

Patient Name : Ms.RABIYA KHATOON	Visit No : CHA250040936
Age/Gender : 50 Y/F	Registration ON : 07/Mar/2025 08:54AM
<b>Lab No : 10138231</b>	Sample Collected ON : 07/Mar/2025 08:56AM
Referred By : Dr.SMA RIZVI	Sample Received ON : 07/Mar/2025 08:56AM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 02:54PM
Doctor Advice : CHEST PA,URINE COM. EXMAMINATION,CRP (Quantitative),CREATININE,LIPID-PROFILE,HBA1C (EDTA),CBC (WHOLE BLOOD)	



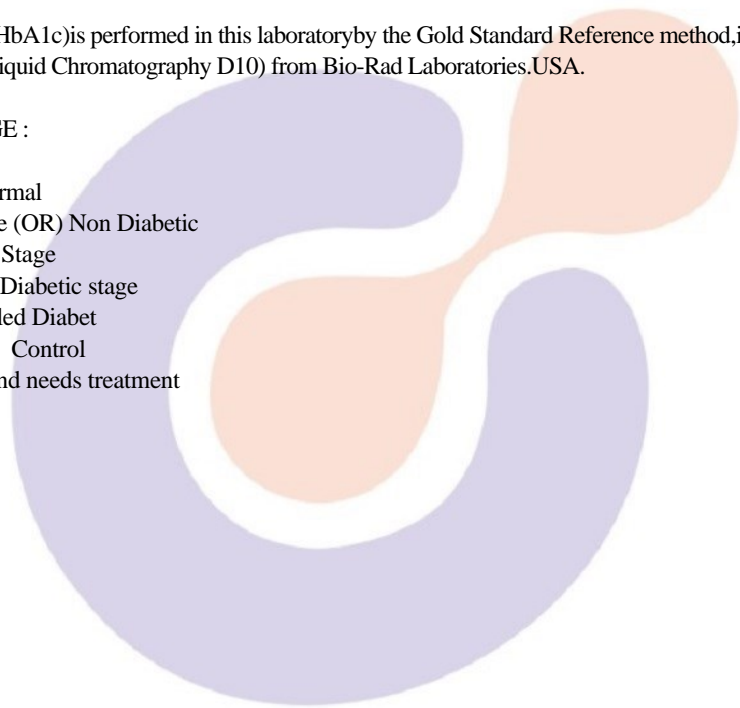
Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C</b>				
Glycosylated Hemoglobin (HbA1c)	<b>8.3</b>	%	4 - 5.7	HPLC (EDTA)

**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



**CHARAK**

[Checked By]

Print.Date/Time: 07-03-2025 15:30:12

\*Patient Identity Has Not Been Verified. Not For Medicolegal



DR. NISHANT SHARMA PATHOLOGIST	DR. SHADAB PATHOLOGIST	DR. ADITI D AGARWAL PATHOLOGIST
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*Aditi D Agarwal*

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Test Name	Result	Unit	Bio. Ref. Range	Method
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<b>CRP-QUANTITATIVE</b>				
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CRP-QUANTITATIVE TEST	5.61	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 apparently 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

**LIPID-PROFILE**

Cholesterol/HDL Ratio	3.47	Ratio	Calculated
LDL / HDL RATIO	0.77	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



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**URINE EXAMINATION REPORT**

Colour-U	STRAW		Light Yellow	
Appearance (Urine)	CLEAR		Clear	
Specific Gravity	<b>1.010</b>		1.005 - 1.025	
pH-Urine	Acidic (6.0)		4.5 - 8.0	
PROTEIN	Absent	mg/dl	ABSENT	Dipstick
Glucose	1.5 gm/dl			
Ketones	Absent		Absent	
Bilirubin-U	Absent		Absent	
Blood-U	Absent		Absent	
Urobilinogen-U	0.20	EU/dL	0.2 - 1.0	
Leukocytes-U	Absent		Absent	
NITRITE	Absent		Absent	
<b>MICROSCOPIC EXAMINATION</b>				
Pus cells / hpf	Nil	/hpf	< 5/hpf	
Epithelial Cells	1-2	/hpf	0 - 5	
RBC / hpf	Nil		< 3/hpf	

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PATHOLOGIST

DR. SHADAB  
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*Dr. Aditi D Agarwal*  
DR. ADITI D AGARWAL  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>CBC (COMPLETE BLOOD COUNT)</b>				
Hb	11.7	g/dl	12 - 15	Non Cyanide
R.B.C. COUNT	4.40	mil/cmm	3.8 - 4.8	Electrical Impedence
PCV	37.1	%	36 - 45	Pulse hieght detection
MCV	83.7	fL	80 - 96	calculated
MCH	26.4	pg	27 - 33	Calculated
MCHC	31.5	g/dL	30 - 36	Calculated
RDW	14.7	%	11 - 15	RBC histogram derivation
RETIC	0.9 %	%	0.5 - 2.5	Microscopy
TOTAL LEUCOCYTES COUNT	7640	/cmm	4000 - 10000	Flocytometry
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>				
NEUTROPHIL	63	%	40 - 75	Flowcytometry
LYMPHOCYTES	30	%	25 - 45	Flowcytometry
EOSINOPHIL	3	%	1 - 6	Flowcytometry
MONOCYTE	4	%	2 - 10	Flowcytometry
BASOPHIL	0	%	00 - 01	Flowcytometry
PLATELET COUNT	112,000	/cmm	150000 - 450000	Elect Imped..
PLATELET COUNT (MANUAL)	120000	/cmm	150000 - 450000	Microscopy .
Absolute Neutrophils Count	4,813	/cmm	2000 - 7000	Calculated
Absolute Lymphocytes Count	2,292	/cmm	1000-3000	Calculated
Absolute Eosinophils Count	229	/cmm	20-500	Calculated
Absolute Monocytes Count	306	/cmm	200-1000	Calculated
Mentzer Index	19			
Peripheral Blood Picture	:			

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



[Checked By]



*Sham*

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
<b>SERUM CREATININE</b>				
CREATININE	0.80	mg/dl	0.50 - 1.40	Alkaline picrate-kinetic

<b>LIPID-PROFILE</b>				
TOTAL CHOLESTEROL	133.50	mg/dL	Desirable: <200 mg/dl Borderline-high: 200-239 mg/dl High:>=240 mg/dl	CHOD-PAP
TRIGLYCERIDES	<b>326.60</b>	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	38.50	mg/dL	30-70 mg/dl	CHER-CHOD-PAP
L D L CHOLESTEROL	29.68	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	<b>65.32</b>	mg/dL	10 - 40	Calculated

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



[Checked By]



*Sharma*

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

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**SKIAGRAM CHEST PA VIEW**

- Both lung fields are clear.
- Borderline cardiomegaly is present.
- Both CP angles are clear.
- Soft tissue and bony cage are seen normally.
- Both domes of diaphragm are sharply defined.

**IMPRESSION:**

- **BORDERLINE CARDIOMEGALY.**

**Clinical correlation and Cardiac evaluation is needed.**

**[DR. RAJESH KUMAR SHARMA, MD]**

Transcribed by: Purvi

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

