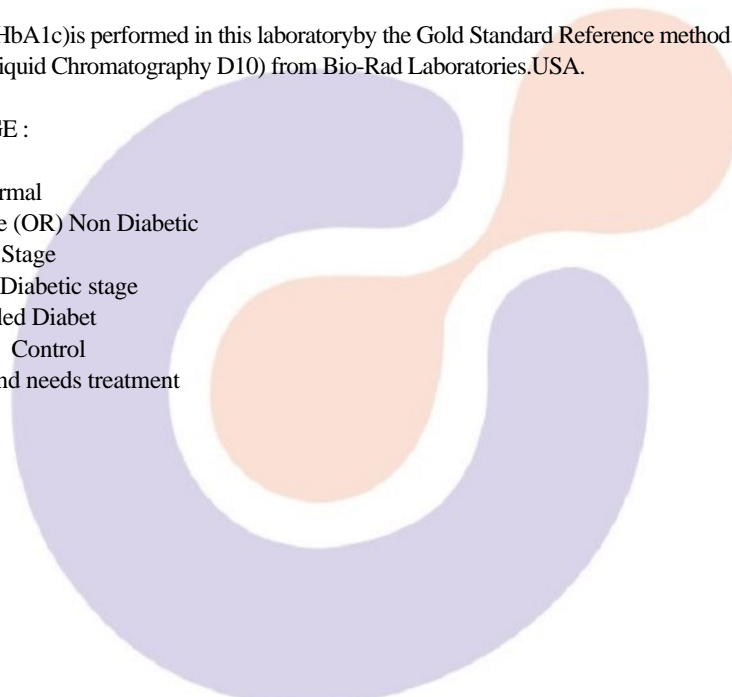
Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	5.3	%	4 - 5.7	HPLC (EDTA)

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



CHARAK

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Print.Date/Time: 06-03-2025 18:25:11

*Patient Identity Has Not Been Verified. Not For Medicolegal



Sharma

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

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

CRP-QUANTITATIVE TEST	0.53	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 measurement of CRP represents a useful laboratory 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

VITAMIN B12

VITAMIN B12	125.0	pg/mL	CLIA
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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.

PT/PC/INR

PROTHROMBIN TIME	13 Second	13 Second	Clotting Assay
Prothromin concentration	100 %	100 %	
INR (International Normalized Ratio)	1.00	1.0	



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PATHOLOGIST PATHOLOGIST MD (MICROBIOLOGY)

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Test Name	Result	Unit	Bio. Ref. Range	Method
HCV				
Anti-Hepatitis C Virus Antibodies.	NON REACTIVE		< 1.0 : NON REACTIVE > 1.0 : REACTIVE	Sandwich Assay
Done by: Vitros ECI (Sandwich Assay) Note: This is only a Screening test. Confirmation of the result (Non Reactive/Reactive) should be done by performing a PCR based test.				
STOOL R/M				
STOOL EXAMINATION				
Colour (Stool)	Brown		Brown	
FORM & CONSISTENCY	SEMI SOLID		Semi Solid	
pH-Stool	Acidic (6.5)			
MUCUS	Absent		Absent	
BLOOD	Absent		Absent	
Parasites	Absent		Absent	
CHEMICAL EXAMINATION				
Reducing Substance	Absent			
Occult blood (Stool)	Absent		Absent	
Microscopic	No ova or cyst seen.			
Stool for Occult Blood				
Stool for Occult Blood	Absent		Absent	

*** End Of Report ***

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CT WHOLE ABDOMEN

CECT STUDY OF WHOLE ABDOMEN

Volumetric acquisition of axial CT data was done before and after intra-venous acquisition of 80mL of non-ionic iodinated contrast agent.

- **Liver** is mildly enlarged in size (approx 160mm) and shows normal density of parenchyma. No intrahepatic biliary radicle dilatation is seen. No space occupying lesion is seen. Hepatic veins and IVC are seen normally.
- **Gall bladder** is normal in size and shows normal lumen. No mass lesion is seen. GB walls are not thickened. **(CT is not modality of choice for biliary and gall bladder calculi, USG is advised for the same).**
- **CBD** is normal at porta. No obstructive lesion is seen.
- **Portal vein** Portal vein is normal at porta.
- **Pancreas** is normal in size and shows homogenous density of parenchyma. PD is not dilated. No parenchymal calcification is seen. No peripancreatic collection is seen.
- **Spleen** is normal in size and shows homogenous density of parenchyma. No SOL is seen.
- **Both Kidneys** are normal in size and position. No hydronephrosis is seen. No calculus or mass lesion is seen.
- **Both Ureters** are normal in course and caliber.
- *Few subcentimeteric mesenteric and retroperitoneal lymph nodes are seen.*
- No ascites is seen.
- **Urinary Bladder** is normal in contour with normal lumen. No calculus or mass lesion is seen. UB walls are not thickened
- Bilateral seminal vesicles appear normal.
- **Prostate** is enlarged in size (approx 51x 33x 31mm, vol 27cc) and shows tiny focus of calcification.

OPINION:

- **MILD HEPATOMEGALY.**
- **MILD PROSTATOMEGALY.**

[DR. JAYENDRA KR. ARYA, MD]

*** End Of Report ***

