

Patient Name : Mr. HANUMAN PRASAD	Visit No : CHA250040395
Age/Gender : 88 Y/M	Registration ON : 06/Mar/2025 11:34AM
Lab No : 10137690	Sample Collected ON : 06/Mar/2025 11:36AM
Referred By : Dr. LALIT SHARMA	Sample Received ON : 06/Mar/2025 11:54AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 12:26PM
Doctor Advice : LIPID-PROFILE,LFT,NA+K+,CREATININE,ESR,DLC,TLC,HB,CT HEAD	



Test Name	Result	Unit	Bio. Ref. Range	Method
ESR				
Erythrocyte Sedimentation Rate ESR	18.00		0 - 20	Westergreen

Note:

1. Test conducted on EDTA whole blood at 37°C.
2. ESR readings are auto- corrected with respect to Hematocrit (PCV) values.
3. 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.

LIPID-PROFILE				
Cholesterol/HDL Ratio	3.76	Ratio		Calculated
LDL / HDL RATIO	2.48	Ratio		Calculated
			Desirable / low risk - 0.5 -3.0	
			Low/ Moderate risk - 3.0-6.0	
			Elevated / High risk - >6.0	
			Desirable / low risk - 0.5 -3.0	
			Low/ Moderate risk - 3.0-6.0	
			Elevated / High risk - > 6.0	



[Checked By]

Print.Date/Time: 06-03-2025 16:55:09

*Patient Identity Has Not Been Verified. Not For Medicolegal

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

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HAEMOGLOBIN

Hb	14.7	g/dl	12 - 15	Non Cyanide
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Comment:

Hemoglobin screening helps to diagnose conditions that affect RBCs such as anemia or polycythemia.

TLC

TOTAL LEUCOCYTES COUNT	6500	/cmm	4000 - 10000	Floctometry
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DLC

NEUTROPHIL	71	%	40 - 75	Flowcytometry
LYMPHOCYTE	22	%	20-40	Flowcytometry
EOSINOPHIL	04	%	1 - 6	Flowcytometry
MONOCYTE	03	%	2 - 10	Flowcytometry
BASOPHIL	00	%	00 - 01	Flowcytometry

NA+K+

SODIUM Serum	136.0	MEq/L	135 - 155	ISE Direct
POTASSIUM Serum	4.7	MEq/L	3.5 - 5.5	ISE Direct

SERUM CREATININE

CREATININE	1.30	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic
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LIVER FUNCTION TEST

TOTAL BILIRUBIN	0.97	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.16	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.81	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	165.80	U/L	30 - 120	PNPP, AMP Buffer
SGPT	13.0	U/L	5 - 40	UV without P5P
SGOT	33.0	U/L	5 - 40	UV without P5P



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Sharma

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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID-PROFILE				
TOTAL CHOLESTEROL	194.20	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High: >/=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	73.90	mg/dL	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Serum, Enzymatic, endpoint
H D L CHOLESTEROL	51.60	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	127.82	mg/dL	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	CO-PAP
VLDL	14.78	mg/dL	10 - 40	Calculated

*** End Of Report ***

CHARAK



[Checked By]



Sharma

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CT STUDY OF HEAD

Compromised study due to motion artifacts.

Infratentorial

- Cerebellopontine angle and prepontine cisterns are seen normally.
- Fourth ventricle is normal in size and midline in location.
- Cerebellar parenchyma and brain stem appears to be normal.

Supratentorial

- An area of encephalomalacia and gliosis is seen in right temporal lobe.
- Chronic lacunar infarcts are seen in bilateral ganglio-capsular regions.
- Surgical defects are seen in frontal and bilateral parietal bones.
- Cortical sulci are prominent.
- Third and both lateral ventricles are prominent. Paraventricular white matter hypodensities are seen.
- Basal cisterns are clear.
- No midline shift is seen.

IMPRESSION:

- **AN AREA OF ENCEPHALOMALACIA AND GLIOSIS IN RIGHT TEMPORAL LOBE -- SEQUELAE TO CHRONIC PARENCHYMAL INSULT.**
- **CHRONIC LACUNAR INFARCTS IN BILATERAL GANGLIO-CAPSULAR REGIONS.**
- **DIFFUSE CEREBRAL ATROPHY WITH WHITE MATTER ISCHEMIC CHANGES.**

Clinical correlation is necessary.

[DR. JAYENDRA KR. ARYA, MD]

Transcribed by R R...

*** End Of Report ***

