

Patient Name : Mr. WARIS	Visit No : CHA250040568
Age/Gender : 50 Y/M	Registration ON : 06/Mar/2025 01: 42PM
Lab No : 10137863	Sample Collected ON : 06/Mar/2025 01: 43PM
Referred By : Dr. HA SIDDIQUI	Sample Received ON : 06/Mar/2025 02: 16PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 06/Mar/2025 03: 29PM
Doctor Advice : PSA-TOTAL,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
CBC (COMPLETE BLOOD COUNT)				
Hb	15.1	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	5.20	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	45.7	%	36 - 45	Pulse hieght detection
MCV	88.2	fL	80 - 96	calculated
MCH	29.2	pg	27 - 33	Calculated
MCHC	33	g/dL	30 - 36	Calculated
RDW	14.5	%	11 - 15	RBC histogram derivation
RETIC	0.6 5	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	6760	/cmm	4000 - 10000	Flocytometry
DIFFERENTIAL LEUCOCYTE COUNT				
NEUTROPHIL	44	%	40 - 75	Flowcytometry
LYMPHOCYTES	46	%	25 - 45	Flowcytometry
EOSINOPHIL	5	%	1 - 6	Flowcytometry
MONOCYTE	5	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	139,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	150000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	2,974	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	3,110	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	338	/cmm	20-500	Calculated
Absolute Monocytes Count	338	/cmm	200-1000	Calculated
Mentzer Index	17			
Peripheral Blood Picture	:			

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



[Checked By]



MC-2491 Print.Date/Time: 06-03-2025 16:05:42
*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA
PATHOLOGIST

DR. SHADAB
PATHOLOGIST

Aditi D Agarwal
DR. ADITI D AGARWAL
PATHOLOGIST

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Doctor Advice : PSA-TOTAL,LFT,CBC (WHOLE BLOOD)	



Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST				
TOTAL BILIRUBIN	0.70	mg/dl	0.4 - 1.1	Diazonium Ion
CONJUGATED (D. Bilirubin)	0.30	mg/dL	0.00-0.30	Diazotization
UNCONJUGATED (I.D. Bilirubin)	0.40	mg/dL	0.1 - 1.0	Calculated
ALK PHOS	82.00	U/L	30 - 120	PNPP, AMP Buffer
SGPT	57.5	U/L	5 - 40	UV without P5P
SGOT	41.3	U/L	5 - 40	UV without P5P
PSA-TOTAL				
PROSTATE SPECIFIC ANTIGEN	0.60	ng/mL	0.2-4.0	CLIA

COMMENT : 1. Prostate specific antigen (PSA) is useful for diagnosis of disseminated CA prostate & its sequential 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 acid 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 prostatectomy 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 ***



[Checked By]



Sharma

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